

Referral Process

1. PATIENT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Caregiver Name: _____

Caregiver Relationship: _____

Caregiver Phone: _____

Discharge Date: _____ Start of Care Date: _____

Patient signed a DNR? Yes No

Email: _____

DOB: _____ Social Security #: _____

Gender: M F Height: _____ Weight: _____

Allergies: _____

2. PHYSICIAN INFORMATION

Physician's Name: _____

ARNP/PA: _____

License #: _____

NPI #: _____

DEA #: _____ PA #: _____

Hospital: _____

Office Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

Nursing Agency: _____

Nursing Agency Phone: _____

3. DIAGNOSIS Duchenne Muscular Dystrophy G71.01: Date of Diagnosis

4. INSURANCE INFORMATION

Please submit copies of the front and back of primary and secondary insurance cards with this referral.

5. VILTEPSO ADMINISTRATION ORDERS*

VILTEPSO (viltolarsen) 250 mg/5 mL (50 mg/mL) single-dose vial for intravenous use only

VILTEPSO 80 mg/kg IV once weekly over 60 minutes

*If the volume of the Viltepsa dose is <100ml (<5,000mg), dilute in Normal Saline to a total volume of 100ml. If the volume of the Viltepsa dose is 100ml or more (≥5,000mg), no further dilution is required.

Lab orders: _____

FLUSH ORDERS

PIV/midline/PICC: Flush before, after each infusion, and as needed with 3-20 ml NS, followed by Heparin 2-5 ml if indicated

Heparin 10 unit/ml Heparin 100 unit/ml

Port: Flush before, after each infusion, and as needed with 5-20 ml NS, followed by:

Heparin 100 unit/ml 5 ml for adults Heparin 10 unit/ml 5 ml for pediatrics

ANAPHYLAXIS ORDERS: Pediatrics--administer by age:

For mild reaction (rash/hives) give diphenhydramine accordingly:

Age 1-5: 12.5mg IV/PO x1 Age 6-11: 25mg IV/PO x1 Age 12+: 50mg IV/PO x1

For severe reaction (airway closure) administer epinephrine. 0.01mg/kg/dose (max 0.3mg) SubQ/IM x 1. If needed, repeat a second dose after 5-10 minutes for a maximum of two doses. Contact 911 and monitor vital signs.

Other: _____

Adults: For mild reaction-administer diphenhydramine 50mg IVP/PO x 1.

For severe reactions-administer epinephrine 0.3mg SubQ/IM x 1. May repeat x1 if needed. Contact 911 and monitor vital signs.

Other: _____

6. FAX TEST RESULTS TO SOLEO

Serum cystatin C Urine dipstick Urine protein-to-creatinine ratio

7. Dispense as written

PHYSICIAN'S SIGNATURE (required): _____ **Date:** _____

