

**PATIENT INFORMATION**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Allergies: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**REFERRAL STATUS**

New Referral       Dose or Frequency Change       Order Renewal  
 Is this the first dose?  Yes  No, date of last infusion: \_\_\_\_\_ Line type:  PIV  PICC  Port  Other

**DIAGNOSIS AND ICD-10 CODE**

Diagnosis: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

**REQUIRED DOCUMENTATION**

- This signed order form by the provider
- Patient demographics AND insurance information
- Pregnancy test, as applicable
- H&P and Clinical/Progress notes supporting primary diagnosis
- Labs and Tests supporting primary diagnosis

List Tried & Failed Therapies, including duration of treatment:

- 1)
- 2)
- 3)

**MEDICATION ORDERS**

Keytruda 200 mg IV over 30 minutes once every 3 weeks       Keytruda 400 mg IV over 30 minutes once every 6 weeks

Refills\*:  X 6 months     X 1 Year     Other: \_\_\_\_\_  
 \*(if not indicated, order will expire 1 year from date signed)

- RN to manage VAD per company protocol and administer ordered therapy per manufacturer guideline
- RN to access/start and deaccess/discontinue VAD as appropriate for therapy administration
- RN to flush and lock VAD/CVAD per company protocol
- Other: \_\_\_\_\_

**PREMEDICATION ORDERS**

Acetaminophen 650mg PO prior to infusion       Other: \_\_\_\_\_  
 Diphenhydramine 25mg PO prior to infusion       Other: \_\_\_\_\_

**EMERGENCY MEDICATIONS**

Administer the following medications as needed for infusion-related reactions per company protocol:

**Adults (weight >40kg):**

Diphenhydramine 25mg-50mg PO  
 Diphenhydramine 25mg-50mg slow IV push over 2-5 mins  
 Acetaminophen 325mg-650mg PO  
 Methylprednisolone 125mg slow IV push over at least 5 mins as tolerated  
 Epinephrine 0.3mg IM/SQ, may repeat x1  
 Sodium chloride 0.9% 500ml over 30-60 mins, may repeat x1 if hypotensive

**Pediatrics (weight <40kg): (may adjust with weight changes)**

Diphenhydramine 25mg PO  
 Diphenhydramine 25mg slow IV push over 2-5 mins  
 Acetaminophen 325mg PO  
 Methylprednisolone 40mg slow IV push over at least 5 mins as tolerated  
 Epinephrine 0.15mg (<30kg) or 0.3mg (>30kg) IM/SQ, may repeat x1  
 Sodium chloride 0.9% 500ml over 30-60 mins, may repeat x1 if hypotensive

Oxygen 1-6LPM continuous flow per nasal cannula or face mask, titrate to maintain SpO2 of 95-100% (AIC/AIS only)

**PRESCRIBER INFORMATION**

Prescriber Name: \_\_\_\_\_ NPI Number: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_  
 Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_