## HOME AND COMMUNITY CARE SUPPORT SERVICES

## MEDICAL SUPPLIES ORDER FORM IV SUPPLIES

NOR	IHEASI										IV SUPPL	IE S	
Client Address:				Client #:									
		Last Name First Name					Health Card #:				Client # or BRN #		
		Patient Pick-up at					Tieanii Galu #				Health Card (Optional)		
		Depot (Specify Depot):											
		As per policy, all supplies are delivered to an approved Medical Supplies Depot - private pay home delivery arranged between patient and vendor											
Date R	equired:			Regular	Delive	ry URBA	AN (Next Day)	Regular Del	ivery R	URAL (< 48 I	Hrs)		
	icy for Speci very Options	. Spec	All orders (new or ongoing) are to be authorized as Regularly Scheduled Delivery (Urban or Rural),  *Special Deliveries may only be authorized in exceptional circumstances such as: 1. Patient resume from Hospital Hold  2. Hospital Discharge Home (where medically necessary to facilitate the hospital discharge) 2. SRC-95 Patients to prevent hospital admission										
	*Same Day URBAN *Same Day RURAL			*Weeker	*Weekend URBAN *Next Business Day RURAL					*Weekend RURAL			
Qty	Code	Product Description	Brand	Size	Max	Qty	Code	Product Description		Brand	Size	Max	
	NEEDLES & SYRINGES					INFUSION PUMP & SUPPLIE				ES			
	SIV-0079	Syringe Luer Lok Luer-Lok 1 mL			7	Elastomeric Pump & Supplies							
	SIV-0080	Syringe Luer Lok	Luer-Lok	3 mL	7		SIV-0233	Single Use Disposable Pump		EasyPump	each		
	SIV-0081	Syringe Luer Lok	Luer-Lok	5 mL	7		SIV-0234	Extension Set		BD MaxPlus	each	3	
	SIV-0082	Syringe Luer Lok	Luer-Lok	10 mL	7		SIV-0235	Elastomeric IV Pump Carry Bag	g		each	1	
	SIV-0084	Syringe Luer Lok	Luer-Lok	30 mL	7		SDR-0086	White Surgical Tape 1"			each	1	
	SIV-0085	Syringe Luer Lok	Luer Lok Luer-Lok					Reusable Pump & Supplies					
	SIV-0117	Blunt Fill Needle	BD	18 g 1.5 "	3		SIV-0042	Infusion Pump Administration S	Set	All pumps	each	7	
	SIV-0211	Blunt Fill Needle with Filter (for ampoules)	BD	18 g 1.5 "	1/kit		SIV-0043	Infusion Pump High Volume Ad Set	dmin	CADD only	each	7	
	SIV-0173	Needle with Syringe 23g 1"	Eclipse	3 mL	7		SIV-0044	Infusion Pump Admin Set Filter	ed	All pumps	each	7	
	SIV-0175	Needle with Syringe 25 g 5/8"	Eclipse	1mL	7		SIV-0045	Infusion Pump Extension Tubin			30 inches	3	
	SIV-0177	Needle with Syringe 27 g 1/2"	Eclipse	1 mL	7		SIV-0046	Infusion Pump Extension	CADD or		45 inches	3	
	SIV-0181	Needle with Syringe 25 g 5/8"	Eclipse	3 mL	7		SIV-0202	Antibiotic IV Med Refill Solution				7	
	SIV-0192	Gripper Plus Non Y-site	Deltec	22gx3/4"	1		SOT-0026	Replacement Batteries for CAD		•	4pk AA	1	
SIV-0193		Gripper Plus Non Y-site	Deltec	19gx1.25"	1		ETM-1005	IV pole - Portable	Start Date:		End Date:		
PREFILLED SYRINGES: For flushing Vascular Access Devices						FT1.1.1000		Start D	Date:	End Date:			
	SIV-0197	Heparin Lock Syringe	Posiflush	100 USP/mL 5 mL	3		ETM-1009	(Incl.: power supply, sm case, & batteries)					
	SIV-0200	Heparin Lock Syringe	Posiflush	100 USP/mL 3 mL	3		ETM-1016	Remote Dose Extension Cord for ETM-1009 IV Pump			End Date:		
	SSO-0021	Sodium Chloride 0.9% Pre-Filled Syringe	Posiflush	10 mL	14		ETM-1012	Large Carry Case - for Ambulatory Infusion Pump	Start D	Date:	End Date:		
IV GRAVITY SETS & EXTENSION SETS								IV KITS					
	SIV-0009	Needle-Free Connector Valve	Max Zero	3cm Priming Vol 0.19mL	7		SMK-0029	PICC Dressing Kit				1	
	SIV-0012	Catheter Extension Set	Max Zero	18 cm Priming Vol 0.3mL	3		SMK-0039	Subcut Admin Pain Mgt via Infu Pump: Initial Start Up	ısion			1	
	SIV-0225	Continuous Flow IV Sol Set	Clearlink	10 drops/mL	7		SMK-0040	Peripheral IV Start Kit				2	
	SIV-0226	Secondary Medication Set	Clearlink	10 drops/mL	7		SMK-0041	Gravity Peripheral IV Admin Kit				2	
	SIV-0224	Y Connector IV Extension Set	MaxZero	7"/8cm PV: 0.8mL	1		OTHER IV SUPPLIES & ACCESSORIES						
IV DRESSINGS							SSO-0052	Alcohol 70% Wipes		Cardinal	30x65mm	28	
	SDR-0094	Tegaderm IV Adv Securement DRSG-for peripheral IVs	Tegaderm IV	2.5"x2.75"	3		SSO-0006	Chlorhexidine 2% Alcohol 70% Swabstick		SoluPrep	each	8	
	SIV-0231	PICC/CVC Securement Device & DRSG Kit (REG)	Tegaderm IV Adv	3.5"x4.5"	1		SIV-0131	Sharps Container Phlebotomy	,	SharpSafety	1 Litre	1	
	SIV-0232	PICC/CVC Securement Device & DRSG Kit (LG)	Tegaderm IV Adv	4"x6"	1	Please refer to the most recent Regional Medical Supplies List for additional supplies							
	SIV-0236	IV3000 Securement Dressing	IV3000	4" x 4"	2	which can be found on the Home and Community Care website: <a href="https://healthcareathome.ca/region/north-east/">https://healthcareathome.ca/region/north-east/</a> (scroll to bottom for forms)							
	SIV-0134	StatLock IV Catheter Securement	PICC Plus	each	1	intps.//neatingareathome.ga/region/north-east/ (scroll to bottom for forms)							

