

## Physician's Orders

# HYDRATION WITH OPTIONAL ANTIEMETICS - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER

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Defaults for orders not otherwise specified below:

- ☐ Interval: Once  
☐ Interval: Every \_\_\_\_ days  
☐ Interval: PRN every \_\_\_\_days

Duration:

- ☐ Until date: \_\_\_\_\_  
☐ 1 year  
☐ \_\_\_\_\_ # of Treatments

Anticipated Infusion Date \_\_\_\_\_ ICD 10 Code with Description \_\_\_\_\_  
 Height \_\_\_\_\_ (cm) Weight \_\_\_\_\_ (kg) Allergies \_\_\_\_\_

### Site of Service

- ☐ CH Blodgett (GR) ☐ CH Helen DeVos (GR) ☐ CH Ludington ☐ CH Reed City  
☐ CH Gerber ☐ CH Lemmen Holton (GR) ☐ CH Pennock ☐ CH United Memorial  
☐ CH Greenville

### Provider Specialty

- ☐ Allergy/Immunology ☐ Infectious Disease ☐ OB/GYN ☐ Rheumatology  
☐ Cardiology ☐ Internal Med/Family Practice ☐ Other ☐ Surgery  
☐ Gastroenterology ☐ Nephrology ☐ Otolaryngology ☐ Urology  
☐ Genetics ☐ Neurology ☐ Pulmonary ☐ Wound Care

## Appointment Requests

### ☒ Initial Appointment Request (Infusion)

Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Infusion

### ☐ PRN Subsequent Appointment Request (Infusion) – FOR PRN ORDERS ONLY

Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Infusion

## Provider Ordering Guidelines

### ☒ ONC PROVIDER REMINDER 4

When ordering hydration orders for outpatient infusion DO NOT CHANGE the MEDICATION FREQUENCY field to anything other than Continuous, ONCE or PRN. The MEDICATION FREQUENCY is how the patient will receive that medication during the visit.

If you would like the patient to come in on a schedule FOR REPEATED TREATMENT, you should update the INTERVAL in the Therapy plan. This can be done by opening up the medication order and using ORDER SCHEDULE (blue background at top of medication order) and update the INTERVAL.

## Nursing Orders

### ☒ ONC NURSING COMMUNICATION 100

May Initiate IV Catheter Patency Adult Protocol

### ☐ ONC NURSING COMMUNICATION 101 – FOR BARIATRIC HYDRATIONS ONLY

Following are OK to have after surgery:

- Protein shakes
- Sugar free jello
- Sugar free popsicles
- Broth
- Water
- Non-carbonated, caffeine free, < 15 cal beverages

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**NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.**

# HYDRATION WITH OPTIONAL ANTIEMETICS - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER *(CONTINUED)*

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☒ HYPERSENSITIVITY REACTION ADULT ONCOLOGY PROTOCOL S

Until  
discont'd

Routine, Until discontinued Starting when released for 24 hours

HYPERSENSITIVITY REACTIONS:

Discontinue the medication infusion immediately.

Activate emergency response for severe or rapidly progressing symptoms. Where available consider calling RAP and have crash cart available. Call 911 or code team (if applicable) as needed for an absence of pulse and respirations. Refer to site specific emergency response policy.

Stay with patient until symptoms have resolved.

Initiate/Continue Oxygen to maintain SpO2 greater than 90% and discontinue Oxygen Therapy to maintain SpO2 above 90%

For severe or rapidly progressing hypersensitivity reaction symptoms, monitor vital signs and pulse oximeter readings every 2 to 5 minutes until the patient is stable and symptoms resolve.

Document medication infusing and approximate dose received at time of reaction in the patient medical record. Document allergy to medication attributed with causing reaction in patient medical record. Complete Adverse Drug Reaction form per Pharmacy Clinical Policy.

## Hydration - Intermittent infusion/Bolus

- ☐ sodium chloride 0.9% bolus injection 1,000 mL  
1,000 mL, Intravenous, Administer over 60 Minutes, Once, Starting S, For 1 Dose  
Outpatient infusion. Maximum infusion rate 999 mL/hr. (DO NOT USE THIS ORDER IF TOTAL VOLUME OF DOSE IS GREATER THAN 1000 ML)

- ☐ lactated ringers IV Bolus 1,000 mL  
1,000 mL, Intravenous, Administer over 60 Minutes, Once, Starting S, For 1 Dose  
Outpatient infusion. Maximum infusion rate 999 mL/hr. (DO NOT USE THIS ORDER IF TOTAL VOLUME OF DOSE IS GREATER THAN 1000 ML)

