

<p>Medical Order Form</p> <p>Contact Number 1-800-810-0000</p> <p>See Page 2 for Fax Numbers</p>	<p>Patient Name _____</p> <p>HC# _____ VC _____ DOB _____</p> <p>Address _____</p> <p>City _____ Province _____</p> <p>Postal Code _____ Phone # _____</p>
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Patient Information

Height _____ Weight _____ Diagnosis of diabetes? Yes No Type: _____

Known Allergies _____

History of Drug Reaction: Yes No (specify) _____

If route is IV, indicate type of vascular device: PIV PICC Midline PORT Other _____

**For Central Vascular Devices – Include Medical Order Form for Care & Maintenance*

Prescription (include drug, dose, concentration, route, frequency, length of treatment, date and start date)

IV Medication/Infusion: Patient is able to miss one dose due to inclement weather, loss of access, post hospital discharge arrangements, etc.

Wound Care: If not specified, nurse to assess and provide recommendations

Indwelling Urinary Catheter: Insertion Date _____ Size _____ Type _____

Standard maintenance for Indwelling or Suprapubic Catheter: Change **latex** catheter monthly and PRN, Change **silastic and silicone – silicone coated** catheters every 3 months and PRN, Irrigate catheter with 50-150mL Normal Saline PRN

If size/type not specified, standard Foley catheter kit will be provided with #14/16 silicone coated catheter

Remdesivir: Patient qualifies for treatment per Ontario Health and MOH guidelines

Prescriber (MD/NP) Information

Name _____	CPSO/CNO # _____
Address _____	Contact Number _____
Signature _____	Date _____

