

Milrinone Home Infusion Order Form for Pediatric Patients

Contact Ontario Health atHome at 1-800-810-0000

Patient Name _____ HCN _____ VC _____ DOB _____
Address _____ City _____ Province _____ Postal Code _____
Patient Phone # _____ Contact Name _____ Contact Phone _____

Referring Hospital: Hamilton General Hospital Only

Cardiologist _____ Cardiologist Phone _____
Hospital NP _____ Hospital NP Phone _____
Other Physician or Designate _____ Phone Number _____
Responsible Physician (MRP) for Community Management _____
MRP Phone _____ MRP Fax _____
Transfer of Care Date (Hospital MRP to Community MRP) _____

*** STOP IF NO MOST RESPONSIBLE PHYSICIAN (MRP) OR FORM INCOMPLETE ***

Medication Order

IV Milrinone _____ mcg/kg/min to be delivered by continuous infusion
Concentration adjusted to infuse at a rate of _____ mL/hour. Milrinone _____ mg/ _____ ml NS
Has patient been on current dose for greater than 5 days? Yes No Date of most recent dose change _____
If line is disconnected flush line with saline and heparin lock 1 ml heparin _____ units/mls. Family trained? Yes No

Route : PICC Broviac Porto Cath Location _____ Insertion Date _____
 Single lumen Double lumen

Cap change and dressing insert frequency _____ Family trained? Yes No

Milrinone bag and tubing change Q 2 days. Flush with 1-3 ml saline and reconnect new tubing.

Double lumen line switch lumen running Milrinone to heplocked lumen flush line with
1-3 ml saline first then heplock.

Family trained? Yes No

Diet (Formula, diet, PO/NG/G tube) _____ Family trained? Yes No

Fluid Restrictions _____ Family trained? Yes No

Patient Name _____ HCN _____

Medication List Included in Referral Yes No

Letter for Health Care Professionals for Pediatric Patient on Milrinone Infusion Therapy included in Referral

Yes No

Assess Heart Rate Blood Pressure Pulse Respirations Weight

Family Members, do not check blood pressure

- **Monitor for symptoms of increasing heart failure: decreased feeding, nausea, vomiting, increasing fatigue, shortness of breath, dizziness, clammy/sweating, swelling.** Family trained? Yes No

Milrinone Home Infusion Protocol Pediatric Population

- **Discharge Case Conference held with Ontario Health atHome and Service Providers** Yes No
- **Emergency response discussion held, family's wishes regarding emergency (letter of understanding re: DNR, modified DNR) intubation, are included with referral** Yes No
- **Emergency response, DNR, specific instructions are as follows**
- **McMaster Children's Centre Cardiologist is involved** Yes No

Signature

Address _____ Phone _____

Most Responsible Practitioner (Please Print) _____

CPO/CPSO# _____

Signature _____ Date _____