



IV Hydration and Electrolytes

With Fax Include: Demographics, Insurance Information, Lab Results, Current Medications, and Recent Visit Notes.
Trinity Health will obtain any necessary medication authorizations for patients receiving infusion therapies.

Order Date: _____

Referral Status: [] New Referral [] Dose or Frequency Change [] Renewal

Patient Name: _____
Date of Birth: _____
Weight: _____ kg Height: _____ cm
Allergies: _____
Primary Insurance: _____
Member ID: _____
Secondary Insurance: _____
Member ID: _____

Diagnosis
Diagnosis Code (ICD-10): _____
Indication: _____
Target start date: _____
Labs: [] Once [] Daily [] Weekly [] Other:
[] Basic Metabolic Panel [] Complete Blood Count
[] Magnesium [] Other: _____

Pre-Medications

[] Ondansetron (Zofran) IV 4 mg [] Dexamethasone (Decadron) injection _____mg [] Prochlorperazine (Compazine) tablet 10 mg
[] Other: _____

IV Hydration and/ or Electrolytes or Multivitamin to be Administered

Standard Infusion
Normal Saline
[] Sodium chloride 0.9 %
[] Sodium chloride 0.9 % with KCl 20 mEq/L
[] Sodium chloride 0.9 % with KCl 40 mEq/L
Dextrose-containing solutions
[] Dextrose 5%
[] Dextrose 5% and sodium chloride 0.45%
[] Dextrose 5% and lactated ringer's
[] Lactated Ringer's
[] Other fluid: _____ml
Volume to be administered: _____ml over _____hr
Electrolyte Replacement
[] Calcium gluconate injection _____g (rate: 1g/hr)
[] Potassium chloride IVPB _____mEq (rate: 10meq/hr)
[] Magnesium sulfate IV _____g (rate: 1g/hr)
Custom Infusion
Base:
[] Sodium chloride 0.9 %
[] Sodium chloride 0.9 %
[] Dextrose 5% (D5W)
[] D5W and sodium chloride 0.2%
[] Dextrose 5 % and sodium chloride 0.45 %
[] Dextrose 5 % and sodium chloride 0.9 %
[] Lactated Ringer's
Additive(s): [Per Infusion Visit]
[] MVI 10 ml
[] Potassium chloride [] 20meq [] 40mEq
[] Thiamine [] 100 mg [] 200 mg
[] Folic Acid 1 mg
[] Magnesium sulfate [] 1g [] 2g
[] Calcium gluconate _____g
[] Pyridoxine _____g
Volume to be administered: _____ml over _____hr

Frequency

[] Daily (Monday- Friday) x _____doses [] Tuesday and Thursday x _____doses [] Monday, Wednesday, and Friday x _____doses
[] Once [] Other: _____

Nursing Orders:

Together Care Hypersensitivity Panel will be ordered to provide emergency supportive care medication therapy, if necessary

sodium chloride 0.9 % bolus 500 mL PRN; acetaminophen tablet 650 mg PRN; albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg PRN; albuterol HFA inhaler 2 puff PRN; epinephrine injection 0.3 mg PRN; famotidine injection 20 mg PRN; diphenhydramine injection 50 mg PRN; diphenhydramine injection 25 mg PRN; hydrocortisone sodium succinate injection 100 mg PRN.

Provider Name: _____
Office Phone Number: _____
Attending Physician Name: _____
Provider Signature: _____
Office Fax Number: _____

(If ordering provider is an advanced practice practitioner)

Note: This order is valid for 12 months from date of physician signature.