

HYDRATION ORDER FORM

****REQUIRED INFORMATION****

Patient demographics & insurance information This signed order form from the provider
 Recent labs and notes if available

Patient Name: _____ DOB: _____

Allergies: NKDA _____ Phone: _____

HISTORY

Renal Impairment Diabetes
 Congestive Heart Failure E_f% _____ Other Cardiac History: _____
 Other History: _____

DIAGNOSIS

Dehydration (276.51) Gastroenteritis (558.9)
 Nausea/Vomiting (787.01) Electrolyte Imbalance (276.9)
 Hyperemesis of Pregnancy (643.10) Other: _____

FLUID

Normal Saline D5 .45NS – (D5 – .45 Normal Saline)
 .45 Normal Saline D5 Lactated Ringers
 D5 – (5% Dextrose) Lactated Ringers
 D5NS – (D5 Normal Saline) Other: _____

VOLUME

1 Liter (1000ml)
 2 Liters (2000ml)
 Other: _____

ADDITIONAL IV MEDICATIONS

Zofran IVP 4mg 8mg
 Reglan IV 10mg-100ml NS

RATE OF ADMINISTRATION

Bolus, as tolerated
 Over 1 hour
 Over 2 hours
 Over _____ hour(s)

FREQUENCY

One infusion only
 Every day for _____ days
 Other

Physician Name _____ Phone _____ Fax _____
Signature _____ Date _____