

**Home Health VNA**  
**HomeCare, Inc.**

**SUBJECT: ACCEPTANCE GUIDELINES FOR HOME INTRAVENOUS (IV) THERAPY**

Criteria for acceptance of a patient for home IV therapy will be determined through the assessment of the following:

1. Intravenous solutions/medications and methods of administration deemed safe for home intravenous administration will be determined by agency policy, which has been approved by the Professional Advisory Committee at Home Health VNA (HHVNA).
2. The patient or responsible person must be able to understand and demonstrate safe IV therapy including:
  - Administration of medications/fluids deemed appropriate by the registered nurse,
  - Observation for adverse effects of medications/fluids and frequent monitoring of flow rate,
  - Frequent observation of IV site for signs of complications, and
  - Knowing when and how to summon professional assistance when problems arise.

Patients who require multiple daily doses of an IV medication or a continuous infusion and are unable to take responsibility for their therapy will be required to have another responsible person identified and available to learn the administration procedure, observation for signs and symptoms of adverse events and discontinuing of the infusion. A teaching session should, whenever possible, take place prior to the patient's discharge from the facility and before acceptance by HHVNA, or HomeCare, Inc. (HCI).

3. The patient and/or responsible person should participate in IV training in the facility prior to discharge. HHVNA and HCI reserve the right to not accept a patient for IV care if the patient or responsible person is unable or unwilling to participate in the patient's care.
4. The patient and responsible person must agree to participate in continued training by visiting staff. HHVNA and HCI may discontinue care for an IV patient if during the admission process or at any time during the course of home therapy the home situation is deemed to be unsafe, or if the patient/responsible person refuses to participate in treatment as agreed upon at facility discharge. The disposition of the patient will be referred to the attending physician and HHVNA administration for further consideration; appropriate arrangements for continuity of care will be established, communicated and documented.

5. The home environment must be considered suitable for IV treatment with the necessary resources.
  - Refrigeration for medication storage,
  - Phone service for emergencies,
  - Running water for hand washing, and
  - Plans for transportation to obtain medical care if necessary.

Patients who do not meet these basic requirements will not be accepted.

6. HHVNA or HCI will not initiate or provide intravenous therapy unless clear, specific IV orders and the physician responsible for the patient's IV management are identified on the referral.
7. The pharmacist from the infusion company will be contacted before the home visit is scheduled to coordinate delivery time and to confirm IV therapy orders.
8. With the exception of some short term IV medication administration, patients will generally require a central line placement for IV therapy prior to the initiation of IV therapy in the home. An x-ray report, ultrasound report or Vasonova VPS report with tip placement must be received by the agency in writing and documented in the patient record prior to initiating any intravenous infusion via a central line. Optimal tip placement for a PICC is in the Superior Vena Cava. Tunneled lines or ports can be in SVC or right atrium. All other tip placements must be reviewed by the physician and HHVNA administration for further consideration.

\* For patients with PICC lines in place, the agency must be aware of the type, length and gauge of line. If the length is not available, the HHVNA is unable to remove line in home.

9. **All vesicant medications will be administered through a central line.** A vesicant is defined as any medication that will cause severe tissue damage or tissue death if it infiltrates. Should an infiltration of a vesicant occur, the infusion should be stopped and physician called for specific orders.
10. Assess any IV sites which may have had a vesicant infused in the outpatient setting as well as the sites that are being used in the home for any signs of infiltration. Instruct patients and caregivers to assess the sites daily and the steps to take should an infiltration of a vesicant should occur.
11. Vesicant infiltrations will be reported to IV and/or clinical manager.
12. Requests for home IV therapy will be considered on a case-by case basis. When care is requested that falls outside the established acceptance criteria, the individual case will be reviewed by the Infusion and Pain Program Manager and HHVNA Director and/or Vice President.
13. Any drug not listed on Attachment A - "IV Medication Approved by Policy" is subject to approval after review of drug safety/suitability for home infusion by the Infusion and Pain Program Manager, Vice President/Director of Clinical Services or Medical Director.

