

VIVITROL (NALTREXONE)

With Fax Include: Demographics, Insurance Information, Lab Results, Current Medications, and Recent Visit Notes.

Order Date: ___/___/___

Referral Status: New Referral Dose or Frequency Change Renewal

Patient Name: _____ **Primary Insurance:** _____

Date of Birth: ___/___/___ **Member ID:** _____

Weight: _____ kg **Height:** _____ cm **Secondary Insurance:** _____

Allergies _____ NKA **Member ID:** _____

Authorization number _____

ICD-10 Code(s) and Description (required) _____

Prescribing Office

Contact Name: _____ **Contact Phone Number:** _____

CLINICAL HISTORY

Type of Addiction: Alcoholism Opioid Use Disorder

Drug and Dose	Dates of Use	Drug and Dose	Dates of Use

In the past year, what medications for the above diagnosis has the patient tried and failed?

PHYSICIAN ORDERS

Drug: VIVITROL (NALTREXONE) INTRAMUSCULAR INJECTIONS

Dose: 380 MG

Total No. Doses: ONE YEAR (13 Doses) _____ DOSES

Date of last Injection if not at THGH: _____ **RX Expiration Date:** _____

THGH Standard of Care Protocol for Emergency Medications for Allergic Reaction

Provider Name: _____ **Provider Signature:** _____

Office Phone Number: _____ **Office Fax Number:** _____

Attending Physician Name: _____ (if ordering provider is an advanced practice practitioner, attending physician required)



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The following Standard of Care Protocol has been approved for use in the Infusion Clinic at Trinity Health Grand Haven.

EMERGENCY MANAGEMENT OF ALLERGIC REACTIONS PROTOCOL

Vital Signs	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Vital Signs: if patient has suspected Allergic Reaction: Every 5 Minutes until stable then every 15 Minutes until symptoms resolve. <input checked="" type="checkbox"/> Pulse Oximetry: for suspected Allergic Reaction, initiate pulse oximetry monitoring until symptoms resolve.
Oxygen	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Oxygen PRN adjust to maintain O2 Sat greater than 90%
Cardio-pulmonary	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> ECG STAT if complaint of chest pain or difficulty breathing <input checked="" type="checkbox"/> Albuterol 2.5mg/3mL (0.003%) Nebulizer Treatment STAT PRN wheezing, bronchospasm, hypoxemia, dyspnea. Administer with oxygen. May repeat treatment Q10 Minutes for a total of 3 doses. <input checked="" type="checkbox"/> SVN
Medications	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> 0.9% Sodium Chloride 500mL IVPB STAT PRN hypotensive management (SBP less than 90mmHg or MAP less than 60). Infuse over 30 Minutes. Notify Physician for further orders. <input checked="" type="checkbox"/> Acetaminophen (Tylenol) 650mg PO x1 dose PRN generalized pain, back pain, abdominal cramping, headache, or temperature greater than 100.5°F <input checked="" type="checkbox"/> Famotidine (Pepcid) 20mg IV PUSH STAT x1 Dose PRN Allergic Reaction Severity Grade 3. Administer over 2 Minutes. Notify Physician for further orders <input checked="" type="checkbox"/> Diphenhydramine (Benadryl) 50mg IV PUSH STAT x1 dose PRN Allergic Reaction Severity Grade 3. If patient has severe hypotension, administer after hypotensive episode is resolved. Use with caution in patient over 60 years of age or history of asthma. Notify Physician for further orders <input checked="" type="checkbox"/> Diphenhydramine (Benadryl) 25mg IV PUSH STAT x1 dose PRN Allergic Reaction Severity Grade 2. Use with caution in patient over 60 years of age or history of asthma. Notify Physician for further orders <input checked="" type="checkbox"/> Hydrocortisone 100mg IV PUSH STAT x1 PRN Allergic Reaction Severity Grade 3. Notify Physician for further orders <input checked="" type="checkbox"/> Epinephrine (EPI-PEN) 0.3mg/0.3mL IM STAT PRN Allergic Reaction Severity Grades 3-4 or Anaphylaxis. May repeat Q15 Minutes x2 doses. Notify Physician for further orders <p><i>Based on the CoFAR Grading System for Systemic Allergic Reactions Version 3.0</i></p>

