HOME PARENTERAL SERVICES INC.

Affiliated with CoxHealth

THERAPY INSTRUCTIONS

PATIENT: _____ **DOB:** _____/_____/_____

THERAPY SPECIFICS:

❑ Know the name(s), dose(s), and route of your therapy: _____

_____

_____

❑ Know why you are taking your medications: _____

❑ Know the time(s) to take your medication(s): _____

_____

❑ Name of Pump (if applicable)_____

❑ Therapy doses should be refrigerated/ kept at room temperature. ❑ Medication side effects taught per HPS handout.

❑ Signs and symptoms of infection include redness, drainage, swelling, pain, area warm to the touch, and fever. ❑ Signs and symptoms of infiltration include area cool to touch, pain, and swelling.

IV CATHETER MAINTENANCE:

❑ An HPS nurse will change your IV dressing 1-2 times per week. ***Please do not change your own dressing!***

❑ Flush your catheter as follows: _____

_____

_____

❑ Never "force" flush your catheter. ***Call HPS*** if you meet resistance when flushing.

PROCEDURE FOR THERAPY:

❑ Take each dose out of the refrigerator – warm to room temperature for _____ minutes prior to use.

❑ Check therapy label for correct medication and patient name – **if you do not have the right medication – STOP! Do not administer. *Call HPS.***

❑ Wash hands as taught, prepare a clean work surface, protect all sterile ports.

❑ Place all used medical waste in the **red bag**, then double bag and put out for trash pickup.

❑ Use red sharps container for all sharps (needles, etc.)

❑ Follow the HPS/hand written step-by-step guide. _____

HOW AND WHEN TO CALL HPS:

❑ Nurse and Pharmacist available 24 hours a day 7 days a week at **1-800-637-9201 or 887-7525.** Always call with ***any*** problems or concerns or for any of the following reasons:

- ❑ Medication side effects.
- ❑ Pump alarms you are unable to resolve easily.
- ❑ Loose or wet IV dressings.
- ❑ Instructions for any leaking of chemotherapy products. Spill kit to be kept in the home.
- ❑ Broken or leaking IV catheter or feeding tube. ***NOTE:*** You may clamp or pinch off tube or catheter to prevent leaking, or apply pressure to stop bleeding.
- ❑ If unable to flush your catheter.

❑ ***It is very important that you notify HPS if you return to the hospital for any reason.***

MISCELLANEOUS:

❑ An anaphylaxis kit is provided for use by nurse/emergency personnel only.

❑ In case of a disaster preventing a visit by HPS and you need medication or supplies seek medical attention, when it is safe to do so, at the closest medical facility.

❑ HPS will stop providing medication/supplies/nursing visits when: 1. Your physician stops your therapy and your IV line is removed, or 2. When you become independent with feeding tube care and maintenance.

❑ Change your pump battery as follows: _____

❑ RN visits frequency: _____

I/We have received instruction in the methods listed above and accept full responsibility in following them.

_____ _____

Patient's Signature **Date**

_____ _____ _____

Caregiver's Signature Relationship to patient **Date**

RESPONSE:

1. Patient/caregiver verbalizes understanding of all of the above instructions? ❑ yes ❑ no.
2. Patient/caregiver was able to demonstrate an understanding of the therapy procedure through return demonstration using good technique? ❑ yes ❑ no.
3. Future training needed ❑ yes ❑ no. _____

_____ _____

RN's Signature **Date**