TOTAL INFUSION
human-centered care

IV Hydration/Medication

6955 Foothill Blvd, Suite 67A, Oakland, CA, 94605
Phone: (510) 878-9528 | Fax: (510) 969-5840 | Email: referrals@totalinfusion.com

Name: _____
DOB: _____ Phone: _____
Gender: ☐ Male ☐ Female
Allergies: _____

DIAGNOSIS (ICD-10 code required):
☐ _____ _____
☐ _____ _____

☑ **IV LINE CARE** per Nursing Policy
☑ **INFUSION REACTION MEDICATIONS** per Standardized Procedures

Intravenous Hydration

Intravenous Fluid

☐ **0.9% Sodium Chloride** ☐ **0.45% Sodium Chloride** ☐ **5% Dextrose**
☐ **Lactated Ringers**
☐ **20mEq/L Potassium Chloride in 0.9% Sodium Chloride 1000mL** *(serum potassium must be* **GREATER THAN OR EQUAL TO 2.5mEq/L,** *maximum rate 10mEq/hr, total maximum dose 40mEq, patient may not receive additional dose without repeat labs)*
☐ _____

Volume

☐ **250mL** ☐ **500mL** ☐ **1,000mL** ☐ **2,000mL** ☐ _____

Duration

Infuse Over: ☐ **1 hour** ☐ **2 hours** ☐ **4 hours** ☐ **Bolus** ☐ _____

Medications

Patient Weight _____kg **(REQUIRED)**

Infusion Therapy:

☐ **Ketorolac IVP** ☐ 15mg ☐ 30mg
☐ **Ketorolac IM** ☐ 30mg ☐ 60mg
☐ **Lorazepam IVP** ☐ 0.5mg ☐ 1mg ☐ 2mg
☐ **Ondansetron IVP** ☐ 4mg ☐ 8mg
☐ **Dexamethasone IVP** ☐ 4mg ☐ 8mg ☐ 10mg ☐ 12mg
☐ **Metoclopramide IVP** ☐ 5mg ☐ 10mg
☐ **Methylprednisolone IVP** ☐ 125mg
☐ **Methylprednisolone** 250mg/50mL 0.9% sodium chloride Intravenously over 15 minutes
☐ **Methylprednisolone** 500mg/100mL 0.9% sodium chloride Intravenously over 30 minutes
☐ **Methylprednisolone** 1,000mg/250mL 0.9% sodium chloride Intravenously over 60 minutes
☐ **Magnesium Sulfate in Water Injection** 2gm/50mL Intravenously over 2 hours
☐ **Other Medication:** _____ Dose: _____

Special Instruction(s):

Provider Signature _____ Date _____ Email _____
Printed Name _____ Phone _____ Fax _____
Office Contact _____ Phone _____ Email _____