



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, Administer over 30 Minutes, Continuous, Starting at treatment time	Once		1 treatment
<input type="checkbox"/> lactated ringers IV Bolus 1,000 mL 1,000 mL, Intravenous, Continuous, Starting at treatment start time, For 1 hour	Once		1 treatment
<input type="checkbox"/> D5-NS bolus 500 mL 500 mL, Intravenous, Administer over 30 Minutes, Continuous, Starting at treatment start time	Once		1 treatment
<input type="checkbox"/> D5-NS bolus 1,000 mL 1,000 mL, Intravenous, Continuous, Starting at treatment start time, For 1 hour	Once		1 treatment
<input type="checkbox"/> D5-1/2 NS bolus 500 mL 500 mL, Intravenous, Administer over 30 Minutes, Continuous, Starting at treatment start time	Once		1 treatment
<input type="checkbox"/> D5-1/2 NS bolus 1,000 mL 1,000 mL, Intravenous, Continuous, Starting at treatment start time, For 1 hour	Once		1 treatment
<input type="checkbox"/> D5W bolus 500 mL 500 mL, Intravenous, Administer over 30 Minutes, Continuous, Starting at treatment start time	Once		1 treatment
<input type="checkbox"/> D5W bolus 1,000 mL 1,000 mL, Intravenous, Continuous, Starting at treatment start time, For 1 hour	Once		1 treatment
<input type="checkbox"/> sodium chloride 0.9% bolus 500 mL 500 mL, Intravenous, Administer over 30 Minutes, at 1,000 mL/hr, Continuous, Starting at treatment start time	Once		1 treatment
<input type="checkbox"/> sodium chloride 0.9% bolus 1,000 mL 1,000 mL, Intravenous, Continuous, Starting at treatment start time, For 1 hour	Once		1 treatment

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Labs

	Interval	Defer Until	Duration
<input type="checkbox"/> CBC Routine, Once, Starting when released	Once		1 treatment
<input type="checkbox"/> BUN Routine, Once, Starting when released	Once		1 treatment
<input type="checkbox"/> Creatinine, random urine Routine, Once, Starting when released	Once		1 treatment
<input type="checkbox"/> Urinalysis Routine, Once, Starting when released	Once		1 treatment
<input type="checkbox"/> Sedimentation rate (ESR) Routine, Once, Starting when released	Once		1 treatment
<input type="checkbox"/> PTT Routine, Once, Starting when released	Once		1 treatment
<input type="checkbox"/> Comprehensive metabolic panel Routine, Once, Starting when released			1 treatment
<input type="checkbox"/> C-Reactive Protein Routine, Once, Starting when released	Once		1 treatment
<input type="checkbox"/> PT-INR Routine, Once, Starting when released	Once		1 treatment
<input type="checkbox"/> Glucose Routine, Once, Starting when released	Once		1 treatment
<input type="checkbox"/> CPK (creatine kinase) Routine, Once, Starting when released	Once		1 treatment
<input type="checkbox"/> Alanine aminotransferase (ALT) Routine, Once, Starting when released	Once		1 treatment
<input type="checkbox"/> Aspartate aminotransferase (AST) Routine, Once, Starting when released	Once		1 treatment
<input type="checkbox"/> Bilirubin, total Routine, Once, Starting when released	Once		1 treatment

Routine,
Alkaline

Routine,

Routine,

Catheter management

	Interval	Defer Until	Duration
<input type="checkbox"/> Line Access Routine, Once, 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, Starting when released. For central venous access device requiring clearance. May repeat once per lumen. For patient greater than 30 kg: 2mg in 2 ML using a 10 mL syringe. For patients less than or equal to 30 kg: instill a volume equal to 110% of the internal lumen of CVAD, not to exceed 2 mg in 2 mL.	PRN		Until discont'd
<input type="checkbox"/> lidocaine-prilocaine (EMLA) cream Topical, As needed, apply prior to the PIV insertion or port access. Starting when released. For TOPICAL Use only. Allow at least 1 hour (mild dermal procedures) or at least 2 hours (major dermal procedures) for optimum therapeutic effect.	PRN		Until discont'd

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Catheter management (continued)