**Attachments:** Each of the following attachments are electronic spreadsheets containing detailed clinical information regarding the approved IV medications. The spreadsheets are meant to be updated, both as new medications are approved or as additional clinical information is added. The VP of Clinical Services or designee is responsible for the maintenance and electronic storage of the policy attachments.

- **Attachment A** “IV Medications Approved by Policy” is a detailed listing each IV medication approved for home IV administration and includes Risk Level, and Nursing Considerations and Precautions. Individual information/education forms for each approved medication are available on the HHVNA education website which is fully accessible to all nursing field staff.
- See detailed listing before acceptance of patients or administration of medication.
- **Attachment B** “IV Medications – Referral Department Listing” is a detailed listing of each approved IV medication with special referral department considerations included. Referral Department staff utilize this attachment whenever a referral for IV therapy is received.

*References:*

1. Infusion Nurses Society, Intravenous Nursing Standards of Practice, 2011, 23(6S). Hankins, J., Lonsway, R., Hedrick, C., Perdue, M (eds.)
2. Policies and Procedures for Infusion Nursing, 3<sup>rd</sup> Edition, 2006 by Infusion Nurses Society

Responsibility: Visiting Staff, Infusion and Pain Program Manager, HCI Clinical Manager, HCI Clinicians  
 Distribution: Leadership

|                  |   |
|------------------|---|
| Nature of Change | #8 – clarification regarding tip placement. |
| Approved PAC     | 10/15/15                                    |
| CCO Signature:   | _____ /____/____<br>Date                    |
| CEO Signature:   | _____ /____/____<br>Date                    |

**Instructions:**

**All of the following instructions apply to referrals received for either SOC or ROC with IV orders**

Check the two tabs to ensure IV medication is approved for home use by HHVNA Policy

First tab lists meds in Risk Categories 1 and 2 - see below for specific instructions

Second tab lists all other approved meds - no special considerations for referral department beyond normal coordination of care needs

**Risk Category 1:**

Referral Department must obtain approval from IV Program Manager, Clinical Director or Clinical VP before accepting referral

**Risk Category 2:**

IV Program Manager is notified whenever a new Category 2 IV med referral or new order is received

Use "IV Department" Outlook email address for notifications without approval required

Referral Department is not required to obtain approval before accepting the referral (see exceptions, below)

Clinical Manager ensures that all staff assigned have been educated re Special Instructions before assigning visit

**In addition to the Risk Level designated actions, the following require approval as indicated below, prior to accepting the referral:**

- 1) BID Infusion if patient/caregiver is unable or unwilling to learn – IV Program Manager or Clinical Manager
- 2) TID Infusion if patient/caregiver has not had an initial teach prior to discharge to HHVNA – IV Program Manager or Clinical Manager
- 3) IV/TPN Same Day Add-on – IV Program Manager or Clinical Manager
- 4) Line not appropriate for medication administration – IV Program Manager or Clinical Director
- 5) Peripheral Infusion – IV Program Manager or Clinical Manager
- 6) First Dose of Medication – IV Program Manager or Clinical Director
- 7) Substance Abuse within last six months of referral – IV Program Manager or Clinical Director
- 8) Epidural Medication Administration – IV Program Manager or Clinical Director

**First Dose:**

The drugs listed as "No 1st Dose" are never given as first dose in the home

Other meds are considered for first dose orders on a case by case basis

The IV Manager and/or Clinical Director must be consulted before a first dose referral is accepted

**Notes about Drug Class**

Antibiotics: All meds carry concern for hypersensitivity reaction at any time during the course of treatment  
Superinfections are possible with all antibiotics

Chemotherapy: Only agency-designated chemotherapy trained nurses may perform these visits

