Sacred Heart Hospital on the Emerald Coast

I.V. Therapy / Blood Transfusions

<table>
<thead>
<tr>
<th>Regular Hours:</th>
<th>8:00 a.m. – 4:30 p.m. Monday – Friday (see ††)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name:</td>
<td>Meme Ward, R.N.</td>
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<td>Ronda Turner, R.N.</td>
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<td>Kathleen Goebel, R.N.</td>
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<td>Heike Wasden, R.N.</td>
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<tr>
<td>Phone:</td>
<td>(850) 278-3172</td>
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<td>Fax:</td>
<td>(850) 278-3012</td>
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<tr>
<td>Location:</td>
<td>Hospital – 1st Floor – Emergency Department (Fast Track Area)</td>
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Scheduling for I.V. therapy or blood transfusions are done from the doctor’s office, directly through the I.V. Therapy Department contact number.

Preps are based on the doctor’s order. Doctor’s order must have the following: date written, time-frame for treatment including an end date, parameters as a basis for standing orders, height, weight, allergies and diagnosis code.

Blood transfusions must have separate orders for type and cross and for the number of units to be given each treatment, as well as any orders for labs.

PICC line insertion (outpatient) can be done in IV Therapy Department. To schedule, please call 850-278-3172, and please provide:

1. Patient Name
2. Ordering Physician Name
3. Diagnosis
4. Reason for PICC
5. Patient Contact information
6. Patient Insurance information
7. Complete order for follow up Chest X-ray to verify placement

Parking for IV therapy and Blood Transfusion is available in the front of the hospital.

†† Preferably no infusion should start after 2:30p Monday – Friday
Sacred Heart Hospital on the Emerald Coast

Sacred Heart Hospital on the Emerald Coast
IV Therapy Services
850-278-3172 (phone #)
850-278-3012 (fax #)

Sacred Heart Hospital on the Emerald Coast IV Therapy department offers a variety of services for patients. These services include:

IV antibiotics
Medication Injections
Central line care and maintenance
IV Hydration
Blood Transfusions
IVIG
Therapeutic IV medications
Therapeutic Phlebotomy
PICC line Insertions (Inpatient and Outpatient)

The IV therapy department provides quality care and education to all patients. The nurses that make up this department are PICC certified, chemo certified, as well as members of the INS (Infusion Nurses Society).

**Our hours of operation are Monday-Friday, 8:00-4:30.**
On the weekends, there is always someone on call for inpatient PICC line insertions and consecutive daily medication orders.

If you would like to schedule a patient for IV therapy the following steps are required:

1. **Legible order including:**
   a. Patient name and DOB
   b. Diagnosis with code
   c. Medication dosage and duration
   d. END DATE for continuous therapy

2. Recent H&P and labs
3. Patient Contact information

To contact SHHEC IV Therapy department, please call 850-278-0172 or fax 850-278-3012.
Outpatient IV Therapy
Physician Order

ALL INFORMATION MUST BE COMPLETE.
FAX completed form to 850-278-3012.

DATE: ____________________

Ordering Doctor: (PRINT) _________________________________________
Telephone Office Number: __________________________________________

Patient Name & Contact #: _________________________________________
Patient DOB: _____________________________________________________
Patient Diagnosis: _________________________________________________

Specify Service, Procedure, and Therapy Requested:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

LABS: ___________________________________________________________
____________________________________________________________________

Date or Duration Order Applies: _________________________________
____________________________________________________________________

Justification for on-going therapy: _________________________________
____________________________________________________________________

PHYSICIAN SIGNATURE: __________________________________________