the Infusion CLINIC
Dr Adrian Sartoretto and Associates

Level 1 | 66 High Street
RANDWICK
p: **1300 122 300**
f: 1300 122 399
e: reception@infusionclinic.com.au

Level 3 | Suite 305 | 161 Bigge St
LIVERPOOL
p:**1300 122 600**
f: 1300 122 699
e: liverpool@infusionclinic.com.au

Level 1 | 517 St Kilda Road
MELBOURNE
p:**1300 122 400**
f: 1300 122 499
e: melbourne@infusionclinic.com.au

www.infusionclinic.com.au

Specialist Referral

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

☐ **Tocilizumab** Dose: ..... mg IVI every 4 weeks

☐ **Vedolizumab** Dose: ..... mg ☐ Induction ☐ Maintenance

☐ **Natalizumab** Dose: ..... mg IVI every 4 weeks

☐ **Ocrelizumab** Dose: ..... mg ☐ Induction ☐ Maintenance

☐ **Ustekinumab:**

☐ IV Dose: ..... mg

☐ SC Dose: ..... mg *(For IBD indications only. Single dose only)*

Body weight of patient at the time of dosing	Dose	Number of Stelara® vials 130mg/26mL (5mg/mL)
☐ 55kg or less	260mg	2
☐ 55kg to 85kg	390mg	3
☐ more than 85kg	520mg	4

INTRAVENOUS INTRALIPID®

☐ 100mL of Intralipid® 20% in 500mL Normal Saline 0.9% infused over 2 hours as per *The Infusion Clinic* protocol

☐ **Alternative protocol:**
Volume: .....mL of Intralipid® 20% in volume .....mL 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:** Dose: ..... Frequency:..... Duration: .....

☐ **IVIg Supply:** ☐ Under National Criteria: ..... ☐ Private (Specify Product): .....

Specify: Product: ..... Dose: ..... Frequency: .....

OTHER ORDER / NOTES

CONSENT *(consent to be completed with referring Doctor)*

My medical practitioner and I have discussed my present condition(s) and the various ways in which it may be treated, including the above proposed procedure and/or treatment. The doctor has informed me, and I understand:

- The procedure/treatment proposed;
- The procedure/treatment carries some risks, and complications may occur; and
- Additional treatments may be needed to achieve the desired results.

I understand that I may withdraw my consent. **I request and consent** to the procedure/treatment described above for me.

Patient's signature: ..... **Date:** .....

REFERRING SPECIALIST: (Drs Signature essential for valid order) *Please provide a new referral with each new prescription.*

NAME: ..... **PROVIDER No.** .....

ADDRESS: ..... ☐ **Please send correspondence via *HealthLink***

DOCTOR'S SIGNATURE: ..... **DATE:** .....

ABN: 52 168 930 818

the Infusion CLINIC

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.

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