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|                              |  |  |   |               |      |
|------------------------------|--|--|---|---------------|------|
| <u>Patient details/label</u> |  | <u>Hospital Doctor maintaining Clinical Governance post discharge:</u> | <u>Allergies and adverse drug reactions</u> <input type="checkbox"/> Nil known <input type="checkbox"/> Known<br>(Complete details below for known) |               |      |
| Surname:                     |  | Name:  | Medicine (or other allergen)  | Reaction/date | Sign |
| Given names:                 |  | Phone:   |   |               |      |
| DOB:                         | Sex: <input type="checkbox"/> M <input type="checkbox"/> F | Signature:   |   |               |      |
| F                            |  | <u>Authority to remove PICC Line (if known at time of referral):</u>   |   |               |      |
| Address:                     |  | Date of PICC line removal:   |   |               |      |
|                              |  | Name:  |   |               |      |
| State:                       | Postcode:  | Signature:   |   |               |      |
| Phone number:                |  | <u>GP details:</u>   |   |               |      |
|                              |  | Name:  |   |               |      |
|                              |  | Phone:   |   |               |      |

Medication chart number ..... of .....  
Hospital: .....  
Ward/Unit: .....  
Phone: ..... Fax: .....

**IV ACCESS DETAILS:** ☐ PICC ☐ Cannula ☐ Hickman's **Date inserted:** **Date of last dressing:**  
**PICC length (cm):** **Arm circumference (cm) on d/c:**  
 Date of first hospital dose of IV antibiotics: First doses of IV antibiotics administered in hospital without adverse event (tick): ☐ Yes ☐ No  
 Please tick requested infuser device: ☐ Baxter infuser ☐ Sapphire Pump.  
 Ensure dose frequency indicates: 24 hour infusion/ Short Infusion ( specify time required ) /IV Push  
 Normal saline flush standing order: Doctor must sign for all IV medication orders to allow community nurse to administer IV push/flush.

[illegible]