

		IV	ledical Refer	ral - Paediatric	(under 18 years of ag	ge)			
Ontario Health atHome Paediatric Demographics									
15 Sperling Drive, Barrie, ON L4M 6K9					Name:				
Tel: (705) 721-8010 Toll Free 1-888-721-2222					Parent/Guardian Name:				
Fax: (705) 792-6270					Address:				
					City: Postal Code:				
Patients may have care in a <u>nursing clinic</u> and be taught their					Phone:	DOB: (yyyy/m	m/dd)	Sex:	
treatments based on nurses discretion.					HCN: Ver:				
This document will be included in the Patient record.					Weight: Kg Height: cm				
					Alternate Contact Name:				
	Allergies: (drug, onvironmental, animal, feed)								
Allergies: (drug, environmental, animal, food)									
Diagnosis: (most relevant to care in community)									
Diagnosis discussed with Family/Guardian Yes No Patient Yes No									
Prognosis: (Improve, Remain stable, Deteriorate, Guarded)									
Prognosis discussed with Family/Guardian Yes No Patient Yes No									
Other Diagnosis/Presenting Problem:									
Surgical Procedure or Treatment:									
Current Medications: (attach current list) N/A (*Same day medication orders must be received by Ontario Health atHome by 1300 hrs									
Medication to be	Limited	Dosage	Frequency	Route	Last Dose in Hospital:	Next Dose in C	community:	Length of Therapy in	
administered	Use(LU)				Date/Time	Date/Time		Days	
	Code								
	-								
IV Route Access Device:			Heparinization Dosing Guidelines Reference:						
Peripheral 🗌 CVAD single lumen 🔲		Weight	Dose of Heparin	Heparin Product used	Total volume	Minimum Frequency	Maximum Frequency		
	CVAD double lumen		Less than or	10 units/kg	81.1	1mL each	Every 24 hours		
					Dilute neparin			Three times daily	
CVAD double lumen	ar Device		equal to 10kg	10 units/kg	Dilute heparin 100units/mL with	lumen	24 110013	Three times daily	
CVAD double lumen	ar Device			10 units/ kg	100units/mL with normal saline to total		Every 24 nours	Three times daily	
CVAD double lumen Implanted Vascula Type/Comment:		_			100units/mL with normal saline to total volume of 1 mL		Every 24 hours	Three times daily	
CVAD double lumen Implanted Vascula Type/Comment: Is there Radiological c placement of new cen	onfirmation o tral line?	•	equal to 10kg	100 units/kg	100units/mL with normal saline to total	lumen			
CVAD double lumen Implanted Vascula Type/Comment: Is there Radiological c placement of new cen (Documentation attac	onfirmation o tral line? 🔲 c hed)	•	equal to 10kg Greater than		100units/mL with normal saline to total volume of 1 mL	lumen 1mL each		Three times per day if patient is receiving a systemic anti-	
CVAD double lumen Implanted Vascula Type/Comment: Is there Radiological c placement of new cen	onfirmation o tral line? 🔲 c hed)	•	equal to 10kg Greater than		100units/mL with normal saline to total volume of 1 mL	lumen 1mL each		Three times per day if patient is receiving a systemic anti-	
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