



Fax: _____ Phone: _____

Name _____

DOB _____ ID# _____

Weight _____ Date _____

Rehydration in NS 0.45% Order

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

- NS 0.45% 500ml
- Vitamin C 5ml (2.5 grams)
- Calcium Chloride 4ml (5.44 mEq)
- Magnesium Chloride 6ml (11.82mEq)
- Potassium Chloride 3ml (6 mEq)
- 8.4% Sodium Bicarbonate 10ml
- B6 1ml (100mg)
- B complex 2ml (200mg)
- B5 2ml (500mg)
- L methylfolate (5MTHF) 0.5ml (2.5mg)
- Methyl-B12 1ml (5mg)

Infuse at 4ml/min

Osmolarity: 325Mosm/L

Pre-Meds

If no pre medications needed please leave blank

- _____
- _____
- _____
- _____
- _____

Additional Orders

Provider Signature: _____ Date: _____

Printed Name: _____ Phone: _____ Fax: _____

