 LEGACY HEALTH	Legacy Day Treatment Unit Provider's Orders Adult Ambulatory Infusion Order Saline Challenge Test	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:** _____

GUIDELINES FOR ORDERING:

1. Send **FACE SHEET and H&P or most recent chart note.**
2. For testing patients with suspected hyperaldosteronism.
3. Exclusion criteria:
 - Potassium level LESS than 3.5 mmol/L
 - Blood pressure GREATER than or EQUAL to 160/90 mmHg

LABS:


- ☐ Basic Metabolic Set, Routine, ONCE
- ☐ Renin (plasma), Routine, ONCE. Draw baseline while patient is supine.
- ☐ Aldosterone (serum), Routine, ONCE. Draw baseline while patient is supine.
- ☐ Renin (plasma), Routine, ONCE. Draw post infusion while patient is supine.
- ☐ Aldosterone (serum), Routine, ONCE. Draw post infusion while patient is supine.

NURSING ORDERS:

1. TREATMENT PARAMETER - Prior to testing, check potassium level. Notify MD and postpone testing if potassium level is less than 3.5 mmol/L.
2. Draw baseline renin and aldosterone while patient is supine.
3. Infuse 2 liters of Normal Saline over 4 hours while patient is supine (may get up to go to the bathroom).
4. TREATMENT PARAMETER - Check blood pressure every 30 minutes. Call MD if blood pressure is GREATER than or EQUAL to 160/90 mmHg.
5. Draw post infusion renin and aldosterone while the patient is supine.
6. Nursing communication order, every visit: Manage line per LH policy 904.4007 IV Catheter Insertion (Peripheral) and LH 904.4004 IV Access: Central Catheters.

MEDICATIONS:

sodium chloride 0.9 %, 2 L, intravenous, ONCE over 4 hours while patient is supine (may get up to go to the bathroom).

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

- | | |
|---|---|
| <input type="checkbox"/> Legacy Day Treatment Unit –
The Vancouver Clinic Building
<i>A department of Salmon Creek Medical Center</i>
700 NE 87 th Avenue, Suite 360
Vancouver, WA 98664
Phone number: 360-896-7070
Fax number: 360-487-5773 | <input type="checkbox"/> Legacy Emanuel Day Treatment Unit
<i>A department of Emanuel Medical Center</i>
501 N Graham Street, Suite 540
Portland, OR 97227
Phone number: 503-413-4608
Fax number: 503-413-4887 |
| <input type="checkbox"/> Legacy Salmon Creek Day Treatment Unit
Legacy Salmon Creek Medical Center
2121 NE 139 th Street, Suite 110
Vancouver, WA 98686
Phone number: 360-487-1750
Fax number: 360-487-5773 | <input type="checkbox"/> Legacy STEPS Clinic
<i>A department of Silverton Medical Center</i>
Legacy Woodburn Health Center
1475 Mt Hood Ave
Woodburn, OR 97071
Phone number: 503-982-1280
Fax number: 503-225-8723 |

Provider Signature: _____ **Date:** _____

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

Contact name/number for questions: _____