

REFERRED TO: Gold Coast Melbourne

This referral is for administration of therapy only and does not constitute referral for investigation or other medical management.

PATIENT

Name: _____ **DOB:** _____ **Phone:** _____
Address: _____ **Email:** _____

CLINICAL INFORMATION

Allergies: _____
Weight: _____ **Hb:** _____ **Creat:** _____ **eGFR:** _____ **Ferritin:** _____
Medical History: Pregnant Gestation: _____ Heart Failure Renal Failure Fluid Restriction

**** PLEASE ISSUE A VALID SCRIPT TO THE PATIENT FOR ALL REQUESTED MEDICATIONS ****

INFUSION / MEDICATION ORDER

INTRALIPID ORDER

100 mL 200 mL 500 mL Other Dose: _____ mL
Rate / Duration: _____ **Frequency:** _____ **Total Doses:** _____
IV Fluid - Type I Volume: Normal Saline 0.9% 250 mL Normal Saline 0.9% 500 mL
 Hartmanns 1 L Hartmanns 2 L Other: _____
Additional Notes / Instructions

IRON INFUSION ORDER

Ferinject Monofer Other: _____ **Dose:** _____
Schedule / Frequency: _____
IV Fluid - Type I Volume: Normal Saline 0.9% 250 mL Normal Saline 0.9% 500 mL
 Hartmanns 1 L Hartmanns 2 L Other: _____

Pregnant patients: confirm gestation is beyond 16 weeks and attach relevant pathology where clinically indicated.

Additional Notes / Instructions

INFUSION / MEDICATION ORDER CONTINUED
ACLASTA / ZOLEDRONIC ACID

Aclasta (zoledronic acid) 5 mg IV once

Alternative protocol:

IV Fluid - Type I Volume:	Normal Saline 0.9% 250 mL	Normal Saline 0.9% 500 mL
	Hartmanns 1 L	Hartmanns 2 L
		Other:

Additional Notes / Instructions
OTHER MEDICATION / INFUSION ORDER
Name of infusion / medication:

IV Fluid - Type I Volume:	Normal Saline 0.9% 250 mL	Normal Saline 0.9% 500 mL
	Hartmanns 1 L	Hartmanns 2 L
		Other:

Additional Notes / Instructions
OTHER MEDICATION / SUPPORTIVE ORDERS
EMERGENCY MEDICINE PROTOCOL
Mandatory emergency medicine sign-off required.

Hydrocortisone	Antihistamine - push through IV	Promethazine
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Doctor's Emergency Medicine Protocol (please attach)

Doctor Signature:
Date:

Best contact number for

ANTIEMETIC

Maxalon 10 mg	Stemetil 12.5 mg
Ondansetron	4 mg 8 mg

Other:
IV FLUIDS / HYDRATION
Type:
Volume:

Normal Saline 0.9% 250 mL

Other:

REFERRING PRACTITIONER / DOCTOR

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

Name: _____ **Provider No:** _____ **Phone:** _____

Practice / Address: _____ **Email:** _____

Signature: _____ **Date:** _____

CLINIC DETAILS**GOLD COAST CLINIC**

306 Olsen Avenue, Parkwood QLD 4214
0449 916 829
fertility@theinfusioncentre.com.au

MELBOURNE CLINIC

Monash House, Level 2, 271 Clayton Road, Clayton VIC 3168
0449 916 829
info@theinfusioncentre.com.au

ESSENTIAL PATIENT INFORMATION

- Payment is required at booking unless otherwise arranged.
- Please arrive at your scheduled appointment time and advise us if you are running late.
- Please wear loose fitting clothing with sleeves that can be pushed above the elbow.
- Please ensure you have eaten and are adequately hydrated before your appointment unless otherwise advised by your doctor.
- If you have a heart or kidney condition, ask your doctor about the appropriate amount of hydration before treatment.
- Bring a jacket or scarf in case you feel cold during your infusion.
- Please note there is no facility provided for the care of children.
- For patient privacy, any person accompanying you may be asked to wait outside the treatment area.

INTRAVENOUS (IV) INFUSIONS

For IV therapies, an IV cannula is inserted into a vein by a trained nurse. The medication and/or IV fluid is administered as ordered by the referring practitioner. Bruising or irritation may occur at the cannula site. Please monitor the IV site over the next 7 days for redness, pain or swelling and seek medical advice if concerned.

IRON INFUSIONS

Iron infusions may be requested by a practitioner for treatment of iron deficiency. Pregnant patients should be beyond 16 weeks gestation and should discuss the benefits and risks of iron infusion during pregnancy with their doctor. Specific dosage and infusion requirements will be confirmed from the referral and medication script.

EMERGENCY MEDICINE

Emergency medicines are administered only in accordance with the practitioner request and clinical judgement by qualified staff, and where clinically indicated during the infusion appointment.