



MIGRAINE HYDRATION ORDERS

Patient Name _____ DOB _____ Gender: M F

Phone _____

PATIENT WEIGHT

DIAGNOSIS: *Please provide IDC-10 Code*

_____ LBS
_____ KG

**IV HYDRATION:
PROVIDER TO SELECT:**

- Lactated Ringers 1000mL
- 0.9% Sodium Chloride 1000mL

- Lactated Ringers 2000 mL
- 0.9% Sodium Chloride 2000mL

IV MEDICATIONS/ADDITIVES:

- | | |
|--|---|
| <input type="radio"/> None | <input type="radio"/> Promethazine _____ mg |
| <input type="radio"/> Reglan _____ mg | <input type="radio"/> Ketorolac _____ mg |
| <input type="radio"/> Magnesium Sulfate _____ gm | <input type="radio"/> Ondansetron _____ mg |
| <input type="radio"/> Other _____ | |

Emergency Orders and Treatment per Novello Infusion Anaphylaxis Policy

FREQUENCY:

- ONCE
- OTHER _____

NOTES:

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****