LEGACY HEALTH	**Legacy Day Treatment Unit Provider's Orders** Adult Ambulatory Infusion Order HYDRATION FOR HYPEREMESIS GRAVIDARUM	**Patient Name:** **Date of Birth:** **Med. Rec. No** (TVC MRN Only):
ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE		

Anticipated Start Date: _____ **Patient to follow up with provider on date:** _____

*****This plan will expire after 365 days, unless otherwise specified below*****
Orders expire: _____

Weight: _____kg **Height:** _____cm

Allergies: _____

Diagnosis: _____

Diagnosis Code: _____ (please include primary and secondary diagnosis codes)

GUIDELINES FOR PRESCRIBING:

1. Send **FACE SHEET, INSURANCE CARD and most recent provider chart or progress note.**
2. Please specify base fluid, additives, total volume, and rate.

LABS COMPLETED: _____

LABS TO BE DRAWN (orders must be placed in TVC Epic by ordering provider if TVC provider):

- ☐ CMP, Routine, ONCE, every _____(visit)(days)(weeks)(months) **Circle one**
- ☐ CBC with differential, Routine, ONCE, every _____(visit)(days)(weeks)(months) **Circle one**
- ☐ Urine Dipstick, Ketones, ONCE, every _____(visit)(days)(weeks)(months) **Circle one**
  (Note: Ketone testing is not available at the Legacy Day Treatment Unit at TVC)
- ☐ Other: _____

NURSING ORDERS (TREATMENT PARAMETERS):

1. TREATMENT PARAMETER – Notify provider if urine ketones are greater than trace or orthostatic blood pressure changes are greater than 20 mmHg after 3 liters of IV hydration.

MEDICATIONS:

Bag 1:

Base: ***(must check one)***

- ☐ D5LR (Dextrose 5% - Lactated Ringers)
- ☐ LR (Lactated Ringers)
- ☐ D5-1/2NS (Dextrose 5% - sodium chloride 0.45%)
- ☐ NS (sodium chloride 0.9%)

Additives:

- ☐ Folic acid 1 mg
- ☐ Multivitamin (adult, with vitamin K), 10 mL, infuse over at least 2 hours
- ☐ Potassium chloride _____ mEq/L (max dose is 40 mEq in 1 liter), infusion rate is 10 mEq/hr

Total Volume: ***(must check one)***

- ☐ 250 mL
- ☐ 500 mL
- ☐ 1000 mL
- ☐ _____ mL

Rate: ***(must check one)***

- ☐ 250 mL/hr
- ☐ 500 mL/hr
- ☐ 1000 mL/hr
- ☐ 2000 mL/hr
- ☐ _____ mL/hr

Interval: ***(must check one)***

- ☐ ONCE
- ☐ Every visit
- ☐ Repeat every _____ days for x _____ doses
- ☐ Repeat every _____ weeks for x _____ doses
- ☐ Other: _____

<u>Bag 2:</u> (additional hydration)

Base: ***(must check one)***

- ☐ D5LR (Dextrose 5% - Lactated Ringers)
- ☐ LR (Lactated Ringers)
- ☐ D5-1/2NS (Dextrose 5% - sodium chloride 0.45%)
- ☐ NS (sodium chloride 0.9%)

Total Volume: ***(must check one)***

- ☐ 250 mL
- ☐ 500 mL
- ☐ 1000 mL
- ☐ _____ mL

Rate: ***(must check one)***

- ☐ 250 mL/hr
- ☐ 500 mL/hr
- ☐ 1000 mL/hr
- ☐ 2000 mL/hr
- ☐ _____ mL/hr

Interval: ***(must check one)***

- ☐ Every visit with bag 1
- ☐ Other: _____

AS NEEDED MEDICATIONS:

Antiemetics (administered in sequence below unless otherwise specified)

- ☐ ondansetron (ZOFRAN) injection 4 mg, IV, AS NEEDED, x 1 dose for nausea/vomiting, give first
- ☐ prochlorperazine (COMPAZINE) injection 5 mg, IV, AS NEEDED, x 1 dose for nausea/vomiting, give second
- ☐ metoclopramide (REGLAN) injection 10 mg, IV, AS NEEDED x1 dose for nausea/vomiting, give third

Alternative sequence of administration: _____

Histamine (H_2) blockers

- ☐ famotidine (PEPCID) 20 mg, IV, AS NEEDED x 1 dose for heartburn/indigestion

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Please check the appropriate box for the patient's preferred clinic location:

☐ **Legacy Day Treatment Unit – The Vancouver Clinic Building**
A department of Salmon Creek Medical Center
700 NE 87th Avenue, Suite 360
Vancouver, WA 98664
Phone number: 360-896-7070
Fax number: 360-487-5773

☐ **Legacy Salmon Creek Day Treatment Unit**
Legacy Salmon Creek Medical Center
2121 NE 139th Street, Suite 110
Vancouver, WA 98686
Phone number: 360-487-1750
Fax number: 360-487-5773

☐ **Legacy Woodburn STEPS Clinic**
A department of Silverton Medical Center
Legacy Woodburn Health Center
1475 Mt Hood Ave
Woodburn, OR 97071
Phone number: 503-982-1280
Fax number: 503-225-8723

☐ **Legacy Emanuel Day Treatment Unit**
A department of Emanuel Medical Center
501 N Graham Street, Suite 540
Portland, OR 97227
Phone number: 503-413-4608
Fax number: 503-413-4887

☐ **Legacy Silverton STEPS Clinic**
Legacy Silverton Medical Center
342 Fairview Street
Silverton, OR 97381
Phone number: 503-873-1670
Fax number: 503-874-2483

Provider signature: _____ **Date/Time:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____

Organization/Department: _____