



DOCORD

ChristianaCare Outpatient Ambulatory Infusion

**DOCTOR'S ORDER SHEET
OUTPATIENT INFUSION HYDRATION**

Side 1 of 2

Instructions:

- 1. Do not return charts with new or changed orders to rack.
- 2. Mark requested orders and/or boxes if indicated.
- Pre-marked box orders will be performed unless otherwise noted.
- No conditional (dependent on the approval of another physician) medication orders will be honored.

DOCTOR'S ORDER	REQUISITIONED	NOTED
Patient's Name: _____ Patient's Date of Birth: ____/____/____ Allergies: _____ <input type="checkbox"/> NKDA Diagnosis: <input type="checkbox"/> Dehydration (E86.0) <input type="checkbox"/> Hyperemesis Gravidarum (021.0) <input type="checkbox"/> Other: _____ (ICD-10 Code & Title) Access Central Venous Access Device OR Insert Peripheral IV. <input type="checkbox"/> Alteplase (Cathflo) 2 mg IV once if no blood return noted from the central venous access device and if proper needle placement has been verified by a second nurse. Allow to dwell in catheter for 30 minutes to 2 hours; may instill a second dose if catheter remains occluded after 2 hours. <input type="checkbox"/> Normal Saline 0.9% IV 1000 ml/hr x 1 hour (1 liter) OR <input type="checkbox"/> Normal Saline 0.9% IV 1000 ml/hr x 2 hours (2 liters) <input type="checkbox"/> Other: _____ Frequency of hydration: _____ Special Instructions: _____ _____ _____		

Signature/Title _____	Contact phone # _____
Print Name or ID# _____	Date ____/____/____ Time _____

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Side 2 of 2

Key:	BID - Twice daily	mg - Milligram
	D/C - Discontinue	min - Minute
	hr - Hour	mL - Milliliter
	IM - Intramuscular	ng - Nanogram
	IV - Intravenous	NPO - Nothing by mouth
	kg - Kilogram	NSS - Normal saline solution
	L - Left	PCA - Patient controlled analgesia
	LD - Loading dose	PO - By mouth
	LR - Lactated ringers	PRN - As needed
	mcg - Microgram	R - Right
	mEq - Milliequivalent	TID - Three times daily