Iron: We give Ferrlecit and Venofer but not Iron Dextran

**Notes about Central Line Delivery**

We always need to have proof of tip placement and if possible, length of line

All Other IV Meds Approved

| Drug Name (generic/trade)          | Class             | Common Uses                                     | No 1st Dose | Central Line Only | Vesicant | IV Push Allowed |
|------------------------------------|-------------------|---|-------------|-------------------|----------|-----------------|
| Acyclovir/Zovirax                  | Anti-infectives   | Viral Infection                                 | X           | X                 |          |                 |
| Alteplase/CathFlo Activase         | Thrombolytic      | Eliminate central line clot                     |             | X                 |          |                 |
| Amikacin/Amikin                    | Antibiotics       | Bacterial Infection                             | X           | X                 |          |                 |
| Ampicillin Sublactum/Unasyn        | Antibiotics       | Bacterial Infection                             | X           | X                 |          |                 |
| Ampicillin/Ampicillin              | Antibiotics       | Bacterial Infection                             | X           | X                 |          |                 |
| Anti Hemophilic Factor/Factor VIII | Coag Factor       | Hemophilia                                      | X           |                   |          |                 |
| Azithromycin/Zithromax             | Antibiotics       | Bacterial Infection                             |             |                   | X        |                 |
| Aztreonam/Azactam                  | Antibiotics       | Bacterial Infection                             |             | X                 |          | X               |
| Caspofungin/Cancidas               | Anti-infectives   | Fungal Infection                                | X           | X                 |          |                 |
| Cefazolin/Ancef, Kefzol            | Antibiotics       | Bacterial Infection                             |             | X                 |          | X               |
| Cefepime/Maxipime                  | Antibiotics       | Bacterial Infection                             |             | X                 |          |                 |
| Cefoperazone/Cefobid               | Antibiotics       | Bacterial Infection                             |             | X                 |          |                 |
| Cefotan/Cefotetan                  | Antibiotics       | Bacterial Infection                             |             | X                 |          |                 |
| Cefotaxime/Clarforan               | Antibiotics       | Bacterial Infection                             | X           | X                 |          |                 |
| Cefoxitin/Mefoxin                  | Antibiotics       | Bacterial Infection                             |             | X                 |          | X               |
| Ceftazidime/Fortaz                 | Antibiotics       | Bacterial Infection                             |             |                   |          |                 |
| Ceftriaxone/Rocephin               | Antibiotics       | Bacterial Infection                             |             |                   |          | 1 gm max        |
| Ciprofloxacin/Cipro                | Antibiotics       | Bacterial Infection                             | X           | X                 |          |                 |
| Clindimycin/Cleocin                | Antibiotics       | Bacterial Infection                             |             |                   |          |                 |
| Cyclosporin                        | Immunosuppressive | Lupus, myasthenia gravis, anti-rejection        | X           |                   |          |                 |
| D5 1/2 NS                          | Hydration         | Short term hydration                            |             |                   |          |                 |
| D5 1/4 NS                          | Hydration         | Short term hydration                            |             |                   |          |                 |
| D5LR                               | Hydration         | Short term hydration                            |             |                   |          |                 |
| D5W                                | Hydration         | Short term hydration                            |             |                   |          |                 |
| Daptomycin/Cubicin                 | Antibiotics       | Bacterial Infection                             |             |                   |          | X               |
| Diphenhydramine / Benadryl         | Antihistamine     | Treatment/ prevention of mild allergic reaction |             |                   |          |                 |

