



Procedure Center Outpatient Infusion Guidelines

Disclaimer

PDF DISCLAIMER LEGAL NOTICE: This PDF was requested on 3/16/2023 and will be made available in the Lucidoc application until midnight on the requested day. PDFs should not be used as official documentation. Contents of official documents are subject to change without notice. Lucidoc makes no representation or warranty whatsoever regarding the completeness, accuracy, "up-to-dateness", or adequacy of the information or materials contained herein. Please refer to Lucidoc for the most up to date information.

CONFIDENTIALITY LEGAL NOTICE: This PDF may contain confidential information and is intended solely for the addressee. The information may also be legally privileged. This transmission is sent in trust, for the sole purpose of delivery to the intended recipient. If you have received this transmission in error, any use, reproduction, or dissemination of this transmission is strictly prohibited. If you are not the intended recipient, please immediately notify the sender and permanently delete this file.

Revision Insight

Document ID:	20565
Revision Number:	2
Owner:	Kristin Bentley, RN
Revision Official Date:	3/16/2023

Revision Note:
formatting again



Community Hospital

Procedure Center Outpatient Infusion Guidelines

1. The ordering provider must be licensed to practice by the state medical board in one of the fifty states in the United States.
2. Ordering provider or their designee agrees to be "on call" for their patient and the infusion clinic nurse during the patient's treatment, should any questions or concerns arise. We require a response from the attending provider or designee within 30 minutes from when initially contacted.
3. Orders are good for 1 (one) year from date written.
4. The Procedure Center is not a walk-in clinic. Patients will be seen by appointment only.
5. A completed order is required prior to the scheduling and initiation of any treatment. All incomplete orders will be returned to the ordering provider for correction.

A completed order constitutes all the following:

- a. Patient Name, date of birth, and contact information.
 - b. The diagnosis code in ICD-10 code format.
 - c. Medication name, dose to be given, route used to administer, frequency of doses, and how many doses need to be administered.
 - d. Orders MUST BE signed and dated by the ordering provider.
 - e. The ordering provider's name must be printed clearly on the order.
 - f. The ordering provider's office phone and fax numbers are required fields.
 - g. Insurance prior authorization is required prior to acceptance of all orders. Please verify that authorization has been obtained or is not required, prior to sending the order. If authorization is not required, please submit proof of treatment coverage and evidence that an authorization is not required.
 - h. All pertinent infusion order forms and documents can be found here:
https://yourcommunityhospital.com/PC_Health_Care_Providers.cfm
6. Treatment of medication reactions will be provided as per our Anaphylaxis and/or Hypersensitivity Reaction protocols listed here:
https://yourcommunityhospital.com/PC_Health_Care_Providers.cfm
 7. As per the Procedure Center Block Utilization and Scheduling Policy, if infusions are required because a life, limb, airway, or organ-threatening condition exists, the patient is not a candidate for treatment in the Procedure Center and should be directed to the nearest emergency care area.
 8. Administration of immunosuppressant medications may be delayed if your patient has been diagnosed or is undergoing treatment for any kind of infection (bacterial, fungal, viral) within the last fourteen (14) days, or if your patient has received a vaccination(s) within the past fourteen (14) days.
 9. Community Hospital requires a blood consent form be signed by the patient and the ordering provider. Please submit the blood consent along with a completed order. The blood consent form can be found here:
<https://yourcommunityhospital.com/PDFs/Blood%20Consent%20Form.pdf>

References

Reference Type	Documents referenced by this document		Title	Notes
Referenced Documents			https://yourcommunityhospital.com/PC_Health_Care_Providers.cfm	
Referenced Documents			https://yourcommunityhospital.com/PDFs/Blood%20Consent%20Form.pdf	
	Document ID	20565	Document Status	Official
	Department	Procedure Center	Department Director	Bentley, Kristin
	Document Owner	Bentley, Kristin	Next Review Date	03/15/2024
	Original Effective Date	01/11/2023		
	Revised	[01/11/2023 Rev. 0], [01/18/2023 Rev. 1], [03/16/2023 Rev. 2]		
	Keywords	procedure center, infusion, guidelines		

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at [https://www.lucidoc.com/cgi/doc-gw.pl?ref=bch:20565\\$2](https://www.lucidoc.com/cgi/doc-gw.pl?ref=bch:20565$2).