



Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Name _____
DOB _____
ID# _____
Weight _____ Date _____

## Rehydration in Sterile Water 1000ml plus Amino Acids

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 10ml (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)
- L methylfolate (5MTHF) 0.5ml (2.5mg)
- Aminosyn 8.5% 100ml

Infuse at 4ml/min  
Osmolarity 271mosm/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: \_\_\_\_\_