



Oregon Medical Group Infusion Center

1007 Harlow Road, Springfield, Oregon 97477

Phone: 541-741-0387 Fax: 541-242-4634

Hydration Orders

Name: _____ DOB: _____

Diagnosis/Indication: _____ ICD-10 Code: _____

1. Vital signs: Initial, PRN
2. Peripheral IV site with saline lock, may use existing port-a-cath or PICC line if available.

One time only Standing orders, frequency _____

FLUIDS:

0.9% Sodium Chloride IV _____ mL over _____ hours via pump

Lactated Ringer's IV _____ mL over _____ hours via pump

Other _____

ANTIEMETICS (optional):

Ondansetron 4 mg IV once

Ondansetron 8 mg IV once

Other _____

3. For infusion reaction (**Must select one if ondansetron ordered**)

Acute Infusion Reaction Protocol

Other _____

Provider Signature: _____ Date: _____

(NO PROVIDER STAMPS)

(Orders expire after 365 days)

Provider's Printed Name: _____ Time: _____