

Richmond
7110 Forest Ave, Suite 203
Richmond, VA 23226



Prince George
2025 Waterside Rd, 100B
Prince George, VA 23875

Physician Order - Hydration Therapy

PATIENT INFORMATION	
Name:	DOB:
Allergies:	Phone Number:

REFERRAL STATUS
<input type="checkbox"/> New Referral <input type="checkbox"/> Dose/Frequency Change <input type="checkbox"/> Order Renewal

Location Preference (optional)
<input type="checkbox"/> Richmond <input type="checkbox"/> Prince George

* If the patient has a central line - we need official placement report, diagnostic imaging to confirm tip placement and date of last access *

DIAGNOSIS AND ICD-10 CODE	
<input type="checkbox"/> Mild Hyperemesis Gravidarum	O21.0
<input type="checkbox"/> Other specified cardiac arrhythmias	I49.8
<input type="checkbox"/> Other: _____	ICD10 _____
If severe hyperemesis gravidarum with metabolic disturbance, then consider ED referral	

REQUIRED DOCUMENTATION *	
*please attach all applicable documentation	
<input type="checkbox"/> This signed order form by the provider	<input type="checkbox"/> Clinical/Progress Notes
<input type="checkbox"/> Patient Demographics AND Insurance Information	<input type="checkbox"/> Labs and Tests Supporting Primary Dx
<input type="checkbox"/> Patient currently receiving same therapy at _____	Last dose: _____

MEDICATION ORDERS
Volume <input type="checkbox"/> 1L <input type="checkbox"/> 2L <input type="checkbox"/> Other (please specify if a different fluid for second bag requested) _____
Fluid Options <input type="checkbox"/> Sodium Chloride 0.9% (required if ordering additives/antiemetics) <input type="checkbox"/> D5% Lactated Ringers (only 1L) <input type="checkbox"/> Lactated Ringers
Additives <input type="checkbox"/> Multivitamins (10mL) - <small>this includes: Folic Acid 600mcg, B12 5mcg, B6 6mg, Thiamine 6mg, Vitamin C 200mg, Vitamin A 3300IU, Vitamin D3 200IU, Riboflavin 3.6 mg, Niacinamide 40mg, Dexpanthenol 15mg, Vitamin E 10IU, Vitamin K1 150mcg, Biotin 60mcg</small> <input type="checkbox"/> Folic Acid (additional) 1 mg <input type="checkbox"/> Thiamine (B1) (additional) 50mg or 100mg (circle one) - will be administered over 2 hours <input type="checkbox"/> Pyridoxine (B6) 50mg or 100mg (circle one) * Magnesium Sulfate (requires separate order form - available at theinfusionsolution.com)
Antiemetics (route determined by compatibilities) <input type="checkbox"/> Ondansetron HCl (Zofran) 4mg or 8mg (circle one) slow IVP <input type="checkbox"/> Famotidine 20mg or 40mg (circle one) slow IVP or IV <input type="checkbox"/> Metoclopramide (Reglan) 5mg or 10mg (circle one) slow IVP or IV <input type="checkbox"/> Promethazine (Phenergan) 12.5mg or 25mg (circle one) deep IM only <input type="checkbox"/> Methylprednisolone 16mg slow IVP or IV
Frequency: every _____ days/weeks (circle one) Duration: _____ doses/days/weeks (circle one) <input type="checkbox"/> PRN

In the event of an infusion reaction or adverse event, our covering physician will be notified and appropriate medical care will be administered.

PRESCRIBER INFORMATION		
Prescriber Name:	NPI:	Contact:
Phone:	Fax:	Email:
Prescriber Signature:	Date:	

Contact us with questions at: 804-442-3558 or email referrals@theinfusionsolution.com

Fax completed form and ALL documentation to 804-554-5848

All information contained in this form is strictly confidential and will become part of the patient's record.