Defaults for orders not otherwise specified below:
- Interval: Once
- Duration:
  - Once
  - Until date: __________
  - 1 year
- _____# of Treatments

Anticipated Infusion Date_____________ ICD 10 Code with Description______________________________________

Height_____________(cm) Weight____________(kg) Allergies________________________________________

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

Site of Service
- ☐ SH Gerber
- ☐ SH Lemmen Holton (GR)
- ☐ SH Pennock
- ☐ SH United Memorial
- ☐ SH Helen DeVos (GR)
- ☐ SH Ludington
- ☐ SH Reed City
- ☐ SH Zeeland

Appointment Requests
- Infusion Appointment Request
  - 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 TREATEMENT, you should update the INTERVAL in the Therapy plan.

Nursing Orders
- ONC NURSING COMMUNICATION 100
  - May Initiate IV Catheter Patency Adult Protocol

Hydration - Intermittent infusion/Bolus
- sodium chloride 0.9% bolus injection 1,000 mL
  - 1,000 mL, Intravenous, for 60 Minutes, Once, Starting S, For 1 Doses
  - 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, for 60 Minutes, Once, Starting S, For 1 Doses
  - Outpatient infusion. Maximum infusion rate 999 mL/hr. (DO NOT USE THIS ORDER IF TOTAL VOLUME OF DOSE IS GREATER THAN 1000 ML)
HYDRATION WITH OPTIONAL ANTIEMETICS - ADULT, OUTPATIENT, INFUSION CENTER
(CONTINUED)

Page 2 of 3

Hydration - Intermittent infusion/Bolus (continued)

☐ custom IVPB builder for fluids less than 1,000 mL
  Intravenous, Once, Starting S, For 1 Doses
  □ 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
  □ __ 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 - Continuous/Maintenance

☐ sodium chloride 0.9% (NS) infusion
  __________ ml/hr, 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, 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, Intravenous, Continuous, Starting S
  □ 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.)
### Hydration with Optional Antiemetics - Adult, Outpatient, Infusion Center
**Page 3 of 3**

#### Antiemetic Therapy
- **Promethazine (Phenergan)** in dextrose 5% 50 mL IVPB
  - 12.5 mg
  - 25 mg
  - Intravenous, for 15 Minutes, Once, Starting S, For 1 Doses
- **Ondansetron HCl (Zofran)** in sodium chloride 0.9% 50 mL IVPB
  - 4 mg
  - 8 mg
  - 12 mg
  - 16 mg
  - Intravenous, for 15 Minutes, Once, Starting S, For 1 Doses
- **Dexamethasone Sod Phos (Decadron)** injection 8 mg
  - 8 mg, IVP, Once, Starting S, For 1 Doses

#### Additional Antiemetics
- Antiemetic with dose and IV solution:
  - ________________________________

#### Medications
- **Thiamine (Vitamin B1)** 100 mg in dextrose 5% 51 mL IVPB
  - 100 mg, Intravenous, for 30 Minutes, Once, Starting S, For 1 Doses
- **Folic acid 1 mg in dextrose 5% 100.2 mL IVPB**
  - 1 mg, Intravenous, for 30 Minutes, Once, Starting S, For 1 Doses
  - 1 mg/mL = 1,667 mcg DFE/mL (Dietary Folate Equivalents)

---

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.

<table>
<thead>
<tr>
<th>Transcribed:</th>
<th>Validated:</th>
<th>Ordered:</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIME</td>
<td>DATE</td>
<td>TIME</td>
</tr>
<tr>
<td>Sign</td>
<td>R.N. Sign</td>
<td>Physician Print</td>
</tr>
</tbody>
</table>

**EPIC VERSION DATE:** 07/16/20