



HYPEREMESIS GRAVIDARUM HYDRATION ORDERS

Patient Name _____ DOB _____ Gender: M F

Phone _____

PATIENT WEIGHT

DIAGNOSIS: *Please provide IDC-10 Code*

_____ LBS
_____ KG

IV HYDRATION:

PROVIDER TO SELECT:

FLUID	VOLUME	FREQUENCY	RATE OF INFUSION
<input type="radio"/> 0.9% Normal Saline	<input type="radio"/> 1 Liter (1000ml)	<input type="radio"/> One time Dose	<input type="radio"/> Over 1 hour
<input type="radio"/> Other: _____	<input type="radio"/> 2 Liters (2000ml)	<input type="radio"/> ___times/week	<input type="radio"/> Over 2 hours
	<input type="radio"/> Other: _____	<input type="radio"/> Other _____	<input type="radio"/> Over ___ hours

ADDITIVES / ADDITIONAL MEDICATIONS

- Folic Acid 1mg (add to IV fluids)
- Magnesium Sulfate 2 grams (added to IV fluids)
- Potassium Chloride 20mEq (in 1000ml of 0.9% Normal Saline)
- Thiamine 100mg (added to IV fluids)
- MVI (Infuvite) 10ml (added to IV fluids)
- Zofran 4mg IVP
- Zofran 8mg IVP
- Emergency Medications and Treatment per Novello Infusion Anaphylaxis Policy*

Nursing Orders

- Assess patient prior to each infusion
- Provide patient/caregiver education related to disease process, therapy, infection control, drug use, side effects and precautions, emergency plan
- Weigh patient every visit and record
- Monitor vital signs initially and throughout infusion per manufacturer recommendations
- Establish and maintain IV access / may use central venous access if appropriate and maintain per Novello policy
- Flush IV with 3ml-5ml of saline before and after every IV medication and PRN
- Administer infusion medication/injection as ordered
- If mild itching, slow down the infusion and monitor patient closely
- If anaphylactic reaction, stop infusion, implement emergency medications, and plan and call 911
- When infusion complete, flush IV with 3ml to 5ml saline flush or 50ml bag of saline and discontinue IV per INS Standards
- Evaluate effectiveness of infused therapy on disease process
- Lab work per physician when ordered

ORDERING PROVIDER:

Signature _____ Printed Name: _____ Date _____

Practice _____ Phone _____ Fax _____

NPI # _____

****PLEASE FAX COMPLETED ORDER TO NOVELLO INFUSION 231-600-7058****