All Other IV Meds Approved

| Drug Name (generic/trade)                           | Class                                     | Common Uses                              | No 1st Dose | Central Line Only | Vesicant | IV Push Allowed |
|---|---|--|-------------|-------------------|----------|-----------------|
| Doripenun/Dorabax                                   | Antibiotics                               | Bacterial Infection                      |             | X                 |          |                 |
| Doxycycline/Doxy100                                 | Antibiotics                               | Bacterial Infection                      | X           | X                 | X        |                 |
| Ertepenum/Invanz                                    | Antibiotics                               | Bacterial Infection                      |             |                   |          |                 |
| Erythrocin/Erythromycin                             | Antibiotics                               | Bacterial Infection                      |             |                   |          |                 |
| Ethanol Lock  | Anti-infectives                           | Prevent infection in Central Line        |             | X                 |          |                 |
| Filgrastim/G-CSF, Neupogen, Neulasta                | Antineutropenic Colony Stimulating Factor | Febrile Neutropenia                      | X           |                   |          |                 |
| Fluconazole/Diflucan                                | Anti-infectives                           | Fungal Infection                         | X           | X                 |          |                 |
| Foscarnet/Foscavir                                  | Anti-infectives                           | Treat CMV in AIDS patients               | X           | X                 |          |                 |
| Furosemide/Lasix                                    | Diuretics                                 | Heart disease                            |             |                   |          | 120mg max       |
| Gancyclovir/Cytovene                                | Anti-infectives                           | Viral Infection                          | X           | X                 |          |                 |
| Gentamycin  | Antibiotics                               | Bacterial Infection                      |             | X                 |          |                 |
| Hizentra (SCIG)                                     | Immunoglobulin                            | Primary Humoral Immunodeficiency Disease | X           | SC                |          |                 |
| Hydration /KCL additive (no more than 40 Meq/liter) | Hydration                                 | Short term hydration                     |             |                   |          |                 |
| Hydration, PPN, TPN / Magnesium additive            | Hydration/ Nutrition                      | Short term hydration                     |             |                   |          |                 |
| Hydration, PPN, TPN / Multivitamin additive         | Hydration/ Nutrition                      | Short term hydration                     |             |                   |          |                 |
| Imipenem/Primaxin                                   | Antibiotics                               | Bacterial Infection                      |             |                   |          |                 |
| Iron Sucrose/Venofer                                | Iron supplement                           | Iron deficiency                          | X           | X                 |          |                 |
| Kanamycin/A Kantrex                                 | Antibiotics                               | Bacterial Infection                      | X           | X                 |          |                 |
| Lactated Ringers (LR)                               | Hydration                                 | Short term hydration                     |             |                   |          |                 |
| Levetiracetam/Keppra                                | Anti-epileptic                            | Seizure Disorder                         | X           | X                 |          |                 |
| Levofloxacin/Levaquin                               | Antibiotics                               | Bacterial Infection                      |             | X                 |          |                 |

All Other IV Meds Approved

| Drug Name (generic/trade)         | Class                 | Common Uses                                 | No 1st Dose | Central Line Only | Vesicant | IV Push Allowed          |
|-----------------------------------|-----------------------|---|-------------|-------------------|----------|--------------------------|
| Lorazepam/Ativan                  | Anti-anxiety          | Anxiety, advanced illness symptoms          |             |                   |          | 2 gm adult;<br>1 gm pedi |
| Meropenun/Merrem                  | Antibiotics           | Bacterial Infection                         |             |                   |          |                          |
| Methotrexate/MTX                  | Chemotherapy          | Cancer                                      | X           |                   |          | X                        |
| Micafungin/Mycamine               | Anti-infectives       | Fungal Infection                            | X           |                   |          |                          |
| Moxifloxacin/Aclox                | Antibiotics           | Bacterial Infection                         |             | X                 |          |                          |
| Nafcillin/Unipen                  | Antibiotics           | Bacterial Infection                         | X           | X                 |          |                          |
| NS 0.9%                           | Hydration             | Short term hydration                        |             |                   |          |                          |
| Octreotide Acetate/Sandostatin    | Somatostatin analog   | Acromegaly, pituitary tumors, Antidiarrheal |             | X                 |          |                          |
| Ondansetron Hydrochloride/Zofran  | Anti-emetic           | Prevent/treat nausea and vomiting           |             | X                 |          | 4 mg max                 |
| Oxacillin                         | Antibiotics           | Bacterial Infection                         | X           | X                 |          |                          |
| Pamidronate Disodium/Aredia       | Bisphosphonate        | Hypercalcemia of malignancy                 | X           |                   |          |                          |
| Pantoprazole Sodium/Protonix      | Proton Pump inhibitor | Prevent GI irritation                       | X           | X                 |          |                          |
| Penicillin                        | Antibiotics           | Bacterial Infection                         | X           | X                 |          |                          |
| Piperacillin/Pipracil             | Antibiotics           | Bacterial Infection                         | X           |                   |          |                          |
| Piperacillin/Tazobactam/ Zosyn    | Antibiotics           | Bacterial Infection                         | X           | X                 |          |                          |
| Rifampin/Rifadin                  | Antibiotics           | Bacterial Infection                         | X           | X                 |          |                          |
| SMZ-TMP/Bactrim                   | Antibiotics           | Bacterial Infection                         | X           | X                 | X        |                          |
| Sodium Ferric Gluconate/Ferrlecit | Iron supplement       | Iron deficiency                             | X           | X                 |          |                          |
| Synercid                          | Antibiotics           | Bacterial Infection                         |             | X                 |          |                          |
| Ticarcillin/Timentin              | Antibiotics           | Bacterial Infection                         | X           | X                 |          |                          |
| Tigecycline/Tigacil               | Antibiotics           | Bacterial Infection                         | X           | X                 |          |                          |
| Tobramycin/Nebcin                 | Antibiotics           | Bacterial Infection                         |             | X                 |          |                          |
| Torsemide/Demadex                 | Diuretics             | Heart disease                               | X           |                   |          |                          |



