

## 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

<b>Patient Name:</b> _____ <b>Patient Address:</b> _____ <b>Patient Phone Number:</b> _____ <b>Date of Birth:</b> ____/____/____ <b>Weight:</b> ____ kg <b>Height:</b> ____ cm <b>Allergies:</b> _____	<b>Primary Insurance:</b> _____ <b>Member ID:</b> _____ <b>Secondary Insurance:</b> _____ <b>Member ID:</b> _____
<p style="text-align: center;"><b>Diagnosis</b></p> <b>Diagnosis Code (ICD-10):</b> Other _____ <b>Indication:</b> _____ <b>Target start date:</b> _____	<p style="text-align: center;"><b>Labs</b></p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Basic Metabolic Panel  <input type="checkbox"/> Magnesium  <input type="checkbox"/> CBC  <input type="checkbox"/> Other: _____         </div> <div> <input type="checkbox"/> Once  <input type="checkbox"/> Daily  <input type="checkbox"/> Weekly  <input type="checkbox"/> Other: _____         </div> </div>
<p style="text-align: center;"><b>Standard Infusion</b></p> <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 <b>Volume to be administered:</b> _____ ml over _____ hr	
<p style="text-align: center;"><u><b>Electrolyte Replacement</b></u></p> <input type="checkbox"/> Potassium chloride IVPB _____ mEq (rate: 10meq/hr) <input type="checkbox"/> Magnesium sulfate IV _____ g (rate: 1g/hr)	
<p style="text-align: center;"><b>Frequency</b></p> <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: _____	

<b>Flushing Protocol</b> <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
<b>Hypersensitivity Panel</b> Together Care Hypersensitivity Panel will be ordered to provide emergency supportive care medication therapy as necessary	<ul style="list-style-type: none"> <li>• <b>Sodium chloride</b> 0.9% bolus 500 mL once as needed for hypotensive management (SBP &lt;90mmHg)</li> <li>• <b>Acetaminophen</b> 650 mg once as needed for temperature GREATER than 38 C (100.4 F), headaches, generalized pain, back pain, abdominal cramping</li> <li>• <b>Albuterol</b> 2.5 mg /3 mL (0.083%) nebulizer solution 2.5 mg, nebulize every 10 min PRN, hypoxemia, bronchospasm, wheezing, dyspnea, for 2 doses</li> <li>• <b>Albuterol HFA</b> inhaler 2 puffs q4hs as needed for hypoxemia, bronchospasm, wheezing, dyspnea</li> <li>• <b>Epinephrine</b> injection 0.3 mg IM every 15 minutes as needed for SBP less than 90mmHg, mild to moderate anaphylaxis for 3 doses</li> <li>• <b>Famotidine</b> 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</li> <li>• <b>Diphenhydramine</b> 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</li> <li>• <b>Diphenhydramine</b> 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</li> <li>• <b>Hydrocortisone</b> 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</li> </ul>	
<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>		