



(Patient Sticker)



PHYSICIAN ORDER SET :
HYDRATIONS

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Patient: _____ DOB: _____ Gender: _____

Patient Phone #: _____ Height: _____ Weight: _____

Diagnosis: _____ ICD-10 Code: _____

Treatment Start Date: _____

Provider Facility Name: _____ Provider Facility Address: _____

Ordering Provider: _____ Date: _____

Signature: _____

Complete, Sign, and fax this document to: CDH Central Scheduling at 413-582-2183

****Please include H&P/current medications list/allergies, and ensure that med authorizations have been obtained****

Hydrations

	Interval	Defer Until	Duration
<input type="checkbox"/> lactated ringers IV Bolus 500 mL 500 mL, Intravenous, for 30 Minutes, Continuous, Starting S, For 1 Doses	Once		1 treatment
<input type="checkbox"/> lactated ringers IV Bolus 1,000 mL 1,000 mL, Intravenous, for 60 Minutes, Continuous, Starting S, For 1 Doses	Once		1 treatment
<input type="checkbox"/> D5-NS bolus 500 mL 500 mL, Intravenous, for 30 Minutes, Continuous, Starting S, For 1 Doses	Once		1 treatment
<input type="checkbox"/> D5-NS bolus 1,000 mL 1,000 mL, Intravenous, for 60 Minutes, Continuous, Starting S, For 1 Doses	Once		1 treatment
<input type="checkbox"/> D5-1/2 NS bolus 500 mL 500 mL, Intravenous, for 30 Minutes, Continuous, Starting S, For 1 Doses	Once		1 treatment
<input type="checkbox"/> D5-1/2 NS bolus 1,000 mL 1,000 mL, Intravenous, for 60 Minutes, Continuous, Starting S, For 1 Doses	Once		1 treatment
<input type="checkbox"/> D5W bolus 500 mL 500 mL, Intravenous, for 30 Minutes, Continuous, Starting S, For 1 Doses	Once		1 treatment
<input type="checkbox"/> D5W bolus 1,000 mL 1,000 mL, Intravenous, for 60 Minutes, Continuous, Starting S, For 1 Doses	Once		1 treatment
<input type="checkbox"/> sodium chloride 0.9% bolus 500 mL 500 mL, Intravenous, for 30 Minutes, Continuous, Starting S, For 1 Doses	Once		1 treatment
<input type="checkbox"/> sodium chloride 0.9% bolus 1,000 mL 1,000 mL, Intravenous, for 60 Minutes, Continuous, Starting S, For 1 Doses	Once		1 treatment



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Labs

	Interval	Defer Until	Duration
<input type="checkbox"/> CBC Routine, Once, Starting S For 1 Occurrences, CBC includes: HCT, HGB, WBC, RBC, MCV, MCH, MCHC, PLT.	Once		1 treatment
<input type="checkbox"/> BUN Routine, Once, Starting S For 1 Occurrences	Once		1 treatment
<input type="checkbox"/> Creatinine, random urine Routine, Once, Starting S For 1 Occurrences	Once		1 treatment
<input type="checkbox"/> Urinalysis Routine, Once, Starting S For 1 Occurrences, *Except NWH* Urinalysis sediments are performed on all urines that have positive findings (blood, WBC, or protein) on the chemical urinalysis. Urine sediment does not need to be ordered separately.	Once		1 treatment
<input type="checkbox"/> C-reactive protein, high sensitivity Routine, Morning draw, Starting S with First Occurrence As Scheduled For 1 Occurrences	Once		1 treatment
<input type="checkbox"/> Sedimentation rate (ESR) Routine, Once, Starting S For 1 Occurrences	Once		1 treatment
<input type="checkbox"/> PTT Routine, Once, Starting S For 1 Occurrences	Once		1 treatment
<input type="checkbox"/> Comprehensive metabolic panel Routine, Once, Starting S For 1 Occurrences, consists of the following tests: Na, K, Cl, CO2, BUN, Glucose, Creatinine, Calcium, Albumin, Alkaline Phosphatase, Total Bilirubin, Total Protein, ALT, and AST	Once		1 treatment
<input type="checkbox"/> PT-INR Routine, Once, Starting S For 1 Occurrences	Once		1 treatment
<input type="checkbox"/> Glucose Routine, Once, Starting S For 1 Occurrences	Once		1 treatment
<input type="checkbox"/> CPK (creatine kinase) Routine, Once, Starting S For 1 Occurrences	Once		1 treatment
<input type="checkbox"/> Alanine aminotransferase (ALT) Routine, Once, Starting S For 1 Occurrences	Once		1 treatment
<input type="checkbox"/> Aspartate aminotransferase (AST) Routine, Once, Starting S For 1 Occurrences	Once		1 treatment
<input type="checkbox"/> Bilirubin, total Routine, Once, Starting S For 1 Occurrences	Once		1 treatment