All Other IV Meds Approved

| Drug Name (generic/trade)                  | Class          | Common Uses   | No 1st Dose | Central Line Only | Vesicant | IV Push Allowed |
|--|----------------|---|-------------|-------------------|----------|-----------------|
| TPN / PPN / Metoclopramide/Reglan additive | Nutrition      | Short or long term nutrition support or replacement |             | X                 |          |                 |
| TPN / PPN /Famotidine/ Pepcid additive     | Nutrition      | Short or long term nutrition support or replacement |             | X                 |          |                 |
| TPN / PPN /Ranitidine/ Zantac additive     | Nutrition      | Short or long term nutrition support or replacement |             | X                 |          |                 |
| TPN/PPN c Insulin                          | Nutrition      | Short or long term nutrition support or replacement |             | X                 |          |                 |
| Vancomycin/Vancocin                        | Antibiotics    | Bacterial Infection                                 | X           | X                 | X        |                 |
| Vivaglobin (SCIG)                          | Immunoglobulin | Treatment of Immune Deficiencies                    |             | SC                |          |                 |
| Zoledronic acid / Zometa                   | Bisphosphonate | Hypercalcemia of malignancy                         | X           |                   |          |                 |

Referral Department  
Category 2

| Risk Level | Drug Name (generic/trade)                    | Class                 | Common Uses           | Labs Commonly Monitored              | Referral Department - Special Considerations  | No 1st Dose | Central Line Only | Vesicant | IV Push Allowed |
|------------|--|-----------------------|-----------------------|--------------------------------------|---|-------------|-------------------|----------|-----------------|
| 1          | Alpha 1 Proteinase Inhibitor/Prolastin       | Proteinase inhibitor  | AAT Deficiency        | Alpha P1 serum level                 | Severe hypersensitivity reaction possible; at least 3 doses in clinic before home; 1 hour infusion, in line filter required; may need peripheral start  | X           |                   |          |                 |
| 1          | Amphotericin B                               | Anti-infectives       | Fungal Infection      | CBC, PT, Lytes, BUN, Cr, LFTS        | Obtain orders for premeds, hydration; Long visit; Use D5W Only  | X           | X                 |          |                 |
| 1          | Amphotericin B lipid compound/Abelcet        | Anti-infectives       | Fungal Infection      | CBC, PT, Lytes, BUN, Cr, LFTS        | Obtain orders for premeds, hydration; Long visit; Use D5W Only  | X           | X                 |          |                 |
| 1          | Amphotericin B lipid compound/Ambizone       | Anti-infectives       | Fungal Infection      | CBC, PT, Electrolytes, BUN, Cr, LFTS | Obtain orders for premeds, hydration; Long visit; Use D5W Only  | X           | X                 |          |                 |
| 1          | Blinatumomab/Blincyto                        | Chemotherapy          | Cancer                | CBC c diff + Plts, BMP               | Must have parameters for weight gain, BP and pulse changes; must have 2 pumps and extra meds in the home; need lab orders; at least 2 teaching sessions for patient and caregiver prior to discharge home | X           | X                 |          |                 |
| 1          | Bumetanide/Bumex                             | Diuretics             | Heart disease         | BMP                                  | Obtain parameters for BP, Pulse, Weight; Lab orders; Document where patient will obtain drug: IV Company or pharmacy; IV Push 1mg up to twice a day over 1-2 minutes                                      |             |                   |          | X               |
| 1          | Bupivacaine                                  | Pain - Anesthetic     | Pain management       |                                      | Epidural infusion only; 2 pumps and extra bag of med required; nurses need special training   | X           | Epidural          |          |                 |
| 1          | C1 Inhibitor(Human)/ Cinryze                 | C1 esterase inhibitor | Hereditary angioedema |                                      | Peripheral IV start and special training for nurse is required; May be given IV Push, 1000 mg over 10 minutes   |             |                   |          | X               |
| 1          | Chlorothiazide/Diuril                        | Diuretics             | Heart disease         | BUN, Cr, Lytes                       | Obtain parameters for BP, Pulse, Weight; Lab orders; Document where patient will obtain drug: IV Company or pharmacy  | X           |                   |          |                 |
| 1          | Cocktail: Adriamycin/ Etoposide/ Vinblastine | Chemotherapy          | Cancer                | See individual drugs for S/E & Labs  | MD must be on call for patient 24/7; May require IV hydration   | X           | X                 | X        |                 |

