Covenant Home Infusion
7509 Marsha Sharp Fwy Suite 101
Lubbock, TX 79407
806-725-6327 Fax: 806-725-4942

PATIENT INFORMATION **Please include ALL clinical/office notes, lab results, H&P related to therapy, and list of current medications.**	
Patient Name:	Patient Date of Birth:
Patient Phone:	Patient Allergies:
*Home Health:	

Please note that CHI does not have a nurse on staff to teach antibiotic administration. If there is no home health, please be sure that the patient is taught at the doctor's office or the hospital prior to discharge. The first dose must be administered at hospital or doctor's office prior to discharge.

INSURANCE INFORMATION
Please attach FRONT and BACK of all insurance cards

PRESCRIPTION INFORMATION			
Start Date:		Length of Therapy/Stop Date:	
Medication	**Dose/Route**	**Directions**	**Quantity**

IV ACCESS TYPE			
☐Peripheral	☐SL PICC	☐DL PICC	☐TL PICC
☐Port	☐DL Central	☐TL Central	☐Other:
☐Please checkmark if Home Health is to remove line at end of therapy			

LINE MAINTENANCE AND CARE	
☐Heparin ☐10 units/ml ☐100 units/ml	Flush line with 3-5 ml after second saline flush and into unused line daily/as needed
☐Sodium Chloride 0.9% 10 ml flush	Flush line with 5-10 ml before and after each dose of medication and into unused line daily/ as needed.
Additional Instructions:	
☐Dressing change every 7 days	

LABS
☐CBC with diff ☐CMP ☐CK ☐ESR ☐CRP ☐Vanc Trough ☐No Labs ☐Other:
☐Frequency/Day to be drawn

PHYSICIAN INFORMATION		
Physician Name:	NPI:	DEA:
Address:	City:	State, Zip:
Phone:	Fax:	
Physician Signature:	Date:	
Supervising Physician (If NP/PA):		

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