



**Legacy Day Treatment Unit
Provider's Orders**

Adult Ambulatory Infusion Order
Albumin Orders

Patient Name:

Date of Birth:

Med. Rec. No (TVC MRN Only):

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE

Anticipated Start Date: _____ **Patient to follow up with provider on date:** _____

This plan will expire after 365 days, unless otherwise specified below

Orders expire: _____

Weight: _____ kg **Height:** _____ cm

Allergies: _____

Diagnosis: _____ **Diagnosis Code:** _____

GUIDELINES FOR PRESCRIBING:

1. Send **FACE SHEET, INSURANCE CARD** and most recent provider chart or progress note.


Albumin 25%

- 25 grams IV post paracentesis, ONCE
- 50 grams IV post paracentesis, ONCE
- __ grams IV post paracentesis, if less than 5 liters removed, ONCE
- __ grams IV post paracentesis, if greater than or equal to 5 liters removed, ONCE

ANTI-EMETICS:

- Ondansetron (Zofran) _____ mg PO / IV, ONCE, PRN nausea
- Dexamethasone (Decadron) _____ mg PO / IV, ONCE, PRN nausea
- Lorazepam (Ativan) _____ mg PO / IV, ONCE, PRN nausea or anxiety
- Other _____

OTHER MEDICATIONS (Please include dose, route, frequency and indication):

 <p>LEGACY HEALTH</p>	<p>Legacy Day Treatment Unit Provider's Orders</p> <p>Adult Ambulatory Infusion Order Albumin Orders</p>	<p>Patient Name:</p> <p>Date of Birth:</p> <p>Med. Rec. No (TVC MRN Only):</p>
<p>ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE</p>		

Please check the appropriate box for the patient's preferred clinic location:

- | | |
|---|---|
| <input type="checkbox"/> Legacy Day Treatment Unit –
The Vancouver Clinic Building
<i>A department of Salmon Creek Medical Center</i>
700 NE 87 th Avenue, Suite 360
Vancouver, WA 98664
Phone number: 360-896-7070
Fax number: 360-487-5773 | <input type="checkbox"/> Legacy Emanuel Day Treatment Unit
<i>A department of Emanuel Medical Center</i>
501 N Graham Street, Suite 540
Portland, OR 97227
Phone number: 503-413-4608
Fax number: 503-413-4887 |
| <input type="checkbox"/> Legacy Salmon Creek Day Treatment Unit
<i>Legacy Salmon Creek Medical Center</i>
2121 NE 139 th Street, Suite 110
Vancouver, WA 98686
Phone number: 360-487-1750
Fax number: 360-487-5773 | <input type="checkbox"/> Legacy STEPS Clinic
<i>A department of Silverton Medical Center</i>
Legacy Woodburn Health Center
1475 Mt Hood Ave
Woodburn, OR 97071
Phone number: 503-982-1280
Fax number: 503-225-8723 |

Provider Signature: _____ **Date:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____

Contact name/number for questions: _____