

Long Term Care Homes
Intravenous Therapy Supplies Order Form

Health Care Centre Pharmacy (GRH)
 Phone Number: (519)749-4323
 Fax: (519)749-4286

Preston Medical Pharmacy
 Phone Number: (519)653-1870
 Fax: (519)653-9232

Name of LTC: _____
 Name of person ordering _____
 Phone Number: _____
 Date required _____

Please **check an order:** _____ **Peripheral IV kit 74** _____ **PICC IV kit 61& 44 (1 of each)** _____ **Reorder Items**
 _____ **Gemstar IV pump (ambulatory) or**
 _____ **IVAC IV pump (stationary-Grand River pharmacy only)**
 _____ **IV pole**

RESIDENT's NAME: _____

Kit 74 includes	Quantity	Kit 61 includes	Quantity	Kit 44 includes	Quantity
17 NS pre-filled syringes 3cc		14 NS pre-filled syringes 10cc		2 Opsite 3000	
3 500ml 0.9% Sodium Chloride		7 0.9% Sodium Chloride 500ml		5 Gauze, sterile 2X2"	
7 Continuo Flo Admin set		7 Dead end caps		21 alcohol swabs	
3 Max Plus with extension		7 Gemstar or IVAC Admin sets		4 Chlorhexidene swab sticks	
1 Tourniquet		7 Secondary lines		2 gloves, non latex, med	
1 Catheter #24		7 alcohol swabs		2 towels, sterile	
1 Tape, Micropore 2.5cm				7 NS pre-filled syringes,10cc	
3 Tegaderm 6X7cm				2 disposable surgical masks	
7 Dead End Cap				2 Max plus with extension	
7 Secondary Line				1 tape, Micropore 2.5cm	
2 Catheter #22				1 Bandage, Surgilast #3	
4 Gauze, sterile 2X2"				1 Tape, fabric Ultrafix	
40 Alcohol swabs				2 stat lock securement device	
3 Chlorhexidene swabs				2 sterile gloves (circle size)	
				6 7 8	
1 Bandage, Surgilast #3					

Note: For PICC lines please check off the type of IV pump you require.

For reorders of supplies it is best to itemized what is required. Under "Quantity" when reordering items means the number of items that will be delivered. Always follow up with a phone call to pharmacy.