R98-88

12VAC30-50

12VAC30-80

I.V. THERAPY IMPLEMENTATION FORM

SECTION I:

Recipient Name	
Recipient Medicaid Number	
Physician Name	
Type of Therapy	
Primary Diagnosis	
Secondary Diagnosis	
Recipient History (as relates to IV therapy)	
Therapy Start Date	
Anticipated Therapy End Date	
Route of Administration (type of line and device)	

SECTION II:

MEDICATION	DOSAGE	FREQUENCY	DURATION	START DATE	END DATE

SECTION III:

For TPN ONLY USUAL BODY WEIGHT----------

CURRENT BODY WEIGHT-------

Diagnosis related to GI dysfunction:
Dietary consultation: yes no
Enteral Nutrition attempted: yes no

SECTION IV:

Physician Signature:_____ **Date:**_____

SECTION V:

Actual End Date of Therapy:_____

Physician Signature:_____ **Date:**_____

*Note: New form must be filled out for each new drug added and each new therapy initiated.

INSTRUCTION FORM - I.V. THERAPY IMPLEMENTATION FORM

SECTION I: Recipient/Physician Information

Recipient Name:	Recipient's Full Name (Last & First Name)
Medicaid Number:	Complete Medicaid Number (12 digits)
Physician Name:	Full Name of Physician
Type of Therapy:	*Hydration *Pain Management *Chemotherapy *Drug Therapy *TPN

*Each different therapy requires a separate I.V. Therapy Implementation Form.

Primary Diagnosis:	Enter recipient's primary diagnosis.
Secondary Diagnosis:	Enter recipient's secondary diagnosis if applicable.
Recipient History:	Brief recipient history that led to implementation of I.V. Therapy.
Start Date:	Start date of therapy
End Date:	Anticipated end date of therapy
Type of Administration:	Enter the route of I.V. administration and type of device used: peripheral line or CVP line and whether device is a PICC line, Groshong, Hickman, Port-A-Cath, etc.

SECTION II: Medication Information

Medication:	Name of medication
NDC#:	NDC number
Dosage:	The dosage ordered
Frequency:	Frequency of administration
Duration:	Any special orders for duration, such as medication to run in over a certain number of hours
Start Date:	The begin date
End Date:	As each drug is discontinued, the end date is to be recorded under end date.

*There are 4 spaces to allow for an initial order of up to 4 medications. If new drugs are ordered during the course of a therapy, a new I.V. Therapy Implementation Form must be initiated as each new drug is ordered. A new CMN is not required unless a new therapy is added that was not placed on the original CMN. A new I.V. Therapy Implementation Form is required anytime a new therapy or new medication is ordered.

SECTION III: For TPN Only

Usual Body Weight:	Enter weight.
Current Body Weight:	Enter current body weight.
Diagnosis:	Enter diagnosis related to GI dysfunction.
Enteral Nutrition:	Enter if there has been a dietary consultation, and if enteral nutrition has been attempted.

SECTION IV:

Physician Signature:	The physician must sign and date this form at the beginning of therapy. This must be done within 30 days of the begin date of the therapy ordered. Subsequent I.V. Therapy Implementation Forms, as new medications added, must also be signed and dated within 30 days of the begin date of the medication delivery.

SECTION V:

End Date:	Enter the date therapy actually ended (See Section I).
Physician Signature:	The physician and date at end of therapy.

*NOTE: A NEW FORM MUST BE FILLED OUT FOR EACH NEW DRUG ADDED AND EACH NEW THERAPY INITIATED.