Referral Department  
Category 2

| Risk Level                          | Drug Name (generic/trade)            | Class                     | Common Uses  | Labs Commonly Monitored               | Referral Department - Special Considerations  | No 1st Dose | Central Line Only | Vesicant | IV Push Allowed |
|-------------------------------------|--------------------------------------|---------------------------|--|---------------------------------------|---|-------------|-------------------|----------|-----------------|
| 1                                   | Cytarabine/Ara-C                     | Chemotherapy              | Cancer   | CBC c diff + Plts                     | Obtain order for prophylactic antiemetics; may require IV hydration; IV Push up to 100 mg over 1-3 minutes  | X           | X                 |          | X               |
| 1                                   | Dobutamine                           | Inotropic                 | Advanced heart disease - palliation, organ transplant waiting list | CMP                                   | Advance Directives/ Responsible caregiver required; at least 2 teaching sessions done prior to d/c home; given as continuous infusion; 2 pumps and extra bag of med in the home; Parameters from MD for BP, HR and weights. | X           | X                 |          |                 |
| 1                                   | Dolophine/Methadone                  | Pain - Narcotic analgesic | Pain management  | BUN, Cr, LFTs                         | Must be on stable dose from hospital (no dose ranges allowed); 2 pumps and extra bag is required  | X           | X                 |          |                 |
| 1                                   | Doxorubicin/Adriamycin               | Chemotherapy              | Cancer   | CBC c diff + Plts, Uric acid, CMP     | Obtain VS parameters; may be cardiotoxic  | X           | X                 | X        |                 |
| 1                                   | Duramorph                            | Pain - Narcotic analgesic | Pain management  |                                       | Epidural infusion only; in line filter required; 2 pumps and extra bag of med required; Special training for nurses   | X           | Epidural          |          |                 |
| 1                                   | Etoposide/Vepacid VP                 | Chemotherapy              | Cancer   | CBC c diff + Plts                     | Obtain order for IV hydration   | X           | X                 | X        |                 |
| 1                                   | Fentanyl Citrate/Fentanyl, Sublimaze | Pain - Narcotic analgesic | Pain management  |                                       | Epidural infusion only; in-line filter required; 2 pumps and extra bag of med required; Special training for nurses   | X           | Epidural          |          |                 |
| 2                                   | Fluorouracil/5FU                     | Chemotherapy              | Cancer   | CBC c diff + Plts, Electrolytes, LFTs | Need to get portacath info to verify placement; need dose even if disconnect only; if no IV company involved, ask for Huber needle, dressing kit, biohazard box, gowns, gloves and flushes                                  | X           | X                 |          |                 |
| 1 or 2 - see Special Considerations | Hydromorphone/ Dilaudid, Dilaudid HP | Pain - Narcotic analgesic | Pain management  |                                       | Epidural is Level 1, IV is Level 2 - must have basal rate, may also have bolus rate but cannot be done Epidural or IV if only a bolus rate; SC - no more than 2 mls/hour  | X           |                   |          |                 |
| 1                                   | Imiglucerase/Cerezyme                | Enzyme                    | Type 1 Gaucher disease   | CBC c diff., LFTs                     | Peripheral start required for this visit; Long visit; Special training required   | X           |                   |          |                 |

