

Nurse Navigator Phone 315-506-2469

Main Fax 315-634-5168

Generic Non-Oncology Treatment Order Set

Hematology-Oncology Associates of CNY

2. DOB:	1. Patient Name:				
[] Primary ICD-10 Code: Diagnosis description: Diagnosis description of Secretifion on Secretifion of Secretifion Diagnosis description: Description of Secretifion Diagnosis description: Description of Secretifion Diagnosis description: Diagnosis description: Description of Diagnosis description: Description of Diagnosis description: Diagnosi	2. DOB:	Heig	ht (inches):	Weight (lbs):	
Other ICD-10 Code:	3. Diagnosis:				
HOACNY will obtain authorization for drug administration prior to scheduled infusion. If HOACNY is unable to obtain insurance authorization du to this medication not being in alignment with the insurance plan's medical policy, referring office will be notified and HOACNY will not be able to administer the medication. 4. Pre-medications: [] Acetaminophen: [] 1000mg PO [] 500mg PO [] Diphenhydramine: [] 125mg PO [] 50mg PO [] 25mg IV [] 50mg IV [] Hydrocortisone: 100mg IVP [] Other Pre-medication: [] No Pre-medications indicated 5. Drug Order: Name of Drug: Special Instructions: [] New to Therapy [] Continuing therapy: Last Dose Received HOACNY is responsible to provide nursing care, safe drug handling & administration, post-infusion observation & management of dru hypersensitivity reactions per the HOACNY Infusion Policy & Procedure Guidelines. Any changes in condition or delayed adverse events that occur after leaving the infusion center are to be reported to the prescribing physician for evaluation & management. The prescribing parameters before proceeding with Non-Oncology Infusion Referral 6. Infusion Lab Requirements: [] CBC & CMP within 30 days prior to infusion [] Other: [] No lab monitoring indicated HOACNY WILL NOT DRAW LAB WORK REQUIRED FOR INFUSION ADMINISTRATION. The prescribing physician is responsible for ordering, obtaining, reviewing all laboratory results & providing copy to HOACNY prior to infusion of lother: [] CBC & CMP within 30 days prior to infusion and programs. [] None 8. Patient Assistance & REMS Program Enrollment [] Yes, patient has been enrolled in any programs.					
to this medication not being in alignment with the insurance plan's medical policy, referring office will be notified and HOACNY will not be able to administer the medications. 4. Pre-medications: [] Acetaminophen:	[] Other ICD-10 Code:	Diagnosis	description:		
[] Acetaminophen:	to this medication not being in alignment with the insura administer the medication.				
[] 1000mg PO [] 500mg PO [] 50mg PO [] 25mg IV [] 50mg IV [] 50mg IV [] 4 lydrocortisone: 100mg IVP [] 0ther Pre-medication:					
[] Diphenhydramine:					
[] 25mg PO [] 50mg PO [] 25mg IV [] 50mg IV [] Hydrocortisone: 100mg IVP [] Other Pre-medication:					
[] Hydrocortisone: 100mg IVP [] Other Pre-medication: [] No Pre-medications indicated 5. Drug Order: Name of Drug: [] Ok to substitute with generic/biosimilar Dose: Frequency: Special Instructions: [] New to Therapy [] Continuing therapy: Last Dose Received Next Dose Due HOACNY is responsible to provide nursing care, safe drug handling & administration, post-infusion observation & management of dru hypersensitivity reactions per the HOACNY Infusion Policy & Procedure Guidelines. Any changes in condition or delayed adverse events that occur after leaving the infusion center are to be reported to the prescribing physician for evaluation & management. The prescribing physician responsible for educating the patient of potential risks & complications associated with drug administration as well as drug specific monitoring parameters before proceeding with Non-Oncology Infusion Referral 6. Infusion Lab Requirements: [] CBC & CMP within 30 days prior to infusion [] Other: [] No lab monitoring indicated HOACNY WILL NOT DRAW LAB WORK REQUIRED FOR INFUSION ADMINISTRATION. The prescribing physician is responsible for ordering, obtaining, reviewing all laboratory results & providing copy to HOACNY prior to infusion ordered above. 7. Required Baseline Lab/Testing have been completed: [] CBC/CMP, date: [] Other: [] None 8. Patient Assistance & REMS Program Enrollment [] Yes, patient has been enrolled in program. (Provide Copy Enrollment Forms) [] No, patient has not been enrolled in any programs.		[]25	[] =0		
[] Other Pre-medication: [] No Pre-medications indicated 5. Drug Order: Name of Drug:		[] 25mg IV	[] Sumg IV		
