

**Bleeding Disorder Prescriber Order Form**

Patient name:		Date of birth:	
Address:			
Phone:	Height:	<input type="checkbox"/> inches <input type="checkbox"/> cm	Weight: <input type="checkbox"/> lbs <input type="checkbox"/> kg

**Clinical Information**

Primary Diagnosis Description:	ICD-10 Code:
Severity: <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Mild <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3	
IV access device:	Nursing required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional information:	

**Factor Product Prescription**

Factor Product:	Dosing Regimen:
Select One: <input type="checkbox"/> Prophylaxis <input type="checkbox"/> Episodic <input type="checkbox"/> Peri-operative	
Additional dosing instructions:	

Refill as directed  x6 months  x12 months  \_\_\_\_\_ times  
**Actual factor replacement product dose may be within (+/-10%) than the target dose specified.**

**Ancillary Orders**

**IV Flush Orders**

Peripheral: 0.9% Sodium Chloride 2 to 3 mL pre-/post-use. Heparin (10 unit/mL) 1 to 3 mL post-use.  
 For Maintenance (*select one*):  0.9% Sodium Chloride 2 to 3 mL every 12 hr **or**  Heparin (10 unit/mL) 1 to 3 mL every 24 hr.  
**If infusing via Peripheral IV, skilled nurse to insert.**

Peripheral-Midline: 0.9% Sodium Chloride NS 3 to 5 mL pre-/post-use, 5 mL pre-lab draw, and 10 mL post-lab draw.  
Heparin (10 unit/mL) 3 mL post-use.  
 For Maintenance (*select one*): Heparin  (10 unit/mL) 3 mL every 12 hr **or**  (100 unit/mL) 3 mL every 24 hr.  
**If infusing via Peripheral IV, skilled nurse to insert.**

PICC and Central Tunneled/Non-Tunneled: NS 5 mL pre-/post-use, 5 mL pre-lab draw, and 10 mL post-lab draw.  
(*Select one*): Heparin  (10 unit/mL) 5 mL **or**  (100 unit/mL) post-use.  
 For Maintenance (*select one*): Heparin  (10 unit/mL) 5 mL **or**  (100 unit/mL) 3 mL every 24 hr.

Implanted Port: 0.9% Sodium Chloride 5 to 10 mL pre-/post-use and 10 to 20 mL pre-/post-lab draw.  
Heparin (100 unit/mL) 3 to 5 mL post-use.  
For Maintenance, Heparin (100 unit/mL) 3 to 5 mL every 24 hr if accessed, or weekly to monthly if not accessed.  
**Nurse to access implanted port.**

Valved Catheters: 0.9% Sodium Chloride 5 to 10 mL pre-/post-use and 10 to 20 mL pre-/post-lab draw. For maintenance, 0.9% Sodium Chloride 5 to 10 mL at least weekly.

Apply 30 – 60 minutes prior to access:  EMLA cream, 30g tube  LMX cream, 30g tube  
**Refill above ancillary orders as directed x1 year.**

*I certify that the use of the indicated treatment is medically necessary, and I will be supervising the patient's treatment.*

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Prescriber Information**

Prescriber Name:	Phone:	Fax:
Address:	NPI:	
City, State:	Zip:	Office Contact:

**Fax completed form, insurance information, and clinical documentation to:**

**CONFIDENTIAL HEALTH INFORMATION:** Healthcare information is personal information related to a person's healthcare. It is being faxed to you after appropriate authorization or under circumstances that do not require authorization. You are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure of this information is prohibited unless permitted by law or appropriate customer/patient authorization is obtained. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state laws. **IMPORTANT WARNING:** This message is intended for the use of the person or entity to whom it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this message in error, please notify us immediately. Brand names are the property of their respective owners.