NAUSEA AND VOMITING IN PREGNANCY PRESCRIBER ORDER FORM PHONE: 888-304-1800									option care women's health™ health	
Fax completed form, insurance information, and clinical documentation to: 877-865-9133										
Patient Name:		Date of Birth:								
Address:										
Phone:				Pregnancy Wt:	[b	🗌 kg	Current Wt:	lbs 🗌 kg		
Clinical Information Primary Diagnosis: O21.1 Hyperemesis Gravidarum with metabolic disturbance Other (ICD-10 Code & Description):										
Primary Diagnosis: O21.1 Hyperemesis Gravidarum with metabolic disturbance Other (ICD-10 Code & Description): G/P: EDC: Medications Tried/Failed for condition:										
# Hosp/ED visits for condition: Current Medications	Dose	Hosp/Room #: Route Freq			Allergies: Current Medications Dose			Route	Freq	
	2030	noute					Dose	noute		
			Pre	escripti	on Form					
Continuous Pump Route: Subcutaneous PICC Midline Other:										
PRESCRIPTION: ONDANSETRON (0.3mg/ml)	 Skilled nurse to begin infusion at 0.5mg per hour (12 mg per day). Pharmacy to dispense pump and all supplies required for infusion. Titrate dosage per patient response between 0.5 mg and 1.1 mg/hour. For change in symptoms, increase or decrease dose by 0.2 mg 									
Dispense 70mg/	every 12 hours, not to exceed dosage of 1.1 mg/hr.									
233ml Normal Saline	 PRN Bolus: 0.2 mg demand dose via pump allowed every 1 hour, times 24 doses in 24 hours. (Total Ondansetron dose not to exceed 32 mg per 24 hour) 									
 Administer Loading Dose of Ondansetron: 									(br)	
OR	 PICC/midline: 8mg in 100ml bag of Normal Saline IV x 1 dose; Infuse over 30 minutes (200ml/hr) Subcutaneous: 4mg Ondansetron IM x 1dose 									
	 For patients with history of hepatic impairment, patient should have ALT and AST drawn prior to therapy and a minimum of every two weeks thereafter. Prescriber to order outpatient lab work with results called to HCP & reported to Option Care Women's Health 									
PRESCRIPTION: METOCLOPRAMIDE (0.5mg/ml)	 Skilled nurse to begin infusion of 1.0 mg per hour (24 mg per day) via pump. Pharmacy to dispense pump and all supplies required for infusion. 									
Dispense 85mg/170ml Normal Saline	 PRN Bolus: 0.6 mg demand dose via pump allowed every 1 hour, times 24 doses in 24 hours. (Total Metoclopramide dose not to exceed 40 mg per 24 hour) 									
PRESCRIPTION: Dextrose 5% LR 1000ml or fluids as	 Skilled nurse to start and access peripheral l caregiver to self-administer medication. If p infiltrates or becomes inoperable, patient to 				heral IV	Access Device		NS Flush (0.9% NaCl)	Heparin Flush (10u/ml)	
ordered below:	nurse, who will provide guidance to disconti					Peripheral IV	,	3ml pre/post use	2ml post-use (every 24 hours if not used)	
Sodium Chloride 0.9% 10ml flush	 Administer 250 bolus of ordered fluids, then hr once every 8 hours x3 days. Once patient fluids and ketones are negative, may discont 				olerating oral	Midline IV		5ml pre/post use	3ml post-use (every 12 hours if not used)	
 Heparin 10 units/ml 5ml flush Pharmacy to dispense needed supplies for hydration 	develops ketones >1+, may restart IV per orc May repeat per episodic dehydration. Refill f				as directed.	PICC & CVC		5ml pre/post use; 5ml pre/10 ml post	5ml post-use (every 24 hours if not used)	
PRESCRIPTION:	 Patient or RN may administer Benadryl 25mg PO for mild allergic reaction. Pump to be turned off. May repeat x1 within 30 									
Benadryl 25mg, dispense 2 tabs minutes. Prescriber to be notified. Ancillary Orders										
Anaphylaxis Kit for 1st dose • If 1st dose exposure, Option Care Women's Health to send Anaphylaxis Prescriber Order Form for signature										
Established PICC or Midline Care (if applicable) Change PICC/midline dressing every 7 days and PRN. Instruct patient to take temperature daily. Notify prescriber if temperature is greater than 100.4°F. RN to remove PICC/midline at end of therapy (where applicable)										
 May repeat skilled nursing visit or TeleHealth visit x1 to reinforce education and patient teaching needs. Out the Constitution of the block of the										
 Option Care Women's Health nurse to telephonically assess patient while on service. Provide 24/7 telephonic nurse availability throughout length of service. Initiate Service once benefits & eligibility verification have been completed, patient's acceptance of financial responsibility (as applicable), and availability to start service. 										
Referral/Discharge Plan: Discontinue therapy with provider discharge order, once hyperemesis has been resolved, patient refusal, noncompliance, or if delivery occurs. Other: 										
I certify that the use of the indicated treatment is medically necessary, I will be supervising the patient's treatment, and my state medical license is current and valid.										
Prescriber Information Prescriber Signature: Date:										
Prescriber Name:					NPI:					
Address:					Office Contact:					
City:	State: Zip:				rect Contact Num					
Phone:					Fax:					
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 don't 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 of this information is prohibited unless permitted by law or appropriate customer/patient authorization is obtained. Unauthorized re-disclosure or failure										

are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure of this information is person's nearlineare. It is being faced to you are appropriate authorization of index triat in the stantes that don't require authorization. To 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 of 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 thity 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.