[] No Pre-medications indicated 5. Drug Order: Name of Drug: [] Ok to substitute with generic/biosimilar Dose: Frequency: Special Instructions: [] New to Therapy [] Continuing therapy: Last Dose Received Next Dose Due HOACNY is responsible to provide nursing care, safe drug handling & administration, post-infusion observation & management of dru hypersensitivity reactions per the HOACNY Infusion Policy & Procedure Guidelines. Any changes in condition or delayed adverse events that occu after leaving the infusion center are to be reported to the prescribing physician for evaluation & management. The prescribing physician responsible for educating the patient of potential risks & complications associated with drug administration as well as drug specific monitorin parameters before proceeding with Non-Oncology Infusion Referral 6. Infusion Lab Requirements: [] CBC & CMP within 30 days prior to infusion [] Other: [] No lab monitoring indicated HOACNY WILL NOT DRAW LAB WORK REQUIRED FOR INFUSION ADMINISTRATION. The prescribing physician is responsible for ordering, obtaining, reviewing all laboratory results & providing copy to HOACNY prior to infusion and ordered above. 7. Required Baseline Lab/Testing have been completed: [] CBC/CMP, date: [] Other: [] None 8. Patient Assistance & REMS Program Enrollment [] Yes, patient has been enrolled in program. (Provide Copy Enrollment Forms) [] No, patient has not been enrolled in any programs.					
S. Drug Order: Name of Drug: [] Ok to substitute with generic/biosimilar					
Name of Drug:					
Dose:		[] ()+	o substitute with gon	oric/hiosimilar	
Special Instructions:					
[] New to Therapy [] Continuing therapy: Last Dose Received					
Continuing therapy: Last Dose Received					
HOACNY is responsible to provide nursing care, safe drug handling & administration, post-infusion observation & management of dru hypersensitivity reactions per the HOACNY Infusion Policy & Procedure Guidelines. Any changes in condition or delayed adverse events that occu after leaving the infusion center are to be reported to the prescribing physician for evaluation & management. The prescribing physician responsible for educating the patient of potential risks & complications associated with drug administration as well as drug specific monitorin parameters before proceeding with Non-Oncology Infusion Referral 6. Infusion Lab Requirements: [] CBC & CMP within 30 days prior to infusion [] Other: [] No lab monitoring indicated HOACNY WILL NOT DRAW LAB WORK REQUIRED FOR INFUSION ADMINISTRATION. The prescribing physician is responsible for ordering, obtaining, reviewing all laboratory results & providing copy to HOACNY prior to infusion or ordered above. 7. Required Baseline Lab/Testing have been completed: [] CBC/CMP, date: [] Other: [] None 8. Patient Assistance & REMS Program Enrollment [] Yes, patient has been enrolled in programs. (Provide Copy Enrollment Forms) [] No, patient has not been enrolled in any programs.			Next Dose	Due	
hypersensitivity reactions per the HOACNY Infusion Policy & Procedure Guidelines. Any changes in condition or delayed adverse events that occur after leaving the infusion center are to be reported to the prescribing physician for evaluation & management. The prescribing physician responsible for educating the patient of potential risks & complications associated with drug administration as well as drug specific monitoring parameters before proceeding with Non-Oncology Infusion Referral 6. Infusion Lab Requirements: [] CBC & CMP within 30 days prior to infusion [] Other: [] No lab monitoring indicated HOACNY WILL NOT DRAW LAB WORK REQUIRED FOR INFUSION ADMINISTRATION. The prescribing physician is responsible for ordering, obtaining, reviewing all laboratory results & providing copy to HOACNY prior to infusion a ordered above. 7. Required Baseline Lab/Testing have been completed: [] CBC/CMP, date: [] Other: [] None 8. Patient Assistance & REMS Program Enrollment [] Yes, patient has been enrolled in program. (Provide Copy Enrollment Forms) [] No, patient has not been enrolled in any programs.	[] Continuing therapy. Last Dose Neceived		Next Dose	Due	
8. Patient Assistance & REMS Program Enrollment [] Yes, patient has been enrolled in program. (Provide Copy Enrollment Forms) [] No, patient has not been enrolled in any programs. Physician's Name: Phone:	hypersensitivity reactions per the HOACNY Infusion Polic after leaving the infusion center are to be reported to responsible for educating the patient of potential risks a parameters before proceeding with Non-Oncology Infus. 6. Infusion Lab Requirements: [] CBC & CMP within 30 days prior to infus. [] Other: [] No lab monitoring indicated HOACNY WILL NOT DRAW LAB WORK REQUIRED FOR IN The prescribing physician is responsible for ordering, ob ordered above. 7. Required Baseline Lab/Testing have been contained.	cy & Procedure Guid the prescribing pl & complications as ion Referral Sion FUSION ADMINISTA taining, reviewing	delines. Any changes in hysician for evaluation sociated with drug adn and and and and and all laboratory results &	condition or delayed adverse events that occu & management. The prescribing physician in hinistration as well as drug specific monitoring providing copy to HOACNY prior to infusion a	
[] Yes, patient has been enrolled in program. (Provide Copy Enrollment Forms) [] No, patient has not been enrolled in any programs. Physician's Name: Phone:				[] None	
[] No, patient has not been enrolled in any programs. Physician's Name:Phone:	_		program /p	wide Conv Farallment Farre	
Physician's Name: Phone:			program. (Pro	viae Copy Enrollment Forms)	
	Cy syptial in the management and an any	. 1 -0			
	Physician's Name:			Phone:	

(This drug administration order form is valid for 12 months)