Catheter management

	Interval	Defer Until	Duration
<input type="checkbox"/> Line Access Routine, Once, Starting S For 1 Occurrences, As needed. Starting when released. Until Specified. <i>Insert peripheral IV, or access peripheral, or central venous access device, to provide treatment.</i>	PRN		Until discont'd
<input type="checkbox"/> alteplase (CATHFLO) 1 mg/mL injection 2 mg 2 mg, Intracatheter, As needed, line care, For central venous access device requiring clearance. Administer per institutional guidelines. May repeat once per lumen., Starting S	PRN		Until discont'd
<input type="checkbox"/> lidocaine-prilocaine (EMLA) cream Topical, As needed, pre procedure/treatment, Apply prior to the PIV insertion or port access, Starting S	PRN		Until discont'd
<input type="checkbox"/> heparin 100 units/mL flush 5 mL 5 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd



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Catheter management (continued)

	Interval	Defer Until	Duration
<input type="checkbox"/> heparin 10 units/mL flush 3 mL 3 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
<input type="checkbox"/> heparin 10 units/mL flush 5 mL 5 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
<input type="checkbox"/> heparin 1000 units/mL flush 2 mL 2 mL, Intracatheter, As needed, line care, APHERESIS LINE CARE ONLY per institutional policy. HEPARIN MUST BE WITHDRAWN FROM EACH LUMEN PRIOR TO FLUSHING OR INFUSING THROUGH THE APHERESIS CATHETER, Starting S	PRN		Until discont'd
<input type="checkbox"/> sodium chloride (NS) 0.9 % syringe flush 3 mL 3 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
<input type="checkbox"/> sodium chloride (NS) 0.9 % syringe flush 10 mL 10 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
<input type="checkbox"/> sodium chloride (NS) 0.9 % syringe flush 20 mL 20 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
<input type="checkbox"/> sodium chloride 0.9% infusion 20 mL/hr, Intravenous, Continuous PRN, other (free text field), Keep vein open to provide treatment, Starting S	PRN		Until discont'd
<input type="checkbox"/> D5W infusion 20 mL/hr, Intravenous, Continuous PRN, other (free text field), Keep vein open to provide treatment, Starting S	PRN		Until discont'd

Emergency Medications

	Interval	Defer Until	Duration
<input type="checkbox"/> Provider and Nurse Communication Routine, Until discontinued, Starting S, Treatment of SEVERE reaction (ANAPHYLAXIS): hypotension, throat swelling, wheezing, respiratory distress, or decreased oxygen saturation. Stop the infusion and treat with epinephrine FIRST. Notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering adjunct HYPERSENSITIVITY medications as clinically indicated.	PRN		Until discont'd
<input type="checkbox"/> EPINEPHrine injection 0.3 mg 0.3 mg, Intramuscular, As needed, anaphylaxis, Administer FIRST for anaphylaxis. May repeat times 1 dose, Starting S <i>For 2 doses. Pharmacy's Suggested Dose Instructions; Epinephrine 1:1000 is equivalent to 1 mg/mL</i>	PRN		Until discont'd
<input type="checkbox"/> sodium chloride 0.9% bolus 1,000 mL 1,000 mL, Intravenous, Once as needed, other (free text field), For hypotension, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> Oxygen Therapy - Non-Rebreather Routine <i>Select a Mode of Therapy: Non-Rebreather</i>	PRN		Until discont'd
<input type="checkbox"/> Tryptase STAT, Once, Starting S For 1 Occurrences <i>Collect for mild-moderate, or SEVERE reaction</i>	PRN		Until discont'd

Hypersensitivity

	Interval	Defer Until	Duration
<input type="checkbox"/> Provider and Nurse Communication Routine, Until discontinued, Starting S For Until specified, Treatment for mild-moderate infusion reaction: Stop the infusion, notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering medications as clinically indicated. If ANAPHYLAXIS reaction, refer to Emergency Medications section.	PRN		Until discont'd
<input type="checkbox"/> albuterol (ACCUNEB) nebulizer solution 2.5 mg 2.5 mg, Nebulization, Once as needed, shortness of breath, wheezing, wheezing, shortness of breath, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> acetaminophen (TYLENOL) tablet 975 mg 975 mg, Oral, Once as needed, fever, Starting S, For 1 Doses	PRN		Until discont'd



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Hypersensitivity (continued)

	Interval	Defer Until	Duration
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection 25 mg 25 mg, Intravenous, As needed, itching, itching, hives. Begin with 25 mg. If patient has continued reaction, administer additional 25 mg, Starting S	PRN		Until discont'd
<input type="checkbox"/> famotidine (PEPCID) injection 20 mg 20 mg, Intravenous, Once as needed, other (free text field), Adjunct treatment for mild-moderate, or SEVERE reaction Hold if: given as premed, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> cetirizine (ZyrTEC) tablet 10-20 mg 10-20 mg, Oral, Once as needed, allergies, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting S, For 1 Doses <i>HOLD IF giving fexofenadine.</i>	PRN		Until discont'd
<input type="checkbox"/> fexofenadine (ALLEGRA) tablet 90-180 mg 90-180 mg, Oral, Once as needed, allergies, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting S, For 1 Doses <i>HOLD IF giving cetirizine.</i>	PRN		Until discont'd
<input type="checkbox"/> methylprednisolone sodium succinate (SOLU-Medrol) IV 40 mg 40 mg, Intravenous, Once as needed, other (free text field), Adjunct treatment for mild-moderate, or SEVERE reaction, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> ondansetron (ZOFRAN) injection 4 mg 4 mg, Intravenous, As needed, nausea, vomiting, may repeat x 1 dose, Starting S, For 2 Doses	PRN		Until discont'd