



Oregon Health & Science University
Hospital and Clinics Provider's Orders

PO7071



ADULT AMBULATORY INFUSION ORDER
Hydration with Electrolytes

Page 1 of 3

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

Weight: _____ kg Height: _____ cm

Allergies: _____

Diagnosis Code: _____

Treatment Start Date: _____ Patient to follow up with provider on date: _____

****This plan will expire after 365 days at which time a new order will need to be placed****

GUIDELINES FOR ORDERING

1. Send **FACE SHEET and H&P or most recent chart note.**
2. Please select from standard replacement bags or custom IV fluid. If ordering custom fluid, please specify base fluid, additives, total volume, and rate.

LABS:

- CMP, Routine, ONCE, every _____ (visit)(days)(weeks)(months) – Circle One
- CBC with differential, Routine, ONCE, every _____ (visit)(days)(weeks)(months) – Circle One
- Labs already drawn. Date: _____

MEDICATIONS:

Standard Electrolyte Repletion:

- Calcium gluconate 1 gram in sodium chloride 0.9% 50 mL IV, ONCE over 20-40 min
- Calcium gluconate 2 gram in sodium chloride 0.9% 50 mL IV, ONCE over 20-40 min

- Magnesium sulfate 1 gram in sodium chloride 0.9% 50 mL IV, ONCE over 30 min
- Magnesium sulfate 2 gram in sodium chloride 0.9% 50 mL IV, ONCE over 1 hour
- Magnesium sulfate 4 gram in sodium chloride 0.9% 100 mL IV, ONCE over 2 hours

Potassium Chloride

- 20 mEq IV via CENTRAL LINE over 2 hours, in sodium chloride 0.9% 100 mL
- 20 mEq IV via PERIPHERAL LINE over 2 hours, in sodium chloride 0.9% 250 mL
- 40 mEq IV via CENTRAL LINE over 4 hours, in sodium chloride 0.9% 250 mL
- 40 mEq IV via PERIPHERAL LINE over 4 hours, in sodium chloride 0.9% 500 mL

Interval: (must check one; note PRN orders must include PRN indication)

- ONCE
- Repeat every _____ days for x _____ doses
- Repeat every _____ weeks for x _____ doses
- Other: _____



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Custom IV Fluid

Base: (must check one)

- Dextrose 5% Sodium chloride 0.9%
 Dextrose 5%- sodium chloride 0.9% Lactated Ringers

Additives:

- Calcium gluconate: _____ mg Potassium phosphate: _____ mMol
 Magnesium sulfate: _____ mg Sodium acetate: _____ mEq
 Potassium acetate: _____ mEq Sodium bicarbonate 8.4%: _____ mEq
 Potassium chloride: _____ mEq Sodium phosphate: _____ mMol

Other (Micronutrients):

- Thiamine 100 mg IV over 1 hour
 Multivitamin (adult, with vitamin K) 10 mL IV over 2 hours
 Folic Acid 1 mg IV over 1 hour
 Folic Acid 1 mg and thiamine 100 mg IV over 1 hour
 Folic Acid 1 mg, thiamine 100 mg, and Multivitamin (adult, with vitamin K) 10 mL IV over 2 hours

Total volume: (must check one)

- 1000 mL
 _____ mL

Rate: (must check one)

- 50 mL/hr
 75 mL/hr
 100 mL/hr
 125 mL/hr
 250 mL/hr
 500 mL/hr
 1,000 mL/hr
 _____ mL/hr

Interval: (must check one; note PRN orders must include PRN indication)

- ONCE
 Repeat every ____ days for x _____ doses
 Repeat every ____ weeks for x _____ doses
 Other: _____



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By signing below, I represent the following:

I am responsible for the care of the patient (*who is identified at the top of this form*);

I hold an active, unrestricted license to practice medicine in: Oregon _____ (*check box that corresponds with state where you provide care to patient and where you are currently licensed. Specify state if not Oregon*);

My physician license Number is # _____ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION); and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

Provider signature: _____ **Date/Time:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____

Central Intake:

Phone: 971-262-9645 (providers only) Fax: 503-346-8058

Please check the appropriate box for the patient's preferred clinic location:

Beaverton

OHSU Knight Cancer Institute
15700 SW Greystone Court
Beaverton, OR 97006
Phone number: 971-262-9000
Fax number: 503-346-8058

NW Portland

Legacy Good Samaritan campus
Medical Office Building 3, Suite 150
1130 NW 22nd Ave
Portland, OR 97210
Phone number: 971-262-9600
Fax number: 503-346-8058

Gresham

Legacy Mount Hood campus
Medical Office Building 3, Suite 140
24988 SE Stark
Gresham, OR 97030
Phone number: 971-262-9500
Fax number: 503-346-8058

Tualatin

Legacy Meridian Park campus
Medical Office Building 2, Suite 140
19260 SW 65th Ave
Tualatin, OR 97062
Phone number: 971-262-9700
Fax number: 503-346-8058

Infusion orders located at: www.ohsuknight.com/infusionorders