Furosemide (Lasix)

Provider Order Form rev. 10/30/2023

PATIENT INFORMATION

Referral Status: ☐ New Referral ☐ Updated Order ☐ Order Renewal

Patient Name: DOB: Patient Phone:

Patient Address: Patient Email:

Allergies: ☐ NKDA Weight (lbs/kg): Height (in/cm):

Sex: ☐ M / ☐ F Date of Last Infusion: Next Due Date: Preferred Location:

DIAGNOSIS *(Please provide ICD-10 code in space provided)*

Edema: Chronic kidney disease with Hypoalbuminemia:

Other: Description:

REQUIRED INFORMATION

☑ Basic metabolic panel drawn the day before IVP administration (including K, Na, Cl, Ca, BUN, Cr)

☑ Reason for IV instead of oral (include with supporting documentation)

THERAPY ADMINISTRATION & DOSING

☑ Administer Lasix _____mg IVP over 1-2mins.

(Max dose is 80mg IVP per day)

FREQUENCY *(Choose one)*

☐ Every _____ day for _____ days.

☐ Other: _____

ADDITIONAL ORDERS

LABORATORY ORDERS

☐ Other: _____

PRE-MEDICATION ORDERS

☐ Other: _____

NURSING

☑ Hold infusion and notify provider for:

- History of hypersensitivity to furosemide
- SBP less than 100mmHG or abnormal vital signs
- Renal dysfunction
- Hepatic Cirrhosis or ascites (must administer in hospital setting)
- Signs or symptoms of dehydration

☑ Provide nursing care per Nursing Procedure, including Hypersensitivity Reaction Management Protocol and post-procedure observation

PROVIDER INFORMATION

Preferred Contact Name: Preferred Contact Email:

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip Code:

REQUIRED DOCUMENTATION CHECKLIST *(Additional documentation required for processing and insurance approval)*

Required Documentation: Patient demos, copy of front and back of primary and secondary insurance, 2 most recent OVN including treatment failures or contraindication. Reason for therapy and IV instead of oral

Required Labs: Renal function, electrolytes

Provider Name *(print)* **Provider Signature** **Date**

Order valid for one year unless otherwise indicated. IV solutions/diluents may be substituted as allowed per manufacturer's instructions as necessitated by product availability.