

IV Hydration and Electrolytes

Along with this order form, please include the following: Demographics, Insurance Information, Lab Results, Current Medications, and Recent Visit Notes. ArrIVE Infusion will obtain any necessary medication authorizations for patients receiving infusion therapies.

Order Date: ____/____/____

Referral Status: ☐ New Referral ☐ Dose or Frequency Change ☐ Renewal

Patient Name: _____ Patient Address: _____ Patient Phone Number: _____ Date of Birth: ____/____/____ Weight: ____ kg Height: ____ cm Allergies: _____	Primary Insurance: _____ Member ID: _____ Secondary Insurance: _____ Member ID: _____
Diagnosis Diagnosis Code (ICD-10): Other _____ Indication: _____ Target start date: _____	Labs <input type="checkbox"/> Basic Metabolic Panel <input type="checkbox"/> Once <input type="checkbox"/> Magnesium <input type="checkbox"/> Daily <input type="checkbox"/> CBC <input type="checkbox"/> Weekly <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
Standard Infusion <i>Normal Saline</i> <input type="checkbox"/> Sodium chloride 0.9% <input type="checkbox"/> Sodium chloride 0.9% with KCl 20 mEq/L <input type="checkbox"/> Sodium chloride 0.9% with KCl 40 mEq/L <i>Dextrose-containing solutions</i> <input type="checkbox"/> Dextrose 5% <input type="checkbox"/> Dextrose 5% and sodium chloride 0.45% <input type="checkbox"/> Dextrose 5% and lactated ringer's <input type="checkbox"/> Lactated Ringer's <input type="checkbox"/> Other fluid: _____ <input type="checkbox"/> _____ ml Volume to be administered: _____ ml over _____ hr	Custom Infusion <i>Base:</i> <input type="checkbox"/> Sodium chloride 0.9% <input type="checkbox"/> Sodium chloride 0.9% <input type="checkbox"/> Dextrose 5% (D5W) <input type="checkbox"/> D5W and sodium chloride 0.2% <input type="checkbox"/> Dextrose 5 % and sodium chloride 0.45 % <input type="checkbox"/> Dextrose 5 % and sodium chloride 0.9 % <input type="checkbox"/> Lactated Ringer's <i>Additive(s): [Per Infusion Visit]</i> <input type="checkbox"/> MVI 10 ml <input type="checkbox"/> Potassium chloride <input type="checkbox"/> 20meq <input type="checkbox"/> 40mEq <input type="checkbox"/> Thiamine <input type="checkbox"/> 100 mg <input type="checkbox"/> 200 mg <input type="checkbox"/> Folic Acid 1 mg <input type="checkbox"/> Magnesium sulfate <input type="checkbox"/> 1g <input type="checkbox"/> 2g <input type="checkbox"/> Calcium gluconate _____ g <input type="checkbox"/> Pyridoxine _____ g Volume to be administered: _____ ml over _____ hr
Electrolyte Replacement <input type="checkbox"/> Calcium gluconate injection _____ g (rate: 1g/hr) <input type="checkbox"/> Potassium chloride IVPB _____ mEq (rate: 10meq/hr) <input type="checkbox"/> Magnesium sulfate IV _____ g (rate: 1g/hr)	
Frequency <input type="checkbox"/> Daily (Monday- Friday) x _____ doses <input type="checkbox"/> Tuesday and Thursday x _____ doses <input type="checkbox"/> Monday, Wednesday, and Friday x _____ doses <input type="checkbox"/> Once <input type="checkbox"/> Other: _____	

Flushing Protocol <i>as needed for line care</i>	<input type="checkbox"/> Sodium Chloride 0.9% <input type="checkbox"/> 5 mL <input type="checkbox"/> 10 mL	<input type="checkbox"/> Heparin 100 Units/mL <input type="checkbox"/> 5 mL <input type="checkbox"/> 10 mL
Hypersensitivity Panel Together Care Hypersensitivity Panel will be ordered to provide emergency supportive care medication therapy as necessary	<ul style="list-style-type: none"> • Sodium chloride 0.9% bolus 500 mL once as needed for hypotensive management (SBP <90mmHg) • Acetaminophen 650 mg once as needed for temperature GREATER than 38 C (100.4 F), headaches, generalized pain, back pain, abdominal cramping • Albuterol 2.5 mg /3 mL (0.083%) nebulizer solution 2.5 mg, nebulize every 10 min PRN, hypoxemia, bronchospasm, wheezing, dyspnea, for 2 doses • Albuterol HFA inhaler 2 puffs q4hs as needed for hypoxemia, bronchospasm, wheezing, dyspnea • Epinephrine injection 0.3 mg IM every 15 minutes as needed for SBP less than 90mmHg, mild to moderate anaphylaxis for 3 doses • Famotidine injection 20 mg IV over 2 minutes once as needed for severe hypersensitivity/infusion reaction including systolic BP 80-90 mmHg, bradycardia or tachycardia, hypoxemia, dyspnea, cognitive changes, generalized rash, chest pain/pressure • Diphenhydramine injection 25 mg IV over 1 minute once as needed, moderate hypersensitivity/infusion reaction (grade 2) including temperature greater than 100.5, rigors, localized rash/hives, vomiting, nausea, pruritis, flushing, dizziness, back pain, abdominal cramping, uneasiness, agitation, feeling of impending doom • Diphenhydramine injection 50 mg IV over 1 minute once as needed for severe hypersensitivity/infusion reaction (grade 3), including systolic BP 80-90 mmHg, bradycardia or tachycardia, hypoxemia, dyspnea, cognitive changes, generalized rash, chest pain/pressure • Hydrocortisone sodium succinate injection 100 mg IV once as needed for severe hypersensitivity/infusion reaction (grade 3), including systolic BP 80-90 mmHg, bradycardia or tachycardia, hypoxemia, dyspnea, cognitive changes, generalized rash, chest pain/pressure 	
<div> <div> Provider Name: _____ </div> <div> Provider Signature: _____ </div> </div> <div> <div> Attending Physician Name: _____ </div> <div> Provider NPI: _____ </div> </div> <div> <div> Office Phone Number: _____ </div> <div> Office Fax Number: _____ </div> </div> <p><i>Note: This order is valid for 12 months from date of physician signature.</i></p>		