

Please note this referral is for the administration of therapy only, this does not constitute a referral for investigation or other management

PATIENT

NAME: DOB: PHONE:

CLINICAL INFORMATION

Indication for referred therapy:

ALLERGIES: WEIGHT: FLUID RESTRICTION:

**** PLEASE ISSUE A VALID SCRIPT TO PATIENT FOR ALL REQUESTED DRUGS ****

PRE-MEDICATION

Hydrocortisone: 50mg IVI 100mg IVI Methylprednisolone: Dose: mg IVI Loratidine: 10mg PO

INTRAVENOUS BIOLOGIC AGENTS *The prescriber assumes all responsibility for the completion and review of relevant screening tests prior to referral*

Infliximab: Induction Maintenance
 Remicade* Inflectra* Renflexis* Dose: mg IVI Round dose up to nearest whole vial

Natalizumab: Dose: mg IVI every 4 weeks
 Tocilizumab: Dose: mg IVI every 4 weeks
 Eptinezumab: Dose: mg IVI every 12 weeks
 Ocrelizumab Dose: mg IVI Induction Maintenance
 Vedolizumab Dose: mg IVI Induction Maintenance

Ustekinumab:	Body weight of patient at the time of dosing	Dose	Number of Ustekinumab vials 130mg/26mL (5mg/mL)
<input type="checkbox"/> IV Dose: mg	<input type="checkbox"/> 55kg or less	260mg	2
<input type="checkbox"/> SC Dose: mg (For IBD indications only. Single dose only)	<input type="checkbox"/> 55kg to 85kg		3
	<input type="checkbox"/> more than 85kg	520mg	4

INTRAVENOUS INTRALIPID®

100mL of Intralipid® 20%
Diluent: 500mL Normal Saline 0.9%
Duration of infusion: Over 2 hours as per *The Infusion Clinic* protocol
 Alternative protocol:
Volume:mL of Intralipid® 20% in volumemL Normal Saline 0.9%
Duration of infusion: hours
 1st Treatment Date: **2nd Treatment** Date: **3rd Treatment** Date:

INTRAVENOUS BLOOD PRODUCTS

Concentrated Albumin 20% units
 IVIg Under National Blood Authority Criteria Organised with Private supplier:
Product: **Dose:** **Frequency:** **Duration:**

OTHER ORDER / NOTES

REFERRING SPECIALIST (Doctor's Signature essential for valid order)

By signing below, I confirm that I have gained the patient's informed consent for the above procedure/treatment, after discussing the risks, complications and alternatives with the patient. The patient understands they may withdraw consent at any time.

Specialist's Name: Provider no.:

Practice Address: Phone number:

Specialist's Signature: Date: Please send correspondence **via HealthLink**
 Please send **referral pads**

RANDWICK

Address:

Level 1 | Wales Medical Centre
66 High Street | RANDWICK

Parking:

Randwick Plaza (Coles) | Avoca Street

Light Rail Stop:

Randwick

Phone: 1300 122 300

Email:

reception@infusionclinic.com.au

Appointments:

Monday to Saturday

LIVERPOOL

Address:

Level 3 | Suite 305
161 Bigge Street | LIVERPOOL

Parking:

Warren Serviceway Parking Station

Train:

Liverpool Railway Station

Phone: 1300 122 600

Email:

liverpool@infusionclinic.com.au

Appointments:

Monday to Saturday

MELBOURNE

Address:

Level 1, 517 St Kilda Road, MELBOURNE
(300m from The Alfred Hospital)

Parking:

Secure Parking, 553 St Kilda Road

Tram Stops:

Commercial Road / St Kilda Road
Alfred Hospital

Phone: 1300 122 400

Email:

melbourne@infusionclinic.com.au

Appointments:

Monday to Saturday

ESSENTIAL PATIENT INFORMATION

- **Payment is required on the day of treatment.** We accept credit cards (Visa and Mastercard, EFTPOS) NO CASH please during COVID 19 restrictions
- **Complimentary Wi-Fi** is provided for your convenience
- **Bring a jacket or a scarf** in case you get cold during the infusion
- Please note there is no facility provided for the **care of children**
- For **patient privacy**, we ask that any person accompanying you remains in the waiting room
- **Please wear loose fitting clothing to your appointment** so your sleeve can be pushed well above the elbow to allow insertion of the intravenous (IV) cannula, and so you are comfortable sitting for the required time
- **Please ensure you have eaten and are adequately hydrated prior to your appointment.** Doing this makes the IV cannulation easier and more comfortable

*** If you suffer from a heart or kidney condition, please ask your doctor the appropriate amount of hydration (fluid intake) you should have prior to the infusion ***

INTRAVENOUS (IV) INFUSIONS

For the purpose of administering intravenous (IV) fluids, or medications, directly into the blood circulation, an IV cannula is inserted into a vein. At *The Infusion Clinic*, the IV cannula will be inserted by a trained nurse.

To ensure a safe infusion a large vein is selected, usually in the forearm. A tourniquet is applied, then a small plastic tube (cannula) is inserted into the vein via a needle. Once the cannula is inserted the needle is removed, leaving the soft cannula in the vein for administration of the medication and/or IV fluid. The tourniquet is removed, and a dressing applied to secure the cannula.

Discomfort should be minimal and disappears soon after the needle is removed from the cannula.

The medication and/or IV fluid is then attached to the cannula for administration into the vein.

Following completion of the infusion the cannula is removed and pressure is applied to the site to stop any bleeding.

Bruising and irritation may occur at the cannula site for several days following the infusion. There is a small risk of infection with any medical procedure, **please monitor the IV site over the next 7 days for redness or pain.** Should either occur you should see your doctor for further assessment and any required treatment.