



Fax: _____ Phone: _____

Name _____	
DOB _____	
ID# _____	
Weight _____	Date _____

Rehydration in Sterile Water 1000ml

Diagnosis: (ICD-10 code) _____ - Description _____

For Provider

(Circle all that apply)

- Request macronutrients lab test
- Request CBC
- Request BMP
- Request G6pd deficiency (Required for any infusion involving vitamin C)

Infusion Medication

- Sterile Water 1000ml
- Vitamin C 25ml (12.5 grams)
- Calcium Chloride 10ml (13.60 mEq)
- Magnesium Chloride 20ml (39.4mEq)
- Potassium Chloride 8ml (16 mEq)
- 8.4% Sodium Bicarbonate 25ml
- B6 1ml (100mg)
- B complex 4ml (400mg)
- B5 4ml (1000mg)
- Methyl-B12 2ml (10mg)

Infuse at 4ml/min

Osmolarity 290mosm/L

_____ Initial if Provider Approves the Mixture

Pre-Meds

If no pre medications needed please leave blank

- _____
- _____
- _____
- _____
- _____

Additional Orders

Provider Signature: _____ **Date:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____