INFUSACARE
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Migraine Infusion Order

Patient Name: DOB: □Male □Female

Diagnosis (please provide ICD10 code):

□ Other:

□ NKDA □ Allergies:

□ New Therapy Order □ Continuation of Therapy Date of last dose:

Ordering Provider Name:

Provider NPI: Phone: Fax:

Practice Address: City: State: Zip Code:

Required Documentation:

□ Patient Demographics

□ Patient Insurance (med and pharm card copies, front and back)

□ Progress Notes/Labs supporting diagnosis

□ Other:

Patient height and weight:

Patient Height(cm):

Patient Weight (kg):

Migraine Medication Order:

▪ **Dosing (Please choose applicable)**

□ Methylpredisolone (Solu-Medrol)
- □ 125mg
- □ 500mg
- □ 1000mg

□ Dihydroergotamine mesylate (D.H.E. 45)
- □ 0.25mg
- □ 0.50mg
- □ 1mg

□ Dexamethasone (Decadron)
- □ 4mg
- □ 10mg
- □ 12mg

□ Ondansetron (Zofran)
- □ 4mg
- □ 8mg

□ Magnesium Sulate
- □ 500mg
- □ 1000mg

□ Metoclopramide (Reglan)
- □ 5mg
- □ 10mg

□ Ketoralac (Toradol)
- □ 30mg
- □ 60mg

□ Valproate Sodium (Depacon)
- □ 250mg
- □ 1000mg

□ Promethazine (Phenergan)
- □ 12.5mg
- □ 25mg

▪ **IV Fluid Orders (Please choose applicable)**

□ 0.9% Sodium Chloride
- ▪ Volume
  - □ 250mL
  - □ 500mL
  - □ 1000mL

□ 5% Dextrose
- ▪ Volume
  - □ 250mL
  - □ 500mL
  - □ 1000mL

▪ Administration
- □ Give over___ hours
- □ Give as bolus

▪ **Frequency (Please choose one)**

□ Daily for _____ doses
□ Weekly for _____ doses
□ Bi-weekly for _____ doses
□ Monthly for _____ doses
□ Other: _____

Additional Instructions/Notes:

Patient IV Access
□ PIV
□ Use patient's SL/DL PICC, flush per protocol
□ Access/deaccess patient's Port, flush per protocol
*Imaging results of proper placement required for PICC/Port

Ordering Provider:

Signature: _____ Date: _____

Provider: _____ Phone: _____ Fax: _____

Best Contact Person in Office: _____ Phone: _____

Locations:
□ *Skokie, IL*: 4711 Golf Rd, Ste 900. P: 847-324-6800. F: 224-251-7141
□ *Libertyville, IL*: 1900 Hollister Dr, Ste 210. P: 847-324-6800. F: 224-251-7141
□ *Orland Park, IL*: 16612 107th Ct, Ste B. P: 847-324-6800. F: 224-251-7141
□ *Houston, TX*: 8303 SW Freeway, Ste 111. P: 346-738-9600. F: 346-613-8400