

Configurable hydration orders, default once

Protocol Types

Infusion Treatment 1, Infusion Treatment 2, Infusion Treatment 3, Infusion Treatment 4

Patient name: _____ DOB: _____

Please include: ☐ Patient face sheet ☐ Insurance authorization (if other than Medicaid or non-Advantage Medicare)

Diagnosis: _____

Review: Every 358 days

Orders

	Interval	Defer Until	Duration
Labs			
☐ AH OP LABS - CBC W/ DIFF, CMP, MAG, PHOS (OPTIONAL)			
☐ CBC and differential	Once		1 treatment
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☐ Comprehensive metabolic panel	Once		1 treatment
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☐ Magnesium	Once		1 treatment
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☐ Phosphorus	Once		1 treatment
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
Therapeutic Medications			
☐ Custom IV fluid. If ordering, please specify base fluid, additives, total volume and rate.			
☐ IV fluid builder	Once		1 treatment
intravenous, Once, Starting when released			
☐ IV fluid builder	Once		1 treatment
intravenous, Once, Starting when released			
☐ Please select from standard replacement bags or custom IV fluid.			
☐ sodium chloride 0.9 % bolus	Once		1 treatment
1,000 mL, intravenous, Administer over: 120 Minutes, Once, Starting at treatment start time			
☐ sodium chloride 0.9 % 1,000 mL with potassium chloride 20 mEq, magnesium sulfate 1 g infusion	Once		1 treatment
500 mL/hr, intravenous, Administer over: 120 Minutes, Once, Starting at treatment start time			
☐ sodium chloride 0.9 % with KCl 20 mEq/L infusion	Once		1 treatment
500 mL/hr, intravenous, Administer over: 2 Hours, Once, Starting when released			
☐ dextrose 5 % solution 1,000 mL	Once		1 treatment
1,000 mL, intravenous, Administer over: 2 Hours, Once, Starting at treatment start time			

	Interval	Defer Until	Duration
☐ D5 % and 0.9 % sodium chloride infusion 1,000 mL 1,000 mL, intravenous, at 500 mL/hr, Administer over: 2 Hours, Continuous, Starting at treatment start time, Until Discontinued	Once		1 treatment
☐ lactated Ringer's bolus 1,000 mL, intravenous, Administer over: 2 Hours, Once, Starting when released	Once		1 treatment
☐ calcium gluconate IV 1 g 1 g, intravenous, Administer over: 60 Minutes, Once, Starting at treatment start time	Once		1 treatment
☐ calcium gluconate IV 2 g 2 g, intravenous, Administer over: 120 Minutes, Once, Starting at treatment start time	Once		1 treatment
☐ potassium chloride IVPB 10 mEq 10 mEq, intravenous, Every 1 hour, Starting at treatment start time, for 1 dose Potassium 10 mEq every hour for 1 dose (total potassium 10 mEq)	Once		1 treatment
☐ potassium chloride IVPB 10 mEq 10 mEq, intravenous, Every 1 hour, Starting at treatment start time, for 2 doses Potassium 10 mEq every hour for 2 doses (total potassium 20 mEq)	Once		1 treatment
☐ potassium phosphate injection 15 mmol 15 mmol, intravenous, Administer over: 4 Hours, Once, Starting when released	Once		1 treatment
☐ magnesium sulfate IV 1 g 1 g, intravenous, Administer over: 60 Minutes, Once, Starting at treatment start time	Once		1 treatment
☐ magnesium sulfate IV 2 g 2 g, intravenous, Administer over: 120 Minutes, Once, Starting at treatment start time	Once		1 treatment
☐ sodium bicarbonate 100 mEq in dextrose 5 % 1,000 mL infusion 1,000 mL, intravenous, Administer over: 2 Hours, Once, Starting when released	Once		1 treatment

Emergency Medications

☒ Nursing communication STAT, Until discontinued Starting when released Until Specified If hypersensitivity reaction occurs, stop infusion IMMEDIATELY and CALL provider.	PRN		Until discontinued
☒ Vital Signs STAT, Every 15 min Starting when released If a hypersensitivity reaction occurs, perform vital signs every 15 minutes for one hour, then every 30 minutes for 2 hours.	PRN		Until discontinued
☒ Nursing communication Once Starting when released If hypersensitivity reaction occurs: - Elevate head of bed 30 degrees and place patient's head at 30 degree angle if possible - Start 2 liters oxygen per nasal cannula and maintain airway - Change and maintain IV line with 1000 mL 0.9% Normal Saline	PRN		Until discontinued
☒ sodium chloride 0.9 % infusion 30 mL/hr, intravenous, Continuous PRN, KVO, Starting when released, for 1 day	PRN		Until discontinued
☒ albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg 2.5 mg, nebulization, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day	PRN		Until discontinued
☒ albuterol HFA 90 mcg/act inhaler 2 puff 2 puff, inhalation, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day SHAKE WELL	PRN		Until discontinued
☒ acetaminophen (Tylenol) tablet 650 mg 650 mg, oral, Once as needed, fever, GREATER THAN or EQUAL TO 38 C, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus	PRN		Until discontinued

	Interval	Defer Until	Duration
☒ diphenhydrAMINE (BENADryl) injection 25 mg 25 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus	PRN		Until discontinued
☒ diphenhydrAMINE (BENADryl) injection 50 mg 50 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)	PRN		Until discontinued
☒ hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg 100 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus - OR - For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)	PRN		Until discontinued
☒ EPINEPHrine (EpiPen;Adrenalin) injection solution 0.3 mg 0.3 mg, intramuscular, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)	PRN		Until discontinued

Appointment Requests

☒ Infusion Appointment Request	Once	1 treatment
Status: Once, Expected: S, Sched. Duration: 120 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after		

*Provider signature

Provider printed name

*Date

Time

*Provider phone#

* Denotes field that must be completed by healthcare worker