



MATAGORDA REGIONAL
MEDICAL CENTER
MRMC IV THERAPY SERVICES
PHONE: 979-241-5966
FAX: 979-241-5965

DOPAMINE ORDER FORM

PATIENT INFORMATION

Last Name: _____ First Name: _____ MI _____ DOB: _____
HT: _____ WT: _____ Sex : () Male () Female SSN: _____ Home #: _____ Cell#: _____
Street Address _____ City/State/Zip _____
Allergies: _____

INSURANCE INFORMATION

Primary Insurance Name _____ Policy ID #: _____
Secondary Insurance Name _____ Policy ID #: _____

PHYSICIAN / FACILITY INFORMATION

Physician Name _____ Contact Name _____ Contact Phone # _____
Address: _____ City/State/Zip _____
DEA#: _____ NPI #: _____ State Lic #: _____ Fax #: _____

STATEMENT OF MEDICAL NECESSITY

Primary Diagnosis: (ICD-10 Code plus Description) _____ Date of Diagnosis: _____

Does the patient have venous access? ☐ Yes ☐ No If Yes, what type? _____
If No, does patient need venous access? ☐ Yes ☐ No If Yes, what type? ☐ PIV (HepLock) ☐ PIV (No HepLock – DC after each visit) ☐ PICC ☐ MediPort

PRESCRIPTION ORDERS

- ALL MEDIPOINTS / IV ACCESSES WILL BE FLUSHED WITH HEPARIN OR SALINE PER HOSPITAL PROTOCOL PRN
- ADMINISTER CATH-FLO 2MG, IVP IF PICC LINE BECOMES SLUGGISH OR OCCLUDED: MAY REPEAT AFTER 2HRS IF NEEDED X 1.
- HOSPITAL PHARMACY WILL FOLLOW AND ADJUST ALL DOSING FOR VANCOMYCIN, GENTAMYCIN, AND PATIENTS WITH RENAL INSUFFICIENCY PER HOSPITAL PROTOCOL

☐ **DO NOT ADMINISTER HEPARIN TO THIS PATIENT**

Dopamine	2mcg/kg	IV	6 hours	3 Days
DRUG 1	DOSE	ROUTE	FREQUENCY	DURATION
Lasix	40 mg	IV	BID	3 Days
DRUG 2	DOSE	ROUTE	FREQUENCY	DURATION
DRUG 3	DOSE	ROUTE	FREQUENCY	DURATION
DRUG 4	DOSE	ROUTE	FREQUENCY	DURATION

LABS

NOTES/INSTRUCTIONS/OTHER

SELECT BELOW	LAB REQUESTED	FREQUENCY	<u>Daily Weights and I & O's</u> _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
	CBC w/ Diff		
	BMP		
	CMP		
	BUN/CREATININE		
	ESR		
	CRP		
	CPK		
	Other:		
	Other:		

FLUSHES: ☐ 10 mL NS Flush Syringe PRN ☐ Heparin 500 units/5 mL Flush Syringe PRN ☐ NS 50 mL PRN

Physician's Signature _____ Time _____ Date _____

Fax completed form to the MRMC Infusion Center at 979-241-5965.
PLEASE include copies of: H+P, OFFICE NOTES, LABS, ACTIVE MEDICATION PROFILE, and CURRENT INSURANCE INFORMATION in order for your referral to be processed.