Referral Department  
Category 2

| Risk Level | Drug Name (generic/trade)                    | Class                     | Common Uses  | Labs Commonly Monitored                       | Referral Department - Special Considerations  | No 1st Dose | Central Line Only | Vesicant | IV Push Allowed |
|------------|--|---------------------------|--|---|---|-------------|-------------------|----------|-----------------|
| 1          | Infliximab / Remicade                        | Monoclonal Antibody       | Rheumatoid Arthritis, Crohn's Disease, Psoriatic Arthritis           | CBC with Diff                                 | May have pre-meds ordered; 2 hour infusion; Obtain BP and Pulse parameters; no active infection at time of start; must have 3 doses in facility before home   | X           |                   |          |                 |
| 1          | Irinotecan/Camptosar                         | Chemotherapy              | Cancer   | CBC c diff + Plts, Cr, BUN                    | Obtain order for IV hydration   | X           | X                 |          |                 |
| 1          | IV IG/Gammamune, Gammunex                    | Immunoglobulin            | wide range of infectious, autoimmune and immunosuppressive disorders | BUN, Cr, Lytes, CBC c diff                    | Long infusion 4-5 hours; peripheral IV start required; at least 3 doses in clinic before home; special training required for nurses   | X           |                   |          |                 |
| 2          | Methylprednisolone / SoluMedrol              | Glucocorticoid            | Exacerbation of respiratory illnesses, MS exacerbations              | Electrolytes, 2 hr postprandial blood sugar   | Requires peripheral start; 1 hour infusion; may be given IV push, up to 40 mg   | X           |                   |          | X               |
| 1          | Milrinone/Primacor                           | Inotropic                 | Advanced heart disease - palliation, organ transplant waiting list   | CMP, Mg, PO4, LFTs                            | Advance Directives/ Responsible caregiver required; at least 2 teaching sessions done prior to d/c home; given as continuous infusion; 2 pumps and extra bag of Milrinone in IV - must have basal rate, may also have bolus rate but cannot be done IV if only a bolus rate; SC - no more than 2 mls/hour | X           | X                 |          |                 |
| 2          | Morphine sulfate                             | Pain - Narcotic analgesic | Pain management  |   |   |             | X- if IV          |          |                 |
| 1          | Peripheral Parenteral Nutrition(PPN)         | Nutrition                 | Short term nutrition support or replacement                          | CMP, Triglycerides                            | No more than 7-10 days Peripheral IV starts required  | X           |                   |          |                 |
| 1          | Remodulin                                    | Prastacyclin Vasodilator  | Pulmonary hypertension   | BUN, Cr, LFTs                                 | Advance directives/ responsible caregiver required; at least 2 teaching sessions done prior to d/c home; 2 pumps and extra bag of med in the home; Parameters from MD for VS  | X           | X                 |          |                 |
| 2          | Total Parental Nutrition(TPN) c or w/o lipid | Nutrition                 | Short or long term nutrition support or replacement                  | CBC c diff + Plts, CMP, CA, Mg, PO4, LFTs, PT | Line placement, cycle and how long stable on that dose; must be 24 hours, more if diabetic, severely cachectic, alcoholism, pediatric patients or organ failure; Patient/caregiver must have teach in hospital and be deemed able and willing to learn and become independent                             | X           | X                 |          |                 |

Referral Department  
Category 2

| Risk Level | Drug Name (generic/trade) | Class        | Common Uses | Labs Commonly Monitored | Referral Department - Special Considerations | No 1st Dose | Central Line Only | Vesicant | IV Push Allowed |
|------------|---------------------------|--------------|-------------|-------------------------|--|-------------|-------------------|----------|-----------------|
| 1          | Vinblastine/VLB           | Chemotherapy | Cancer      | CBC c diff + Plts       | May require IV hydration                     | X           | X                 | X        |                 |
| 1          | Vincristine/VCR           | Chemotherapy | Cancer      | CBC c diff + Plts, LFTs | Obtain order for IV hydration                | X           | X                 | X        |                 |