|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \*\*check appropriate box\*\*  **\*\*All orders with ☒ will be placed unless otherwise noted\*\*** | | | | | | | | | | | |
| **ICD 10/Primary Diagnosis:** | | | | | | **ICD 10/Secondary Diagnosis:** | | | | | |
| **Height:** | **Weight:** | | | **Allergies:** | | | | | | | |
| **INFUSION THERAPY** | | | | | | | | | | | |
| **IVF** | | | | | | | | **AMOUNT** | | **TIMEFRAME** | |
| sodium chloride 0.9 % IV bolus  dextrose 5 % IV bolus  dextrose 5 % and lactated Ringer's IV bolus  dextrose 5 % and 0.9 % NACL IV bolus | | | | | | | | 250 mL  500 mL  1L (1,000 mL)  2L (2,000 mL) | | Over 30 minutes  Over 1 hour  Over 2 hours | |
| **Pre-Medications**  **NO Pre-Medication Required** | | | | | | | | | | | |
| **Pre-Medication** | | | **Dose** | | **Route** | | **Pre-Medication** | | **Dose** | | **Route** |
| acetaminophen | | |  | | PO | | Kytril | |  | | IV |
| diphenhydrAMINE | | |  | | PO | | ondansetron | |  | | IVP |
| diphenhydrAMINE | | |  | | IVP | |  | |  | |  |
| **Supportive Care/Medication**  potassium chloride in sodium chloride 0.9 % IVPB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mEq  magnesium sulfate in sodium chloride 0.9 % 100 mL IVPB \_\_\_\_\_\_\_\_\_\_\_\_\_\_ g | | | | | | | | | | | |
| **PRN EMERGECY MEDS**  Per Facility Protocol  Provider requested emergency meds:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **LABS** | | | | | | | | | | | |
| **NO LABS REQUIRED** | | | | | | | | | | | |
| **Provider Requested Labs** | | **Frequency** | | | | | **Provider Requested Labs** | | **Frequency** | | |
|  | |  | | | | |  | |  | | |
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