Home Health VNA IV Medication Clinical Fact Sheet

| NOTE: THIS IS A PART B DRUG UNDER THE NEW HIT BENEFIT Medicare patients may only be accepted under contract with New England Life Care and clinician must follow specific documentation instructions | | |
|---|--|---|
| | | |
| Med Class: | Immunoglobulin | _ |
| | Common Uses: Labs to Monitor: | Wide range of infectious, autoimmune and immunosuppressive disorders BUN, Cr, Lytes, CBC ċ diff |
| | Instructions/Precautions: | Titrated Rate=4-5° infusion, Too rapid=hypotension, VS continuously, Thrombotic events, Encourage hydration, At least 3 doses in clinic before home |
| | First Dose Allowed: Central Line Only: IV Push: Vesicant: | Y N N |
| | See Procedure Manual: | Immune Globulin |
| Notes: | Only drugs listed as First Dose Allowed may be given in the home as a first dose and are considered for a first dose on a case by case basis by the IV Program Manager The IV Manager and/or Clinical Director must be consulted before a first dose referral is accepted | |
| Risk Levels: | n/a = Routinely given; Clinician must be approved to administer IV medications 1= IV Program Mgr or Clinical Director approval before referral is accepted | |

2= IV Program Mgr notification; Clinicians must review Special Instructions