

(place patient label here)

Patient

Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____
Allergies with reaction type: _____

HOME IV ANTIBIOTIC THERAPY

Version 3 07/16/2010

CASE MANAGEMENT ROLE:

Upon receipt of order for patient to discharge home on IV antibiotics the unit case manager needs to:

1. Determine if patient has potential payor source for home infusions
2. Contact insurance to determine if there is a designated preferred provider for infusion services.
3. Fax to infusion company the following information so that they can pursue pre-authorization for services: patient demographic face sheet, insurance information face sheet, physician order outlining medication, frequency, and length of treatment with anticipated stop date. They also need to have copy of H & P, Infectious Disease consult (if available) and information on type of IV access that the patient has ie peripheral IV site, PICC, Hickman, or Port-A-Cath.

INFUSION COMPANY UPON RECEIPT OF ORDER WILL:

1. Review order for completeness and call for any additional information.
2. Contact patient's insurance to confirm coverage and obtain preauthorization for services.
3. Call case manager back after confirming coverage to set up delivery of required supplies for infusion services. (This may be to patient's hospital room or to the patient's home depending on the company.)

CM ADDITIONAL RESPONSIBILITIES:

1. Discuss with patient and their support person what home IV therapy involves.
2. Make sure nursing is teaching basics about infusions, care of IV line, complications, and troubleshooting potential problems.
3. Obtain a referral for home care services to follow patient on discharge for at least the first few doses until comfort level with procedure at home can be adequately documented.

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THINGS TO KEEP IN MIND:

1. Home infusion services ALWAYS requires pre-authorization.
2. Pre-authorization cannot occur on a weekend.
3. The payor does not have to use the infusion company closest to the patient's home.
4. If the patient has TriCare or similar military coverage the pre-authorization process can take up to 5-7 days depending on when the request is submitted.

Initials _____

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SOME PROVIDERS OF INFUSIONS SERVICES:

- 1. Spectrum Home Solutions
2507 7th Avenue South
Gt. Falls, MT 59405
Ph: 727-1218
Fax: 727-6010

- 2. APRIA Infusion (Littleton, Colorado)
PH: 888-442-7742 (R.Ph. ext 4816)
Fax: 866-245-1602

- 3. St. Pete's Hospital (Helena)
Ph: 444-2350
Fax: 447-2407

- 4. At Home Solutions (Kalispell)
Ph: 1-800-423-5864 or 406-752-4545
Fax: 406-257-1896

Provider Signature: _____ Date: _____ Time: _____