GraceCottage
FAMILY HEALTH & HOSPITAL

Intravenous Outpatient Procedures:

(Please select)

Medication	Dose	Route/Rate	Frequency	Duration	Diagnosis
Leuprolide ☐ Lupron	☐ ____mg	☐ IM ☐ subQ	☐ _____	☐ _____	☐ ICD 10 _____
Remdesivir ☐ Veklury	☐ 200mg x 1 then100mg on days 2 and 3	☐ IV ☐ piggyback over 30-120minutes	☐ daily	☐ 3 days(s) ☐ _____ dose(s)	☐ COVID-19 treatment
Other ☐					

Other Outpatient Procedures:

(Please select)

Procedure	Frequency	Diagnosis	Order Instructions:
ECG	❑ Once	☐ ICD 10 _____	❑ N/A ❑ _____
Port DE Access	❑ _____	❑ ICD 10 _____	❑ Saline Flush _____ ❑ Heparin Flush _____ ❑ _____
Foley Change	❑ _____	❑ ICD 10_____	❑ N/A ❑ _____
PICC Line Dressing Change	❑ _____	❑ ICD 10_____	❑ _____
Other ☐			