

HYDRATION THERAPY PLAN [11500954]

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 type="radio"/> sodium chloride 0.9 % bolus 1,000 mL	Route: IV
Administer fluids _____ times per week at _____ mL/hr for the next _____ weeks, then reassess and review with provider.	
<input type="radio"/> lactated ringers bolus 1,000 mL	Route: IV
Administer fluids _____ times per week at _____ mL/hr for the next _____ weeks, then reassess and review with provider.	
<input type="radio"/> dextrose 5 % and 0.9 % NaCl bolus 1,000 mL	Route: IV
Administer fluids _____ times per week at _____ mL/hr for the next _____ weeks, then reassess and review with provider.	
<input type="radio"/> dextrose 5 % and 0.45 % NaCl bolus 1,000 mL	Route: IV
Administer fluids _____ times per week at _____ mL/hr for the next _____ weeks, then reassess and review with provider.	
<input type="radio"/> _____	

Parameters for Hydration: _____

Vascular Access (single select)	Interval
<input type="radio"/> IV <ul style="list-style-type: none"> - Insert peripheral IV - sodium chloride (NS) flush 10 mL 10 mL As Needed for Line Care 	Every Visit
<input type="radio"/> Central line (non-PICC) <ul style="list-style-type: none"> - Access vascular device and confirm patency - Initiate Central line (non-PICC) maintenance protocol - sodium chloride (NS) flush 10 mL 10 mL As Needed for Line Care prior to medication administration PRN 	Every Visit

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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- sodium chloride (NS) flush 10 mL
 - 10 mL As Needed for Line Care post medication administration PRN
- sodium chloride (NS) flush 20 mL
 - 20 mL As Needed for Line Care post lab draw PRN
- sodium chloride (NS) flush 10 mL
 - 10 mL for Line Care at discharge and de-access every visit
- heparin 100 units/mL 5 mL
 - 5 mL for de-access PRN
- alteplase (CATHFLO) injection 2 mg
 - Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

O PICC line Every Visit

- Access vascular device and confirm patency
- Initiate PICC maintenance protocol
- Nursing Communication
 - Change PICC line dressing weekly and PRN
- sodium chloride (NS) flush 10 mL
 - 10 mL As Needed for Line Care prior to medication administration PRN
- sodium chloride (NS) flush 10 mL
 - 10 mL As Needed for Line Care post medication administration PRN
- sodium chloride (NS) flush 20 mL
 - 20 mL As Needed for Line Care post lab draw PRN
- alteplase (CATHFLO) injection 2 mg
 - Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

PRN Medications	Interval
<ul style="list-style-type: none"> ○ sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care</i> 	PRN Route: IV
<ul style="list-style-type: none"> ○ sodium chloride 0.9 % bolus 500 mL <i>500 mL Once for Line Care, Starting when released, For 1 dose, Run at TKO (25ml/hr)</i> 	PRN Route: IV

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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