

# HYPEREMESIS GRAVIDARUM HYDRATION ORDERS

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender:  M  F

Phone \_\_\_\_\_

PATIENT WEIGHT

DIAGNOSIS: *Please provide IDC-10 Code*

\_\_\_\_\_

\_\_\_\_\_ LBS

\_\_\_\_\_ KG

## IV HYDRATION:

### PROVIDER TO SELECT:

#### FLUID

0.9% Normal Saline

Other: \_\_\_\_\_

#### VOLUME

1 Liter (1000ml)

2 Liters (2000ml)

Other: \_\_\_\_\_

#### FREQUENCY

One time Dose

\_\_\_\_\_ times/week

Other \_\_\_\_\_

#### RATE OF INFUSION

Over 1 hour

Over 2 hours

Over \_\_\_\_\_ hours

## ADDITIVES / ADDITIONAL MEDICATIONS

Folic Acid 1mg (add to IV fluids)

Magnesium Sulfate 2 grams (added to IV fluids)

Potassium Chloride 20mEq (in 1000ml of 0.9% Normal Saline)

Thiamine 100mg (added to IV fluids)

MVI (Infuvite) 10ml (added to IV fluids)

Zofran 4mg IVP

Zofran 8mg IVP

*Emergency Medications and Treatment per Specialty Infusion Center Anaphylaxis Policy*

### Nursing Orders

- Assess patient prior to each infusion
- Provide patient/caregiver education related to disease process, therapy, infection control, drug use, side effects and precautions, emergency plan
- Weigh patient every visit and record
- Monitor vital signs initially and throughout infusion per manufacturer recommendations
- Establish and maintain IV access / may use central venous access if appropriate and maintain per Specialty Infusion Center policy
- Flush IV with 3ml-5ml of saline before and after every IV medication and PRN
- Administer infusion medication/injection as ordered
- If mild itching, slow down the infusion and monitor patient closely
- If anaphylactic reaction, stop infusion, implement emergency medications, and plan and call 911
- When infusion complete, flush IV with 3ml to 5ml saline flush or 50ml bag of saline and discontinue IV per INS Standards
- Evaluate effectiveness of infused therapy on disease process
- Lab work per physician when ordered

### ORDERING PROVIDER:

Signature \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date \_\_\_\_\_

Practice \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

NPI # \_\_\_\_\_

\*\*\*PLEASE FAX COMPLETED ORDER TO SPECIALTY INFUSION CENTER 231-600-7058\*\*\*