

Fluids & Electrolytes

Please include the following to expedite the order:
Patient Demographics, Insurance Information, Labs

PATIENT

Referral Status: ☐ New ☐ Updated ☐ Renewal

Name: _____ DOB: _____ Gender: ☐ M ☐ F ☐ Other _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

PRESCRIBER

Name: _____ DEA: _____ NPI: _____ State License: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

CLINICAL

Diagnosis Code (ICD-10): _____ Indication: _____

Please attach most recent
applicable labs (CBC, CMP,
LFTs, BMP, Electrolytes)

Allergies: _____ Weight: _____ ☐ kg ☐ lbs Height: _____ ☐ cm ☐ in

TREATMENT

IV Fluids

- ☐ Sodium Chloride 0.45%
☐ Sodium Chloride 0.9%
☐ D5W
☐ D5 and sodium chloride 0.45%
☐ Lactated Ringer's
☐ Other: _____

Volume to be administered: _____ mL over _____ hrs

Electrolytes

- ☐ Calcium Gluconate injection: _____ g (rate: 1g/hr)
☐ Potassium Chloride IVPB: _____ mEq (rate: _____ mEq/hr)
☐ Magnesium Sulfate IV: _____ g (rate: _____ g/hr)
☐ Sodium Bicarbonate: _____ mEq
☐ Sodium Phosphate: _____ mmol
☐ Potassium Phosphate: _____ mmol
☐ Other: _____ Dose: _____

Frequency

- ☐ One time ☐ As needed
☐ Daily for _____ days ☐ Other: _____
☐ Weekly for _____ weeks _____

Premedication Protocol: (Not Usually Indicated)

Medication: _____ Dose: _____ ☐ IV ☐ PO
Medication: _____ Dose: _____ ☐ IV ☐ PO
Medication: _____ Dose: _____ ☐ IV ☐ PO
Sig: _____

Nursing Orders

- ☐ Start peripheral IV ☐ Flush with NS per protocol
☐ Access existing central line

Center will use anaphylactic and hypersensitivity protocol
established by Cure Stat Infusion Services.

Quantity: _____ treatments

Special Instructions: _____

Provider Signature: _____

Date: _____