APRIA HEALTHCARE
Infusion Patient Outcome

Name (First / Last)

Patient ID DOB / /

Care Provider ○ Apria Pharmacy & Nursing ○ Apria Pharmacy Only (No Nursing) ○ Apria Pharmacy & Subcontracted Nursing

Therapy **(Please write the corresponding Therapy Code in the box left of the Start and Stop dates.)**

Codes	Description
1 ANTCOG	Anticoagulants
2 ANTEMS	Antiemesis/Antisecretion
3 ANTIB	Antibiotic Therapy
4 ANTTNF	Antitumor Necrosis Factor
5 BLDPRD	Blood Products
6 CATHCR	Cath Care
7 CEREDA	Ceredase
8 CHEMO	Chemotherapy
9 CSF	Colony Stimulating Factor
10 DIURTC	Diuretics
11 DOBUTM/INOTRO	Inotropic Therapy
12 DSFERL	Chelation Therapy
13 FACTOR	Factor
14 GRWHOR	Growth Hormone
15 HORMNE	Hormone/Fertility
16 HYDRA	Hydration Therapy
17 IMUSUP	Immunosuppressive
18 INTFRN	Interferon
19 IVIGG	Immunotherapy
20 MSDRG	Miscellaneous Drug
21 PAIN	Pain Therapy
22 PROLAS	Alpha 1 Proteinase INH
23 RSDRG	Respiratory Drugs
24 STEROD	Steroids
25 TPN	TPN Therapy
26 VACINE	Vaccines

Code	Therapy Start Date	Therapy Stop Date
	/ /	/ /
	/ /	/ /
	/ /	/ /
	/ /	/ /
	/ /	/ /
	/ /	/ /

Catheter Outcome

Cath Type Codes
1 Peripheral
2 Midline
3 Central - Surgically Implanted
4 Central - PICC
5 Epidural
6 Implanted Port
7 SQ Catheter
8 Intra-Articular
9 Intraperitoneal
10 Intrathecal
11 Other _____

Cath Type	Dwell Days	Catheter Outcome Codes

Cath Outcome Codes
81 Therapy Completed as Ordered
82 Occluded
83 Phlebitis
84 Infection
85 Accidental Dislodgement
86 Extravasation
87 Cath Leak/Fracture
88 Infiltration
89 Other (Write in box at right) _____

Outcome

○ Therapy Completed Without Event(s) ○ Therapy Completed With Event(s) ○ Therapy NOT Completed

Event **(Check <u>all</u> applicable Events below.)**

Clinical
○ 74 - Not Responsive to Therapy
○ 78 - Infection, Nonvenous Access
○ 79 - Other, Indicate Below
_____

Clinical Deterioration / Primary DX
○ 71 - Expected
○ 72 - Unexpected

Death
○ 75 - Expected
○ 77 - Unexpected

Adverse Drug Response
○ 61 - Allergy
○ 65 - Anaphylaxis
○ 67 - Other ADR Leading to DC/Change of Therapy
_____

Safety
○ 90 - Compliance
○ 92 - Lack of Caregiver
○ 94 - Home Environment Unsuitable
○ 96 - Equipment Related
○ 98 - Other _____

Unscheduled Inpatient Admissions

	From Date	To Date
First Event	/ /	/ /
Second Event	/ /	/ /
Third Event	/ /	/ /
Fourth Event	/ /	/ /

Send original to:

Corporate Clinical Services
Attn: Outcomes

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