



## Hydration

### Patient and Physician Information

<b>Patient Name:</b>	<b>Date of Birth:</b>	<b>Patient Phone Number:</b>
<b>Physician Name:</b>	<b>Office Phone Number:</b>	<b>Fax Number:</b>
<b>Insurance:</b>	<b>Group Number:</b>	<b>Policy Number:</b>
<b>Hospitalization Status:</b>	<b>Patient Weight (kg):</b>	<b>Height (inches):</b>
<input checked="" type="checkbox"/> Outpatient to Outpatient Infusion Center		
<b>Allergies:</b>		

\*\*\*Send patient demographics/insurance, clinical notes, and test results with orders\*\*\*

**Diagnosis Code/Description for treatment:** \_\_\_\_\_

### Orders

Initiate IV Vascular Access Flush Orders #0643 for: ☐ Peripheral Line ☐ Midline ☐ PICC ☐ Port

☐ Normal Saline 0.9% Solution \_\_\_\_\_ milliliter/hour INTRAVENOUS (J7030 : 1000 ML = 1 unit)

☐ Lactated Ringers Solution \_\_\_\_ milliliter/hour INTRAVENOUS (J7030 : 1000 ML = 1 unit)

☐ Rally Pack INTRAVENOUS ONCE over 4 hours:

Normal Saline 1000 mL Solution (J7030 : 1000 ML = 1 unit)

Magnesium Sulfate 2 GM (J3475 : 500 MG = 1 unit)

Thiamine 100 MG (J3411 : 100 MG = 1 unit)

MVI 10 ML (J3490 : 1 ML = 1 unit)

Folic Acid 1 MG (J3490 : 1 MG = 1 unit)

☐ Albumin 25% \_\_\_\_ mLs INTRAVENOUS OVER 2 HOURS followed by Normal Saline 0.9% Solution 2000 mL INTRAVENOUS OVER 2 HOURS.

Other: \_\_\_\_\_

### Discharge

☒ Discharge home 30 minutes after treatment complete if stable.

### Date and Physician Signature

DATE: \_\_\_\_\_  
07952512

TIME: \_\_\_\_\_

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE