Mass General Brigham
Cooley Dickinson Hospital

(Patient Sticker)

PHYSICIAN ORDER SET :
HYDRATIONS

Patient: _____ DOB: _____ Gender: _____

Patient Phone #: _____ Height: _____ Weight: _____

Diagnosis: _____ ICD-10 Code: _____

Treatment Start Date: _____

Provider Facility Name: _____ Provider Facility Address: _____

Ordering Provider: _____ Date: _____

Signature: _____

Complete, Sign, and fax this document to: **CDH Central Scheduling at 413-582-2183**

Please include H&P/current medications list/allergies, and ensure that med authorizations have been obtained

Hydrations

	Interval	Defer Until	Duration
☐ **lactated ringers IV Bolus 500 mL** 500 mL, Intravenous, Administer over 30 Minutes, Continuous, Starting at treatment time	Once		1 treatment
☐ **lactated ringers IV Bolus 1,000 mL** 1,000 mL, Intravenous, Continuous, Starting at treatment start time, For 1 hour	Once		1 treatment
☐ **D5-NS bolus 500 mL** 500 mL, Intravenous, Administer over 30 Minutes, Continuous, Starting at treatment start time	Once		1 treatment
☐ **D5-NS bolus 1,000 mL** 1,000 mL, Intravenous, Continuous, Starting at treatment start time, For 1 hour	Once		1 treatment
☐ **D5-1/2 NS bolus 500 mL** 500 mL, Intravenous, Administer over 30 Minutes, Continuous, Starting at treatment start time	Once		1 treatment
☐ **D5-1/2 NS bolus 1,000 mL** 1,000 mL, Intravenous, Continuous, Starting at treatment start time, For 1 hour	Once		1 treatment
☐ **D5W bolus 500 mL** 500 mL, Intravenous, Administer over 30 Minutes, Continuous, Starting at treatment start time	Once		1 treatment
☐ **D5W bolus 1,000 mL** 1,000 mL, Intravenous, Continuous, Starting at treatment start time, For 1 hour	Once		1 treatment
☐ **sodium chloride 0.9% bolus 500 mL** 500 mL, Intravenous, Administer over 30 Minutes, at 1,000 mL/hr, Continuous, Starting at treatment start time	Once		1 treatment
☐ **sodium chloride 0.9% bolus 1,000 mL** 1,000 mL, Intravenous, Continuous, Starting at treatment start time, For 1 hour	Once		1 treatment

Labs

	Interval	Defer Until	Duration
☐ **CBC** Routine, Once, Starting when released	Once		1 treatment
☐ **BUN** Routine, Once, Starting when released	Once		1 treatment
☐ **Creatinine, random urine** Routine, Once, Starting when released	Once		1 treatment
☐ **Urinalysis** Routine, Once, Starting when released	Once		1 treatment
☐ **Sedimentation rate (ESR)** Routine, Once, Starting when released	Once		1 treatment
☐ **PTT** Routine, Once, Starting when released	Once		1 treatment
☐ **Comprehensive metabolic panel** Routine, Once, Starting when released			1 treatment
☐ **C-Reactive Protein** Routine, Once, Starting when released	Once		1 treatment
☐ **PT-INR** Routine, Once, Starting when released	Once		1 treatment
☐ **Glucose** Routine, Once, Starting when released	Once		1 treatment
☐ **CPK (creatine kinase)** Routine, Once, Starting when released	Once		1 treatment
☐ **Alanine aminotransferase (ALT)** Routine, Once, Starting when released	Once		1 treatment
☐ **Aspartate aminotransferase (AST)** Routine, Once, Starting when released	Once		1 treatment
☐ **Bilirubin, total** Routine, Once, Starting when released	Once		1 treatment

Routine,
Alkaline

Routine,

Routine,

Catheter management

	Interval	Defer Until	Duration
☐ **Line Access** Routine, Once, Starting when released. Until Specified. *Insert peripheral IV, or access peripheral, or central venous access device, to provide treatment.*	PRN		Until discont'd
☐ **alteplase (CATHFLO) 1 mg/mL injection 2 mg** 2 mg, Intracatheter, As needed, line care, Starting when released. For central venous access device requiring clearance. May repeat once per lumen. For patient greater than 30 kg: 2mg in 2 ML using a 10 mL syringe. For patients less than or equal to 30 kg: instill a volume equal to 110% of the internal lumen of CVAD, not to exceed 2 mg in 2 mL.	PRN		Until discont'd
☐ **lidocaine-prilocaine (EMLA) cream** Topical, As needed, apply prior to the PIV insertion or port access. Starting when released. For TOPICAL Use only. Allow at least 1 hour (mild dermal procedures) or at least 2 hours (major dermal procedures) for optimum therapeutic effect.	PRN		Until discont'd

Catheter management (continued)

	Interval	Defer Until	Duration
☐ **heparin 100 units/mL flush 5 mL** 5 mL, Intravenous, As needed, line care, Stating when released	PRN		Until discont'd
☐ **heparin 10 units/mL flush 3 mL** 3 mL, Intravenous, As needed, line care, Starting when released	PRN		Until discont'd
☐ **heparin 10 units/mL flush 5 mL** 5 mL, Intravenous, As needed, line care, Starting when released	PRN		Until discont'd
☐ **heparin 1000 units/mL flush 2 mL** 2 mL, Intracatheter, As needed, line care, APHERESIS LINE CARE ONLY. HEPARIN MUST BE WITHDRAWN FROM EACH LUMEN PRIOR TO FLUSHING OR INFUSING THROUGH THE APHERESIS CATHETER, Starting when released	PRN		Until discont'd
☐ **sodium chloride (NS) 0.9 % syringe flush 3 mL** 3 mL, Intravenous, As needed, line care, Starting when released	PRN		Until discont'd
☐ **sodium chloride (NS) 0.9 % syringe flush 10 mL** 10 mL, Intravenous, As needed, line care, Starting when released	PRN		Until discont'd
☐ **sodium chloride (NS) 0.9 % syringe flush 20 mL** 20 mL, Intravenous, As needed, line care, Starting when released	PRN		Until discont'd
☐ **sodium chloride 0.9% infusion** 20 mL/hr, Intravenous, Continuous PRN, Keep vein open to provide treatment, Starting when released, For 24 hours	PRN		Until discont'd
☐ **D5W infusion** 20 mL/hr, Intravenous, Continuous PRN, Keep vein open to provide treatment, Starting when released, For 24 hours	PRN		Until discont'd

Emergency Medications

	Interval	Defer Until	Duration
☐ **Provider and Nurse Communication** Routine, Until discontinued, Starting when released, Until Specified Treatment of SEVERE reaction (ANAPHYLAXIS): hypotension, throat swelling, wheezing, respiratory distress, or decreased oxygen saturation. Stop the infusion and treat with epinephrine FIRST. Notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering adjunct HYPERSENSITIVITY medications as clinically indicated.	PRN		Until discont'd
☐ **EPINEPHrine injection 0.3 mg** 0.3 mg, Intramuscular, As needed, anaphylaxis, Administer FIRST for anaphylaxis. May repeat times 1 dose, Starting when released *For 2 doses. Pharmacy's Suggested Dose Instructions; Epinephrine 1:1000 is equivalent to 1 mg/mL*	PRN		Until discont'd
☐ **sodium chloride 0.9% bolus 1,000 mL** 1,000 mL, Intravenous, Once as needed, Hypotension, Starting when released, For 1 dose	PRN		Until discont'd
☐ **Oxygen Therapy - Non-Rebreather** Routine *Select a Mode of Therapy: Non-Rebreather* *Titrate Oxygen and use the most appropriate device to maintain Target Oxygen saturation during Activity/Titration: Yes* *Min Sp02 (%): 94*	PRN		Until discont'd

Hypersensitivity

	Interval	Defer Until	Duration
☐ **Provider and Nurse Communication** Routine, Until discontinued, Starting when released, Until specified, Treatment for mild-moderate infusion reaction: Stop the infusion, notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering medications as clinically indicated. If ANAPHYLAXIS reaction, refer to Emergency Medications section.	PRN		Until discont'd
☐ **albuterol (ACCUNEB) nebulizer solution 2.5 mg** 2.5 mg, Nebulization, Once as needed, wheezing, shortness of breath, Starting when released, For 1 Dose	PRN		Until discont'd
☐ **acetaminophen (TYLENOL) tablet 975 mg** 975 mg, Oral, Once as needed, fever, Starting at treatment start time, For 1 Dose	PRN		Until discont'd

Hypersensitivity (continued)

	Interval	Defer Until	Duration
☐ **diphenhydrAMINE (BENADRYL) injection 25 mg**	PRN		Until discont'd
25 mg, Intravenous, As needed, itching, hives or adjunct treatment for mild-moderate, or SEVERE reaction, Starting when released, For 2 doses. Begin with 25 mg. If patient has continued reaction, administer additional 25 mg			
☐ **methylprednisolone sodium succinate (PF) (SOLU-Medrol) injection 40 mg**	PRN		Until discont'd
40 mg, Intravenous, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting when released, For 1 dose To be administered along with H1 antihistamine and methylprednisolone. HOLD IF: given as a premed.			
famotidine (PEPCID) 20 mg in sodium chloride 0.9% 100 mL IVPB	PRN		Until discont'd
20 mg, Intravenous, Administer over 15 Minutes, at 400 mL/hr, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting when released, For 1 dose To be administered along with H1 antihistamine and methylprednisolone. HOLD IF: given as premed.			
☐ **ondansetron (ZOFRAN) injection 4 mg**	PRN		Until discont'd
4 mg, Intravenous, As needed, nausea, vomiting, may repeat x 1 dose, Starting S, For 2 Doses			
☐ **cetirizine (ZyrTEC) tablet 10 mg**	PRN		Until discont'd
10 mg Oral, Once as needed, Adjunct treatment for mild-moderate or SEVERE reaction, Starting at treatment start time, For 1 dose If patient unable to tolerate cetirizine, administer fexofenadine if available. HOLD IF; given fexofenadine.			
☐ **fexofenadine (ALLEGRA) tablet 180 mg**	PRN		Until discont'd
180 mg, Oral, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting at treatment start time, For 1 dose Administer only if unable to tolerate cetirizine. HOLD IF: given cetirizine.			