ADULT AMBULATORY INFUSION ORDER

Hydration for
Hyperemesis Gravidarum

Weight: ______________kg  Height: ______________cm
Allergies: ____________________________________________

Diagnosis Code: ________________________________________

Treatment Start Date: __________  Patient to follow up with provider on date: ______________

**This plan will expire after 365 days at which time a new order will need to be placed**

GUIDELINES FOR ORDERING
1. Send FACE SHEET and H&P or most recent chart note.
2. Please specify base fluid, additives, total volume, and rate.

LABS COMPLETED: ____________________________

ADDITIONAL LABS:
☐ 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

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 at least over 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)  Rate: (must check one)
☐ 250 mL  ☐ 250 mL/hr
☐ 500 mL  ☐ 500 mL/hr
☐ 1000 mL  ☐ 1000 mL/hr
☐ _________ mL  ☐ _________ mL/hr

Interval: (must check one)
☐ ONCE
☐ Every visit
☐ Repeat every ___ days for x ________ doses
☐ Repeat every ___ weeks for x ________ doses
☐ Other: ____________________________
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Bag 2: (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
- _______ mL/hr

Interval: (must check one)
- Every visit with bag 1
- Other: ____________________________

AS NEEDED MEDICATIONS:

Antiemetics:
- metoclopramide (REGLAN) injection 10 mg, IV, AS NEEDED x 1 dose for nausea/vomiting
- ondansetron (ZOFTRAN) injection 4 mg, IV, AS NEEDED, x 1 dose for nausea/vomiting
- promethazine (PHENERGAN) 12.5 mg, IV, AS NEEDED for nausea/vomiting

Histamine (H₂) blockers
- famotidine (PEPCID) 20 mg, IV, AS NEEDED x 1 dose
- Cimetidine HCl (TAGAMET) 300 mg IV, AS NEEDED x 1 dose, over 15-20 minutes

By signing below, I represent the following:
I am responsible for the care of the patient (who is identified at the top of this form);
I hold an active, unrestricted license to practice medicine in: ☐ Oregon ☐ __________________ (check box that corresponds with state where you provide care to patient and where you are currently licensed. Specify state if not Oregon);

My physician license Number is # ______________________ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION); and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

Provider signature: __________________________ Date/Time: ______________________
Printed Name: __________________________ Phone: __________________ Fax: ____________
OLC Central Intake Nurse:

Phone: 971-262-9645 (providers only) Fax: 503-346-8058

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

☐ Beaverton
OHSU Knight Cancer Institute
15700 SW Greystone Court
Beaverton, OR 97006
Phone number: 971-262-9000
Fax number: 503-346-8058

☐ NW Portland
Legacy Good Samaritan campus
Medical Office Building 3, Suite 150
1130 NW 22nd Ave.
Portland, OR 97210
Phone number: 971-262-9600
Fax number: 503-346-8058

☐ Gresham
Legacy Mount Hood campus
Medical Office Building 3, Suite 140
24988 SE Stark
Gresham, OR 97030
Phone number: 971-262-9500
Fax number: 503-346-8058

☐ Tualatin
Legacy Meridian Park campus
Medical Office Building 2, Suite 140
19260 SW 65th Ave.
Tualatin, OR 97062
Phone number: 971-262-9700
Fax number: 503-346-8058

Infusion orders located at: www.ohsuknight.com/infusionorders