|  |
| --- |
| \*\*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**[x]  Per Facility Protocol[ ]  Provider requested emergency meds:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **LABS** |
| [ ]  **NO LABS REQUIRED** |
| **Provider Requested Labs** | **Frequency** | **Provider Requested Labs** | **Frequency**  |
|  |  |  |  |
|  |  |  |  |