



Change order details by crossing out unwanted information and writing in desired details/instructions.
Place a line through the x to remove the pre-checked option.

HYDRATION PRIOR TO & AFTER CONTRAST FOR RENAL FAILURE

Columbia Network Infusion Centers

Select Location: Southwest/Vancouver St John/Longview Start Date: _____

Diagnosis/Indication: _____

ICD-10 Code(s): _____ Authorization Number: _____

Patient Vitals: Height _____ Weight _____

Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.

Supportive Care	Interval
<input checked="" type="checkbox"/> sodium chloride 0.9 % bolus /IV, Once, Starting when released Reason for IV Fluid: Renal (acute kidney injury, renal protection for contrast / other nephrotoxic agents) Administer 3ml/kg/hour (max 300ml/hour) x 1 hour PRIOR TO contrast then 1ml/kg/hour (max 125ml/hour) x 4 hours AFTER contrast	Route: IV

Vascular Access	Interval
<input checked="" type="checkbox"/> IV - Insert peripheral IV - sodium chloride (NS) flush 10 mL 10 mL As Needed for Line Care	Every Visit

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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