- ☐ custom IVPB builder for fluids less than 1,000 mL  
\_\_\_\_\_ mL/hr, Administer over \_\_\_\_\_ minutes, Intravenous, Once, Starting S, For 1 Dose

### Base Solution

- ☐ Dextrose 5% \_\_\_\_\_ mL  
☐ Sodium Chloride 0.9% \_\_\_\_\_ mL

### Additives

- ☐ Potassium Chloride \_\_\_\_\_ mEq  
☐ Sodium Chloride \_\_\_\_\_ mEq  
☐ Calcium Gluconate \_\_\_\_\_ grams  
☐ Magnesium Sulfate \_\_\_\_\_ grams

### Duration

- ☐ 15 minutes  
☐ 30 minutes  
☐ 45 minutes  
☐ 60 minutes

Outpatient infusion. Maximum infusion rate 999 mL/hr. If using the Custom IV builder - you should always select an additive and base. Do not use to order a plain hydration fluid. (DO NOT USE THIS ORDER IF TOTAL VOLUME OF DOSE IS GREATER THAN 1000 ML.)

# HYDRATION WITH OPTIONAL ANTIEMETICS - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER (CONTINUED)

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## Hydration - Continuous/Maintenance

- ☐ sodium chloride 0.9% (NS) infusion  
\_\_\_\_\_ mL/hr, Administer over \_\_\_\_\_ minutes, Intravenous, Continuous, Starting S  
Outpatient infusion. (USE FOR ANY INFUSION ORDER OVER A TOTAL OF 1000 ML OR MAINTENANCE FLUID.)
- ☐ lactated ringers infusion  
\_\_\_\_\_ mL/hr, Administer over \_\_\_\_\_ minutes, Intravenous, Continuous, Starting S  
Outpatient infusion. (USE FOR ANY INFUSION ORDER OVER A TOTAL OF 1000 ML OR MAINTENANCE FLUID.)
- ☐ custom IV infusion builder for fluids more than 1,000 mL  
\_\_\_\_\_ mL/hr, Administer over \_\_\_\_\_ minutes, Intravenous, Continuous, Starting S

### Base Solution

- ☐ Dextrose 5% \_\_\_\_\_ mL
- ☐ Dextrose 10% \_\_\_\_\_ mL
- ☐ Dextrose 5% and sodium chloride 0.2% \_\_\_\_\_ mL
- ☐ Dextrose 5% and sodium chloride 0.45% \_\_\_\_\_ mL
- ☐ Dextrose 5% and sodium chloride 0.9% \_\_\_\_\_ mL
- ☐ Sodium Chloride 0.9% \_\_\_\_\_ mL
- ☐ Sodium Chloride 0.45% \_\_\_\_\_ mL
- ☐ Dextrose 5% and lactated ringers \_\_\_\_\_ mL
- ☐ Lactated Ringers \_\_\_\_\_ mL

### Additives

- ☐ Potassium Chloride \_\_\_\_\_ mEq
- ☐ Sodium Chloride \_\_\_\_\_ mEq
- ☐ Calcium Gluconate \_\_\_\_\_ grams
- ☐ Magnesium Sulfate \_\_\_\_\_ grams

Outpatient Infusion. If using the Custom IV builder - you should always select an additive and base. Do not use to order a plain hydration fluid. (USE FOR ANY INFUSION ORDER OVER A TOTAL OF 1000 ML OR MAINTENANCE FLUID.)



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☐ dexamethasone sod phosphate (DECADRON) injection 8 mg  
8 mg, Intravenous, Once, Starting S, For 1 Dose

<input type="checkbox"/>	thiamine (VITAMIN B1) 100 mg in dextrose 5 % 51 mL IVPB 100 mg, Intravenous, Administer over 30 Minutes, Once, Starting S, For 1 Dose
<input type="checkbox"/>	folic acid 1 mg in dextrose 5 % 100.2 mL IVPB 1 mg, Intravenous, Administer over 30 Minutes, Once, Starting S, For 1 Dose 1 mg/mL = 1,667 mcg DFE/mL (Dietary Folate Equivalents)

☐ Medication with dose: \_\_\_\_\_

☐ Medication with dose: \_\_\_\_\_

	Interval	Duration
<input type="checkbox"/> Lab: _____	Every____days Once	Until date:_____ 1 year _____# of Treatments
<input type="checkbox"/> Lab: _____	Every____days Once	Until date:_____ 1 year _____# of Treatments

**NOTE:** Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

<b>TRANSCRIBED:</b>	<b>VALIDATED:</b>	<b>ORDERED:</b>	
<b>TIME                  DATE</b>	<b>TIME                  DATE</b>	<b>TIME                  DATE</b>	Pager #
Sian	R.N. Sian	Physician Print	Physician Sian