



Sending a Referral to Lee Health Home Infusion

Follow the steps below to send a referral to Lee Health Home Infusion:

1. Fill out all fields on the digital order form OR print and fill out manually. A providers signature is required for insurance purposes
2. Fax completed order form with all required documentation listed below to (239)-343-4002.
3. Please confirm that the following information is updated in the patient's Epic chart:
 - Recent Visit Notes
 - Lab Results
 - Patient's Insurance Card
 - Existing Prior Authorization (if applicable)

How to Use Our Digital Order Form

1. Upon downloading the desired form, you will see light blue text box, check box, and circle box fields appear. To fill out the form on your computer, click into these fields to type out the necessary information. You can copy/paste information from the patient's medical record into this form.
2. Gather the referring provider's signature to approve the order once you have filled out all fields and send to Lee Health Home Infusion via fax.

For any questions, contact our Lee Health Home Infusion team at 239-343-9799.

Infliximab

Order Form



PATIENT INFORMATION: Referral Status: ☐ New Referral ☐ Updated Order ☐ Order Renewal

Date: _____ Patient Name: _____ DOB: _____

Weight: _____ Height: _____ ICD-10 Code(s) & Description _____

The patient has an existing prior authorization: ☐ Yes (Please fax LHHI a copy) ☐ No (LHHI will process for you)

PRESCRIBING OFFICE:

Contact Name: _____ Contact Phone: _____

Ordering Provider: _____ Provider NPI: _____

Practice Name: _____ Phone: _____ Fax: _____

Refill all orders as directed x 1 year. Skilled nurse to administer doses intravenously where applicable. Skilled nurse to assess and teach self-administration of SQ medication where appropriate. Skilled nurse to provide ongoing support, including administration of medication. May infuse +/- 4 days to allow for patient scheduling.

LAB ORDERS:

Collect: ☐ BMP ☐ CMP ☐ CBC w/ Diff ☐ CBC w/o Diff ☐ CRP ☐ ESR ☐ Hepatic Panel ☐ _____

Lab Frequency: ☐ Every Infusion ☐ Every Other Infusion ☐ _____

PRE-MEDICATION ORDERS:

☐ Diphenhydramine ☐ PO OR ☐ IV (☐ 25mg OR ☐ 50 mg)

☐ Acetaminophen PO _____ mg

☐ Hydrocortisone IV Push _____ mg

THERAPY ADMINISTRATION:

1) ☐ LHHI to select product (chosen based on patient's insurance coverage and availability).

OR

2) Select a product from this list: ☐ Renflexis ☐ Remicade ☐ Avsola ☐ Inflectra

3) Dose: ☐ 5 mg/kg ☐ 7.5 mg/kg ☐ 10 mg/kg ☐ _____ mg/kg ☐ _____ mg

When calculating dose, round to nearest: ☐ vial (100mg per vial) ☐ half vial (50mg increment)

4) Frequency: ☐ Initial Dose - 0, 2, 6 weeks, THEN ☐ q6 weeks ☐ q8 weeks ☐ q _____ weeks.

5) Infusion Rate: Infuse according to Lee Health standard infusion rates

REACTION ORDERS:

1) LHHI to notify physician for any patient reactions.

2) Medication orders:

- Sodium chloride 0.9% bolus, IV, at "wide open rate" for mild/moderate reaction
- Diphenhydramine injection 50 mg, IV, once for mild/moderate reaction
- Methylprednisolone 125mg, IV, once for mild/moderate reaction
- Epinephrine 0.5 mg, IM, give once if symptoms continue after diphenhydramine administration

Provider Name (Print)

Provider Signature

Date