

Physician's Orders ELECTROLYTE REPLACEMENT - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER Page 1 to 2

Defaults for orders not otherwise specified below:

- ☐ Interval: Once
- ☐ Interval: PRN: Every ____ days
- ☐ Interval: Every ____ day

Duration:

- ☐ Until date: ____
- ☐ 1 year
- ☐ ____ # of Treatment

Anticipated Infusion Date__ ICD 10 Code with Description__

Height____ (cm) Weight____ (kg) Allergies__

Site of Service

- | | | | |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> CH Gerber | <input type="checkbox"/> CH Lemmen Holton (GR) | <input type="checkbox"/> CH Pennock | <input type="checkbox"/> CH Greenville |
| <input type="checkbox"/> CH Helen DeVos (GR) | <input type="checkbox"/> CH Ludington | <input type="checkbox"/> CH Reed City | <input type="checkbox"/> CH Zeeland |
| <input type="checkbox"/> CH Blodgett (GR) | | | |

Provider Specialty

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Internal Med/Family Practice | <input type="checkbox"/> Other | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Neurology | <input type="checkbox"/> Pulmonary | <input type="checkbox"/> Wound Care |

Appointment Requests

- ☒ For electrolyte replacement Appointments (Initial Order)
Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Infusion
- ☒ For electrolyte replacement appointments (Subsequent Order) – 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

Nursing Orders

- ☒ **ONC NURSING COMMUNICATION 100**
May Initiate IV Catheter Patency Adult Protocol

- ☒ **Hypersensitivity Reaction Adult Oncology Protocol**

Until
discontinued

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.

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

ELECTROLYTE REPLACEMENT - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER (CONTINUED)

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Electrolyte Replacement: Magnesium

- ☐ **ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 4**
Magnesium serum level = 1.8 to 2.5 mg/dL: No intervention
- ☐ **magnesium sulfate injection 2 g/50mL (Premix)**
2 g, Intravenous, Administer over 60 Minutes (50 ml/hr), Once, Starting S, For 1 Doses
Magnesium serum level = 1.6 to 1.7 mg/dL. Total dose 2 Gm.
- ☐ **magnesium sulfate injection 2 g/50mL (Premix)**
2 g, Intravenous, Administer over 60 Minutes (50 ml/hr), Every 1 hour, Starting S, For 2 Doses
Magnesium serum level = 1.4 to 1.5 mg/dL. Total dose 4 Gm.
- ☐ **magnesium sulfate injection 2 g/50mL (Premix)**
2 g, Intravenous, Administer over 60 Minutes (50 ml/hr), Every 1 hour, Starting S, For 3 Doses
Magnesium serum level = 1.2 to 1.3 mg/dL. Total dose 6 Gm.
- ☐ **magnesium sulfate injection 2 g/50mL (Premix)**
2 g, Intravenous, Administer over 60 Minutes (50 ml/hr), Once, Starting S, For 1 Doses
Magnesium serum level LESS THAN 1.2 mg/dL: Initiate Magnesium Sulfate 2 Gm IVPB ONCE AND notify APP or attending for additional magnesium sulfate supplementation and/or laboratory orders

Electrolyte Replacement: Potassium

- ☐ **ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 5**
Potassium serum level = 3.5 to 4.9 mmol/L: No intervention
- ☐ **ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 5**
Potassium GREATER THAN 5 mmol/L: Notify APP or attending AND release order for 12-lead electrocardiogram
- ☐ **potassium chloride SA (K-DUR, KLOR-CON M) CR tablet 40 mEq**
40 mEq, Oral, Once, Starting S, For 1 Doses
Potassium serum level = 3.3 to 3.4 mmol/L. Give ORAL replacement if patient is able to tolerate PO.
- ☐ **potassium chloride 20 mEq in 100mL bag (Premix)**
20 mEq, Intravenous, Administer 60 Minutes (100 ml/hr), Once, Starting S, For 1 Doses
Use IV route if patient is unable to tolerate oral replacement. Potassium serum level = 3.3 to 3.4 mmol/L. Total dose 20 mEq.
- ☐ **potassium chloride 20 mEq in 100mL bag (Premix)**
20 mEq, Intravenous, Administer 60 Minutes (100 ml/hr), Every 1 hour, Starting S, For 2 Doses
Potassium serum level = 3.1 to 3.2 mmol/L. Total dose 40 mEq.
- ☐ **potassium chloride 20 mEq in 100mL bag (Premix)**
20 mEq, Intravenous, Administer 60 Minutes (100 ml/hr), Every 1 hour, Starting S, For 3 Doses
Potassium serum level 2.8 to 3 mmol/L. Total dose 60 mEq. Check potassium level after completion of infusions.
- ☐ **potassium chloride 20 mEq in 100mL bag (Premix)**
20 mEq, Intravenous, Administer 60 Minutes (100 ml/hr), Once, Starting S, For 1 Doses
For patients with serum potassium level LESS THAN 2.8 mmol/L initiate potassium chloride 20 mEq over 1 hour, notify provider and release order for 12-lead electrocardiogram; release order and collect sample for potassium blood level after completion of infusion.
- ☐ **Electrocardiogram, Complete**
Routine, Hospital Performed, Status: Future, Expected: S, Expires: S+365
- ☐ **Potassium, Blood Level**
Status: Future, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous

Telephone order/Verbal order documented and read-back completed. Practitioner's initials _____

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

TRANSCRIBED: TIME	DATE	VALIDATED: TIME	DATE	ORDERED: TIME	DATE	Pager #
			R.N. Sign		Physician Print	Physician Sign

EPIC VERSION DATE: 07/16/20

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