

An Outpatient Department of St. Mary's Hospital
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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 ☐ Basic Metabolic Panel ☐ Magnesium ☐ CBC ☐ Other: _____ ☐ Once ☐ Daily ☐ Weekly ☐ Other: _____
Standard Infusion <i>Normal Saline</i> ☐ Sodium chloride 0.9% ☐ Sodium chloride 0.9% with KCl 20 mEq/L ☐ Sodium chloride 0.9% with KCl 40 mEq/L <i>Dextrose-containing solutions</i> ☐ 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	
<u>Electrolyte Replacement</u> ☐ Potassium chloride IVPB _____ mEq (rate: 10meq/hr) ☐ Magnesium sulfate IV _____ g (rate: 1g/hr)	
Frequency ☐ Daily (Monday- Friday) x _____ doses ☐ Tuesday and Thursday x _____ doses ☐ Monday, Wednesday, and Friday x _____ doses ☐ Once ☐ Other: _____	

Flushing Protocol <i>as needed for line care</i>	☐ Sodium Chloride 0.9% ☐ 5 mL ☐ 10 mL	☐ Heparin 100 Units/mL ☐ 5 mL ☐ 10 mL
Hypersensitivity Panel Together Care Hypersensitivity Panel will be ordered to provide emergency supportive care medication therapy as necessary	• 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	
Provider Name: _____ Provider Signature: _____ Attending Physician Name: _____ Provider NPI: _____ Office Phone Number: _____ Office Fax Number: _____ <i>Note: This order is valid for 12 months from date of physician signature.</i>		