

# CADD Emergency Bag Reassignment Request



HOPEHEALTH HULITAR HOSPICE CENTER

1085 N Main Street, Providence, RI 02904 Phone: 401-

351-5570 Fax: 401-351-2813



BAYVIEW PHARMACY

3844 Post Road, Warwick, RI 02886

Phone: 401-284-4505 Fax: 401-210-2757

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Bayview Pharmacy is requesting that  
Emergency Bag # \_\_\_\_ - \_\_\_\_

be reassigned to:

Patient Sicker

Rx label

Bayview Pharmacy Representative Initiating the Request \_\_\_\_\_  
Printed Name

APPROVED by

HHHC Representative Acknowledgement \_\_\_\_\_  
Printed Name Date

Anticipated date and time that this bag will be hung is \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_\_ a.m. p.m.

## Procedure:

Upon receipt of this form-

- 1). the IPU representative must sign the acknowledgement above,
  - 2.) fill out the PATIENT SPECIFIC prescription order form that is enclosed with the Emergency bag
- and fax this form and new RX promptly to Bayview Pharmacy at 401-210-2757

Only the Emergency Bag is being reassigned.

The CADD pump will be reassigned to a new Emergency Bag. DO NOT RETURN the pump to the pharmacy.

Place the pump in the designated area until the new Emergency bag arrives.