

MIGRAINE HYDRATION ORDERS

Patient Name _____ DOB _____ Gender: M F

Phone _____

PATIENT WEIGHT

DIAGNOSIS: *Please provide IDC-10 Code*

_____ LBS

_____ KG

**IV HYDRATION:
PROVIDER TO SELECT:**

Lactated Ringers 1000mL

0.9% Sodium Chloride 1000mL

Lactated Ringers 2000 mL

0.9% Sodium Chloride 2000mL

IV MEDICATIONS/ADDITIVES:

None

Reglan _____ mg

Magnesium Sulfate _____ gm

Other _____

Promethazine _____ mg

Ketorolac _____ mg

Ondansetron _____ mg

Emergency Orders and Treatment per Specialty Infusion Center Anaphylaxis Policy

FREQUENCY:

ONCE

OTHER _____

NOTES:

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*****