

Oregon Health & Science University Hospital and Clinics Provider's Orders



ADULT AMBULATORY INFUSION ORDER **Port Care**

Page 1 of 2

ACCOUNT NO. MED. REC. NO. NAME BIRTHDATE

Patient Identification

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

Weight:		_kg	Height: _	cm				
Allergies	s:					<u> </u>		
Diagnos	is Code:					<u> </u>		
Treatment Start Date: Patient to follow up with provider on date:								
This p	olan will expi	re afte	r 365 days	at which time a new o	order will need to be placed			
	INES FOR C			or most recent chart no	ote.			
LABS – Labs will be drawn at same interval as port care unless otherwise specified								
			. Routine	. ONCE. every (vis	sit)(days)(weeks)(months) - Circle One			
			. Routine	ONCE, every (vis	sit)(days)(weeks)(months) - Circle One			
					sit)(days)(weeks)(months) - Circle One			
	IG ORDERS			wooks				
	Flush Port, e				ess maintenance with appropriate flush	ealution		
	•	•	•	essing changes	ess maintenance with appropriate husins	solution,		
MEDIC	ATIONS - Ch	eck all	that appl	У				
[□ lidocaine	10 mg/r	nL (1%) in	jection, 0.1 mL, intraderr	mal, AS NEEDED for patient comfort			
		_	, ,	•	atheter, AS NEEDED for port patency			
					S NEEDED for port patency			
					ntracatheter, AS NEEDED for catheter or	cclusion		



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1 ago 2 51 2		Patient Identification					
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y signing below, I represent the following: am responsible for the care of the patient (who is identified at the top of this form); nold an active, unrestricted license to practice medicine in: Oregon (check box lat corresponds with state where you provide care to patient and where you are currently licensed. Specify that if not Oregon);							
My physician license Number is #		COMPLETED TO BE A VALID norized by law to order Infusion of the					
Provider signature:	Date/Time:						
Printed Name:	Phone:	Fax:					
Please check the appropriate box for the patien	nt's preferred clinic	location:					
☐ Hillsboro Medical Center Infusion Services 364 SE 8th Ave, Medical Plaza Suite 108B Hillsboro, OR 97123 Phone number: (503) 681-4124 Fax number: (503) 681-4120	□ Adventist Health Portland Infusion Services 10123 SE Market St Portland, OR 97216 Phone number: (503) 261-6631 Fax number: (503) 261-6756						
☐ Mid-Columbia Medical Center Celilo Cancer Center 1800 E 19th St The Dalles, OR 97058 Phone number: (541) 296-7585 Fax number: (541) 296-7610							