HIZENTRA MEDICAL SUPPLY LIST

Patient Name:_____

Order Date:_____ Next Infusion Date:_____

SUPPLIES	QUANITY NEEDED (#):
Adhesive Remover Wipes	
No Sting Barrier Wipes	
Disposable Blue Pads	
Mini Transfer Pin	
Mini-Spike Dispensing Pin	
Sharps Container 1.4 Quart	
Micropore Tape	
Transpore Tape	
18G x 1" Needle	

PRE-MEDS	QUANITY NEEDED (#):
Diphenhydramine	
25 mg ____ (IV or PO)	
50 mg ____(IV or PO)	
Mapap	
325 mg ____	
500 mg ____	
Zofran	
Zantac	
25 mg ____	
50 mg ____	
Ketorolac	

NEEDLES	QUANITY NEEDED (#):
SUB-Q_____ _____G X _____MM **Example: SUB-Q HIGH FLO 1 NEEDLE 26G X 12MM**	

BULK ITEMS	QUANITY NEEDED (#):
Alcohol Prep Pads	
Band-Aids	
Gauze 2x2 12-Ply Sterile	
Small GLOVES	
Medium GLOVES	
Large GLOVES	
X-Lagre GLOVES	

DRESSING	QUANITY NEEDED (#):
Aquagaurd 10 x 12”	
Mepilex Lite 4 x 4”	
Opsite 3000 4 x 5.5”	
Primapore 2 x 3”	
Primapore 4 x 3 1/8”	
Sorbaview 3.75 x 5”	
Sorbaview 4 x 7”	
Tegaderm 2 3/8 x 2.7”	
Tegaderm Plus 3.5x5”	
Tegaderm Frame 2x 2.7”	

TUBING	QUANITY NEEDED (#):
SUB-Q FREEDOM F120	
SUB-Q FREEDOM F180	
SUB-Q FREEDOM F275	
SUB-Q FREEDOM F420	
SUB-Q FREEDOM F600	
SUB-Q FREEDOM F900	
SUB-Q FREEDOM F1200	
SUB-Q FREEDOM F2400	

Syringes	QUANITY NEEDED (#):
20 CC Syringes	
30 CC Syringes	
60 CC Syringes	

OTHER SUPPLIES NEEDED	QUANITY NEEDED (BOXES):

NOTES:_____