	Interval	Defer Until	Duration
<input type="checkbox"/> heparin 100 units/mL flush 5 mL 5 mL, Intravenous, As needed, line care, Starting when released	PRN		Until discont'd
<input type="checkbox"/> heparin 10 units/mL flush 3 mL 3 mL, Intravenous, As needed, line care, Starting when released	PRN		Until discont'd
<input type="checkbox"/> heparin 10 units/mL flush 5 mL 5 mL, Intravenous, As needed, line care, Starting when released	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. HEPARIN MUST BE WITHDRAWN FROM EACH LUMEN PRIOR TO FLUSHING OR INFUSING THROUGH THE APHERESIS CATHETER, Starting when released	PRN		Until discont'd
<input type="checkbox"/> sodium chloride (NS) 0.9 % syringe flush 3 mL 3 mL, Intravenous, As needed, line care, Starting when released	PRN		Until discont'd
<input type="checkbox"/> sodium chloride (NS) 0.9 % syringe flush 10 mL 10 mL, Intravenous, As needed, line care, Starting when released	PRN		Until discont'd
<input type="checkbox"/> sodium chloride (NS) 0.9 % syringe flush 20 mL 20 mL, Intravenous, As needed, line care, Starting when released	PRN		Until discont'd
<input type="checkbox"/> sodium chloride 0.9% infusion 20 mL/hr, Intravenous, Continuous PRN, Keep vein open to provide treatment, Starting when released, For 24 hours	PRN		Until discont'd
<input type="checkbox"/> D5W infusion 20 mL/hr, Intravenous, Continuous PRN, Keep vein open to provide treatment, Starting when released, For 24 hours	PRN		Until discont'd

Emergency Medications

	Interval	Defer Until	Duration
<input type="checkbox"/> Provider and Nurse Communication Routine, Until discontinued, Starting when released, Until Specified 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 when released For 2 doses. Pharmacy's Suggested Dose Instructions; Epinephrine 1:1000 is equivalent to 1 mg/mL	PRN		Until discont'd
<input type="checkbox"/> sodium chloride 0.9% bolus 1,000 mL 1,000 mL, Intravenous, Once as needed, Hypotension, Starting when released, For 1 dose	PRN		Until discont'd
<input type="checkbox"/> Oxygen Therapy - Non-Rebreather Routine Select a Mode of Therapy: Non-Rebreather Titrate Oxygen and use the most appropriate device to maintain Target Oxygen saturation during Activity/Titration: Yes Min SpO2 (%): 94	PRN		Until discont'd

Hypersensitivity

	Interval	Defer Until	Duration
<input type="checkbox"/> Provider and Nurse Communication Routine, Until discontinued, Starting when released, 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, wheezing, shortness of breath, Starting when released, For 1 Dose	PRN		Until discont'd
<input type="checkbox"/> acetaminophen (TYLENOL) tablet 975 mg 975 mg, Oral, Once as needed, fever, Starting at treatment start time, For 1 Dose	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, hives or adjunct treatment for mild-moderate, or SEVERE reaction, Starting when released, For 2 doses. Begin with 25 mg. If patient has continued reaction, administer additional 25 mg	PRN		Until discont'd
<input type="checkbox"/> methylprednisolone sodium succinate (PF) (SOLU-Medrol) injection 40 mg 40 mg, Intravenous, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting when released, For 1 dose To be administered along with H1 antihistamine and methylprednisolone. HOLD IF: given as a premed.	PRN		Until discont'd
famotidine (PEPCID) 20 mg in sodium chloride 0.9% 100 mL IVPB 20 mg, Intravenous, Administer over 15 Minutes, at 400 mL/hr, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting when released, For 1 dose To be administered along with H1 antihistamine and methylprednisolone. HOLD IF: given as premed.	PRN		Until discont'd
<input type="checkbox"/> ondansetron (ZOFTRAN) injection 4 mg 4 mg, Intravenous, As needed, nausea, vomiting, may repeat x 1 dose, Starting S, For 2 Doses	PRN		Until discont'd
<input type="checkbox"/> cetirizine (ZyrTEC) tablet 10 mg 10 mg Oral, Once as needed, Adjunct treatment for mild-moderate or SEVERE reaction, Starting at treatment start time, For 1 dose If patient unable to tolerate cetirizine, administer fexofenadine if available. HOLD IF: given fexofenadine.	PRN		Until discont'd
<input type="checkbox"/> fexofenadine (ALLEGRA) tablet 180 mg 180 mg, Oral, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting at treatment start time, For 1 dose Administer only if unable to tolerate cetirizine. HOLD IF: given cetirizine.	PRN		Until discont'd