



Cancer Care Clinic Medical Order *Required Fields

Patient Identification

Diagnosis	Allergy:	
Venous Access	<input type="checkbox"/> PICC <input type="checkbox"/> Port-a-Cath <input type="checkbox"/> Access Port-a-Cath Gripper Needle: <input type="checkbox"/> 1 inch 19 G <input type="checkbox"/> ¾ inch 19 G <input type="checkbox"/> De-access and flushing protocol attached or as per provider agency protocol	
Medication	*Regimen Name:	
	*Infusion Start Date/Time in Clinic: (dd-mmm-yyyy)	*Infusor End/ Disconnect Date: (dd-mmm-yyyy)
	<input checked="" type="checkbox"/> De-Access Chemotherapy <input type="checkbox"/> 24 hr purple top Drug to be De-Accessed: Fluorouracil (5FU) Elastomeric Infusor <input type="checkbox"/> 46 hr red top <input type="checkbox"/> 48 hr red top	
	Flushing Protocol :	
	<input type="checkbox"/> Port Flush: Flush with 10 to 20 mL 0.9% sodium chloride (Normal Saline). Lock with 5mL (500 units) Heparin lock flush 100 units/mL intravenously, after access and monthly if not in use. <input type="checkbox"/> PICC Flush: Flush each lumen with 10 to 20 mL 0.9% sodium chloride (Normal Saline). Each lumen locking solution 3 mL heparin – 100 units/mL concentration (300 units). Flush and lock each lumen after access and every 7 days if not in use.	
<input type="checkbox"/> IV Hydration (via CADD Pump): Normal Saline 1 L over _____ hours DAILY for _____ days. Start after 5FU chemotherapy completed. Start Date: _____ End Date: _____		
<input type="checkbox"/> Supportive Care Medication: <input type="checkbox"/> Dexamethasone _____ mg IV <input type="checkbox"/> DAILY <input type="checkbox"/> BID for _____ days. Start Date: _____ End Date: _____ <input type="checkbox"/> Other: _____		
Wound Care	<input checked="" type="checkbox"/> Change dressings as required when wet or soiled	
*Physician/Nurse Practitioner Information	PRINT NAME:	*OHIP Billing #:
	*Signature:	Date: (dd-mmm-yyyy)
	Hospital: Humber River Hospital	
	*Phone Number: 416-242-1000 x. 21518	*Fax Number: 416-242-1068

Please Note: This form needs to be faxed after sending the referral in Resource Matching and e-Referral (RM&R)