

ORDERING OFFICE, ALSO FAX:

- Most recent labs
- Supporting clinicals / Recent H&P
- Insurance card, front and back

Hydration

Provider Order Form



Date:	Patient Name:	DOB:
ICD-10 code (required):		ICD-10 description:
<input type="checkbox"/> NKDA Allergies:	Weight lbs/kg:	
Ordering Provider:	Provider NPI:	
Referring Practice Name:	Phone:	Fax:
Practice Address:	City:	State: Zip Code:

NURSING

- Provide nursing care per IVX Standard Nursing Procedures, including reaction management

INFUSION THERAPY

- Hydration, intravenous infusion
 - 1000ml 0.9% Sodium Chloride / 1000ml Lactated Ringers (LR) / 1000ml Dextrose 5% in Water (D5W)
 - other _____ (please indicate solution and amount)
 - Frequency: once weekly / other _____
 - Rate: Infuse over 60 minutes / other _____

Refills: Zero / for 12 months / _____ (if not indicated order will expire one year from date signed)

GENERAL PLAN COMMUNICATION

Instructions/notes:

REACTION MANAGEMENT

- Observe for **hypersensitivity reaction:** Fever, chills, rigors, pruritus, rash, cough, sneezing, throat irritation
- If reaction occurs:
 - Stop infusion, maintain/establish vascular access, and notify referring provider
 - Consider giving the following PRN
 1. Acetaminophen (Tylenol) 650mg PO **OR** _____mg for pain or fever > 38 C/100.4 F
 2. Diphenhydramine (Benadryl) 25-50mg in 10ml NS slow IV push for rash, itching, pruritis
 3. Ranitidine 25mg in 10ml NS slow IV push over 5 minutes (Consider if patient already given IV Benadryl)
 4. Ondansetron (Zofran) 4mg Slow IV push over 5 minutes for nausea or vomiting.
 5. Methylprednisolone (Solumedrol) 125mg **OR** _____mg slow IV push.
 6. Other _____
 - When symptoms resolve resume infusion at 50% previous rate and increase per manufacturer's guidelines
- Severe allergic/anaphylactic reaction:**
 - If symptoms are rapidly progressing or continuing after administration of prn medications above and signs symptoms of severe allergic/anaphylactic reaction (angioedema, swelling of the mouth, tongue, lips, or airway, dyspnea, bronchospasm with or without hypotension or hypertension.)
 1. Call 911
 2. Consider giving epinephrine (1:1000 strength) 0.3ml IM. May repeat every 5-15 minutes to a maximum of 3 doses.
 3. Treat hypotension with 500ml 0.9% sodium chloride bolus. Repeat as needed to maintain systolic BP >90.
 4. Have oxygen by nasal canula available and administer 2-15 liters, titrate to keep Spo2 >92%
 5. Have Automated External Defibrillator available
 6. Notify referring provider. If unable to reach referring provider, notify Local Medical Director.
 7. Discontinue treatment

Provider Name (Print)

Provider Signature

Date

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