

HOME AND COMMUNITY CARE SUPPORT SERVICES

MEDICAL SUPPLIES ORDER FORM

NORTH EAST

IV SUPPLIES

Client Name:	Last Name _____	First Name _____	Client #:	_____
Client Address:	_____		Health Card #:	_____
Delivery To:	Patient Pick-up at _____ Depot (Specify Depot): _____ <i>As per policy, all supplies are delivered to an approved Medical Supplies Depot - private pay home delivery arranged between patient and vendor</i>			
Date Required :	_____		Regular Delivery URBAN (Next Day)	Regular Delivery RURAL (< 48 Hrs)

***Policy for Special Delivery Options:** 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
*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 & SUPPLIES					
						Elastomeric Pump & Supplies					
	SIV-0079	Syringe Luer Lok	Luer-Lok	1 mL	7		SIV-0233	Single Use Disposable Pump	EasyPump	each	
	SIV-0080	Syringe Luer Lok	Luer-Lok	3 mL	7		SIV-0234	Extension Set	BD MaxPlus	each	3
	SIV-0081	Syringe Luer Lok	Luer-Lok	5 mL	7		SIV-0235	Elastomeric IV Pump Carry Bag		each	1
	SIV-0082	Syringe Luer Lok	Luer-Lok	10 mL	7		SDR-0086	White Surgical Tape 1"		each	1
	SIV-0084	Syringe Luer Lok	Luer-Lok	30 mL	7	Reusable Pump & Supplies					
	SIV-0085	Syringe Luer Lok	Luer-Lok	60 mL	7		SIV-0042	Infusion Pump Administration Set		each	7
	SIV-0117	Blunt Fill Needle	BD	18 g 1.5 "	3		SIV-0043	Infusion Pump High Volume Admin Set	CADD	each	7
	SIV-0211	Blunt Fill Needle with Filter (for ampoules)	BD	18 g 1.5 "	1/kit		SIV-0044	Infusion Pump Admin Set Filtered		each	7
	SIV-0173	Needle with Syringe 23g 1"	Eclipse	3 mL	7		SIV-0045	Infusion Pump Extension Tubing		30 inches	3
	SIV-0175	Needle with Syringe 25 g 5/8"	Eclipse	1mL	7		SIV-0046	Infusion Pump Extension	CADD	45 inches	3
	SIV-0177	Needle with Syringe 27 g 1/2"	Eclipse	1 mL	7		SIV-0202	Antibiotic IV Med Refill Solution Bag			7
	SIV-0181	Needle with Syringe 25 g 5/8"	Eclipse	3 mL	7		SOT-0026	Replacement Batteries for CADD IV Pump		4pk AA	1
	SIV-0192	Gripper Plus Non Y-site	Deltec	22gx3/4"	1		ETM-1005	IV pole - Portable	Start Date:	End Date:	
	SIV-0193	Gripper Plus Non Y-site	Deltec	19gx1.25"	1		ETM-1009	Ambulatory Infusion Pump (Incl.: power supply, sm case, & batteries)	Start Date:	End Date:	
PREFILLED SYRINGES: For flushing Vascular Access Devices							ETM-1016	Remote Dose Extension Cord for ETM-1009 IV Pump	Start Date:	End Date:	
	SIV-0197	Heparin Lock Syringe	Posiflush	100 USP/mL 5 mL	3		ETM-1012	Large Carry Case - for Ambulatory Infusion Pump	Start Date:	End Date:	
	SIV-0200	Heparin Lock Syringe	Posiflush	100 USP/mL 3 mL	3	IV GRAVITY SETS & EXTENSION SETS					
	SSO-0021	Sodium Chloride 0.9% Pre-Filled Syringe	Posiflush	10 mL	14	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 Infusion Pump: Initial Start Up			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 which can be found on the Home and Community Care website: http://healthcareathome.ca/northeast/en/Partners/forms-and-resources					
	SIV-0236	IV3000 Securement Dressing	IV3000	4" x 4"	2						
	SIV-0134	StatLock IV Catheter Securement	PICC Plus	each	1						

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Client Name: _____ Client #: _____

Last Name						First Name						Client # or BRN #																																																																																															
Qty	Code	Product Description	Brand	Size	Max	Qty	Code	Product Description	Brand	Size	Max	Qty	Code	Product Description	Brand	Size	Max																																																																																										
IV SOLUTIONS						IV CATHETERS & ACCESSORIES																																																																																																					
	SSO-0024	Sodium Chloride 0.9% INJ USP	Viaflex	100 mL bag	7		SIV-0150	IV Catheter Blue	Nexiva	22 g 1.00"	3		SIV-0151	IV Catheter Yellow	Nexiva	24 g 0.75 "	3																																																																																										
	SSO-0025	Sodium Chloride 0.9% INJ USP	Viaflex	250 mL bag	7		SIV-0187	IV Catheter Set - Saf-T-Intima								22 g 0.75"	3																																																																																										
	SSO-0026	Sodium Chloride 0.9% INJ USP	Viaflex	500 mL bag	7		SIV-0203	IV Catheter Set - Saf-T-Intima								24 g 0.75 "	3																																																																																										
	SSO-0027	Sodium Chloride 0.9% INJ USP	Viaflex	1000 mL bag	7	OTHER INFORMATION																																																																																																					
	SSO-0029	Sodium Chloride 0.9% Vial	Hospira	10 mL	7	<p style="text-align: center;">OTHER MEDICAL SUPPLIES (as per the Regional Medical Supplies List)</p> <table border="1" style="width: 100%; height: 100%;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																																																																					
	SSO-0032	Sterile Water Vial	Hospira	10 mL	7																																																																																																						

OTHER MEDICAL SUPPLIES (as per the Regional Medical Supplies List)

OTHER INFORMATION

Please refer to the most recent Regional Medical Supplies List for additional supplies which can be found on the Home and Community Care website:
<http://healthcareathome.ca/northeast/en/Partners/forms-and-resources>

I understand incomplete forms or forms submitted without required approval will not be processed and will be returned for follow-up (*Sign 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 or RightFax: 3829