



IV Hydration Order

Patient Name: _____ DOB: _____

Patient Address: _____

Diagnosis: _____

IV Hydration:

- Normal Saline (0.9% sodium chloride)
- 1/2 Normal Saline
- Lactated Ringers
- Dextrose 5% in Water
- Other: _____

A Standard Protocols:

- 1000mL over 2-4 hours
- 500mL over 1-2 hours

OR

B Hydration Volume:

- 500mL (min 1 hour infusion)
- 1000mL (min 2 hour infusion)

Hydration Rate:

Over _____ hours

Hydration Duration:

- Until Further Notice
- Thru (provide end of therapy date):

Line Orders:

- Peripheral Line: SN to start and maintain PIV per protocol
- Port: SN to access and maintain port per protocol
- PICC/TAC/Midline: SN to maintain line per protocol

Discontinued Orders:

- SN to DC PIV at end of therapy
- SN to deaccess port at end of therapy
- SN to pull PICC at end of therapy
- Pharmacist to call MD prior to d/c
- Other: _____

Additional Orders:

Insurance Info: Medicare Other ID#

Physician Name: _____ NPI: _____

Address: _____

Phone: _____ Fax: _____

Physician Signature: _____ Date: _____