CareMed INFUSION CLINIC

IV ANTIBIOTICS FORM

Please fax the completed form to 1-877-384-2278

PATIENT DETAILS

Name		Date Of Birth (DD/MM/YYYY)	
Email		Phone	
Address		Health Card Number	
Emergency Contact Name		Emergency Contact Number	

CLINICAL DETAILS

Diagnosis/Indication:		Renal Function (if required for dosing):	Creatinine: _____
☐ Pneumonia ☐ Cellulitis ☐ UTI ☐ Post-surgical Infection Other: _____		Allergies (esp. Penicillin, Cephalosporins, Sulfa):	
		Previous Reactions to IV Antibiotics: (If yes, then specify)	☐ Yes, specify: ☐ No
		Relevant Medical History:	
		Has patient received any IV products previously:	

MEDICATION ORDER DETAILS

Medication	Dilution	Route	Frequency
Antibiotic: _____ Dose: _____ mg Therapy Length: _____ days First Dose to be administered at Clinic? ☐ Yes ☐ No	Dilution: _____ (e.g., NS 100 mL)	☐ IV PUSH ☐ IV Infusion Duration: _____ minutes	☐ Once ☐ Daily ☐ BID ☐ TID ☐ QID Other: _____

OTHER MEDICATIONS

If the patient has a HISTORY of reaction to any IV Medication/fluids the following medication IMMEDIATELY prior to the infusion:

☐ Methylprednisolone 125mg IV x1
☐ Diphenhydramine 25-50 mg PO/IV
☐ Acetaminophen 650 mg PO

Other: _____

☐ Our clinics follow a standardized protocol to manage reactions during our post-infusion. Tick this box to indicate that you agree with the following protocol. If the patient has adverse reaction DURING/POST infusion, give:
☐ Hydrocortisone 100mg IV
☐ Methylprednisolone 125mg IV
☐ Diphenhydramine 25-50mg PO/IV
☐ Acetaminophen 650mg PO
☐ Dimenhydrinate Gravol© 25-50mg PO/IV

Current infusion reaction protocol includes the use of these medications according to nurse's assessment.

PRESCRIBER DETAILS

CareMed will handle special authorization forms and apply an infusion fee at CareMed. Patients receive a receipt for tax or health account purposes. Patients will be scheduled at CareMed within 7 days of payment. Prescribers will be notified if the patient cannot be reached. Post-infusion reports are provided. For Hospital Day Medicine appointments, patients receive home-delivered drugs to bring to their appointment. Bloodwork may be updated to meet clinical standards.

Address		Phone		Fax	
Prescriber Name		License Number			
Prescriber Signature		Date (DD/MM/YYYY)			

A DIVISION OF CareMed WELLNESS INC.
"Empowering Health"