

Infusion

Intravenous Hydration Clinic Orders



PATIENT INFORMATION

Last Name: _____ First Name: _____ MI: _____ DOB: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Emergency Contact: _____ Relationship: _____ Phone: _____

PROVIDER INFORMATION

Referring Provider: _____ Phone Number: _____ Fax Number: _____

INSURANCE

The following information is required to obtain insurance authorization. Information not provided will cause a delay in treatment. Patient is uninsured.

1. Copy of current insurance card. 2. Copy of demographics sheet 3. Copy of most recent OV note and labs

PRIMARY DIAGNOSIS

Provide ICD-10 code and description: _____

Weight: _____ Height: _____ Allergies: _____

Is the patient ambulatory? Yes No Does the patient require bariatric equipment? Yes No

ORDERS

- Type of fluid: NaCl 0.9% Lactated Ringers D5LR D51/2NS Other: _____
- Volume: _____ Liters
- Rate: 1000 ml/hr (max rate); Other (specify): _____
- One time only for: (list symptoms): _____
 PRN _____ times per week for the following symptoms: select all that apply:
 PO intake of less than _____ ml/ day for greater than _____ day(s)
 Urinary output of less than _____ ml/day or less than _____ voids per day and/or dark colored urine
 Three Liquid stools over normal baseline for patient in a 24 hr period
 _____ Vomiting episodes in 24 hr
 Pt reports symptoms of orthostatic hypotension or weakness
 Patient c/o dry mouth, extreme thirst, headache
- Other Orders/Rx _____

PATIENTS WITH CENTRAL LINE ACCESS

Select one: Patient has a PICC Implanted port Other CVAD Patient does not have a CVAD

- Central line care per Salem Health CVAD Access Policy. (Lippincott)
- Alteplase per Salem Health Central Venous Access Device clotting (Lippincott) for S/sx of occlusion: Inability to infuse fluids, no blood return, increased resistance when flushing, increased occlusion/high-pressure alarm when using an infusion pump, sluggish gravity flow
- 1 View Chest X-ray to verify PICC tip location PRN for: Catheter migration greater than 5 cm, signs and symptoms of tip malposition (occlusion unresolved by Alteplase, discomfort in the arm, neck or chest, unusual sensations or sounds when flushing, neck vein engorgement, or heart palpitations.) Notify Physician or Provider

Provider Signature _____

Provider Printed Name _____

Date: _____