



FEB 2018

Patient Name _____
Address: _____
Apt / Suite # _____
City: _____ State: _____ Zip: _____
Date of Birth: ___/___/___
Height: _____ Weight: _____
Phone: _____ 2nd Phone: _____

Patient Records (Please Attach and Fax):

1. Insurance Card(s) and Demographic Information
2. Recent Clinical Assessment Note or H&P
3. Current Medication List

Allergies: _____

PMH: IGA Deficiency Cardiac Disease
 Diabetes Renal Dysfunction

Statement of Medical Necessity - Primary Diagnosis

- Transient Neonatal Thrombocytopenia P61.0
 - Idiopathic Thrombocytopenia Purpura (ITP) D69.3
 - Maternal care for other Rh isoimmunization, unspecified trimester, not applicable or unspecified O36.0990
 - Hemochromatosis, unspecified E83.119
- Current Gestational Age: _____ EDC: _____
Gravida: _____ Para: _____

For NAIT:

Has HPA-1a testing been completed? Yes No
Results confirm NAIT? Yes No

For ITP:

Current Platelet Count: _____

PRESCRIPTION

Is this the first dose? Yes No If no, date first dose given: _____ Next dose due: _____

Administer IVIG Product: Pharmacist to determine (or) Formulation _____

Dose: (please select one and provide complete information)

- 2 g/kg over _____ days, repeat course every _____ week(s) for _____ cycle(s)**
- _____ mg/kg or _____ g every _____ week(s) for _____ cycle(s)
- Other Regimen:** _____

Infusion Rate per manufacturer recommendations unless otherwise noted: _____

Access: Peripheral PICC Port Other: _____

Flushing: Glen Rock Medical Pharmacy Protocol (Heparin 100 unit/mL, 0.9% NaCl 500 mL)

Adverse/Anaphylactic Reactions: Per Glen Rock Medical Pharmacy Protocol

Adults or Children greater than 66 pounds or 30 kg:

- For mild reaction: give Diphenhydramine 50 mg orally, IM or IV and decrease the rate of infusion.
- For moderate reaction: stop infusion, give Diphenhydramine 50mg, orally, IM or IV and contact physician
- For Severe reaction w/breathing problem: stop infusion, call 911, give Epinephrine 0.3mg/0.3ml subcutaneously, Diphenhydramine 50 mg IV or IM. Begin NSS 500ml IV at a rate of 100-150ml/hr and contact physician.

Note: **Dosage adjustment necessary for children less than 30kg or 66 pounds:** Diphenhydramine 1.25mg/kg orally, IM or IV with a maximum of 50mg. If Epinephrine is needed 0.15mg/0.15ml 1:1000 subcutaneously

Pre-treatment:

- Diphenhydramine (Benadryl) 25-50 mg orally before infusion
- Acetaminophen (Tylenol) 325-650 mg orally before infusion
- Other: _____

Labs:

- BUN and Serum Creatinine; Fax Results Prior to first infusion After _____ infusion
- Other: _____ Fax Results Prior to first infusion After _____ infusion

Nursing: Start PIV as required for administration and nurse to administer infusion in home.

Access: Peripheral PICC Port Other _____

Flushing: Glen Rock Medical Pharmacy Protocol (Heparin, 0.9% NaCl, D5W)

Labs _____

MONITOR

Observe: Vital signs prior to infusion. Blood pressure and pulse every 30 minutes until stable infusion rate, then every hour.

Watch for: Signs of fluid overload, cardiovascular symptoms, allergic reactions, skin rash, fever, and moderate to severe headache.

Call/Page MD: For adverse events, stop the infusion. Can restart the infusion at the same or lower rate pending physician's approval or if symptoms subside.

Prescriber's Name _____ Office Contact _____

Street Address _____ Suite # _____ City _____ State _____ Zip _____

Tel _____ Fax _____ Email _____

License# _____ NPI# _____ UPIN# _____ DEA# _____

Physicians Signature: _____ Date: _____

By signing this form and utilizing our services, you are authorizing Glen Rock Medical Pharmacy and it's employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.