Place referral to infusion clinic first
Cardiovascular/Peripheral Vascular

Essential hypertension

Respiratory/Allergy

AR (allergic rhinitis)
Severe obstructive sleep apnea

Endocrine

Dyslipidemia
Vitamin D deficiency
Obesity, Class III, BMI 40–49.9 (morbid obesity) (CMS-HCC)

Transplant

Long-term use of immunosuppressant medication

GU/Nephrology

Proteinuria
Minimal change disease

Dermatology

Seborrheic dermatitis of scalp

Pharmacology

- fluocinolone (DERMA-SMOOSE) 0.01 % external oil
- hydROXYchloroQUINE (PLAQUENIL) 200 mg tablet
- levonorgestrel (MIRENA) 20 mcg/24 hr (5 years) IUD
- losartan (COZAAR) 50 MG tablet
- multivitamin tablet
- mycophenolate (CELLCEPT) 500 mg tablet
- PARoxetine (PAXIL) 10 MG tablet
- semaglutide (OZEMPIC) 2 mg/dose (8 mg/3 mL) pen injector

Tobacco History

Smoking Status
Never
Smokeless Tobacco Status
Never
Smoking Cessation
Choose preferred location and reason for referral. All referrals to Infusion Center require an expiration date. Most referrals are set for 1 year. In comment section write, “This referral expires on 4/25/2024” if referring on 4/26/2023.
Click on Orders for later to place the infusion or ESA order.
Choose one of the Infusion options on the left

REMINDER: You must select a Facility Destination above to access the order sets for that facility. Don’t forget to click Next (F8) or Close (F9) to register your selection.
Orders for Later

Infusion A

- No assigned therapy plan

Search + Assign

Favorites

Darbepoetin

Available (120)

Infusion B

- No assigned therapy plan

Search + Assign

Infusion C

- No assigned therapy plan

Search + Assign

Infusion D

- No assigned therapy plan

Search + Assign
Type product into search box
Choose start date and Treatment department. Also, link this to a diagnosis. Then click “Assign Plan”.
All required labs and medications pre-populate. Review for accuracy and click the box next to the product.

<table>
<thead>
<tr>
<th>Lab</th>
<th>Interval</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBC</td>
<td>Every 2 weeks</td>
<td>2/2 remaining</td>
</tr>
<tr>
<td>Hemoglobin</td>
<td>PRN</td>
<td>8/8 remaining</td>
</tr>
<tr>
<td>Ferritin</td>
<td>PRN</td>
<td>8/8 remaining</td>
</tr>
<tr>
<td>Diphenhydramine</td>
<td>Every visit</td>
<td>8/8 remaining</td>
</tr>
<tr>
<td>Acetaminophen</td>
<td>Every visit</td>
<td>8/8 remaining</td>
</tr>
<tr>
<td>Ferric gluconate</td>
<td>1 time a week</td>
<td>8/8 remaining</td>
</tr>
</tbody>
</table>
After review, sign plan
Then, click Review Plan