## HOME AND COMMUNITY CADE SUDDODT SERVICES

MEDICAL SUDDILIES ODDED FORM

NORTH EAST IV SUPPLIES												
Client								Client #:		17 00111		
	•	Last Name	1	First Na			1			nt# or BRN#		
Qty	Code	Product Description	Brand	Size	Max	Qty	Code	Product Description	Brand	Size	Max	
	IV SOLUTIONS							IV CATHETERS & ACCES	SSORIES			
	SSO-0024	Sodium Chloride 0.9% INJ USP	Viaflex	100 mL bag	7		SIV-0150	IV Catheter Blue	Nexiva	22 g 1.00"	3	
	SSO-0025	Sodium Chloride 0.9% INJ USP	Viaflex	250 mL bag	7		SIV-0151	IV Catheter Yellow	Nexiva	24 g 0.75 "	3	
	SSO-0026	Sodium Chloride 0.9% INJ USP	Viaflex	500 mL bag	7		SIV-0187	IV Catheter Set - Saf-T-Intima	·	22 g 0.75"	3	
	SSO-0027	Sodium Chloride 0.9% INJ USP	Viaflex	1000 mL bag	7		SIV-0203	IV Catheter Set - Saf-T-Intima		24 g 0.75 "	3	
	SSO-0029	Sodium Chloride 0.9% Vial	Hospira	10 mL	7			OTHER INFORMAT	ON			
	SSO-0032	Sterile Water Vial	Hospira	10 mL	7							
OTHER MEDICAL SUPPLIES (as per the Regional Medical Supplies List)												
						-						
			1									
			1			Pleas		e most recent Regional Medical S			plies	
							which o	can be found on the Home and C	ommunity Care	e website:		
							https://healt	hcareathome.ca/region/north-eas	t/ (scroll to bo	ttom for forms)		
	I unders	tand incomplete forms or form	s submitted w	ithout require	ed app	roval w	ill not be pr	ocessed and will be returned for	follow-up (Si	gn below:)		

Date Ordered: Ordered By:

DD/MM/YYYY Nurse or Care Coordinator Name, Designation and Organization Name

FAX TO: Regional Equipment & Supplies: 1-855-697-7358 RightFax: 3829