

Hydration Order Form

Name: _____
 Gender: _____ D.O.B. (dd/mm/yyyy): _____
 HCN: _____
 Address: _____
 Phone Number: _____

Physician / NP complete and fax to: 519-472-4045 or 1-855-223-2847 orders processed between 8am – 8pm

Vascular Access: Peripheral Line Central Line /Port PICC: number of lumens _____

HYDRATION ORDER

Normal Saline – 0.9% Sodium Chloride x 1 L

Other hydration solution: _____

Total Volume: _____ **Rate:** _____ mL/hr **Frequency:** _____

Route: IV Subcutaneous

Duration of In-Home Treatment: _____ Days OR _____ Doses

List ALL Drug Allergies: _____

Special Instructions: _____

Other Hydrations available include:

Potassium Chloride 20 mEq.L in Normal Saline; Lactated Ringers; Dextrose 5% and 0.45% Sodium Chloride; Dextrose 5% and 0.9% Sodium Chloride; Dextrose 3.3% and 0.3% Sodium Chloride

Standard Flush Protocol ([Partner Resources](#))

This standard Flush Protocol is for ADULTS only. MD/NP must complete specific flush protocol below for any pediatric clients

Specific Flush Protocol

Specify: _____

Other Comments:

To consult the Pharmacist with medication questions call Yureks Specialties Limited: Phone: 519-680-7474, Pharmacist Ext: 5404 Browns Pharmacy (Grey Bruce & North Huron/ Perth): Phone: 519-881-2420 or 1-844-474-7577

Physician / NP (PLEASE PRINT CLEARLY):

NAME:	CPSO #:
ADDRESS:	CELL:
TELEPHONE:	PAGER:
DATE:	SIGNATURE: