



### Specialty Order Form

Patient: _____	Ordering Provider: _____
DOB: _____ <input type="checkbox"/> M <input type="checkbox"/> F Weight: _____ lbs.	NPI: _____
Height: _____ ICD-10 Code(s): _____	Practice: _____
Diagnosis: _____	Phone: _____
Allergies: _____	Fax: _____
Primary Care Provider: _____	Contact Name: _____

Has the patient been treated for this condition previously?  No  Yes, medication(s): \_\_\_\_\_

Is the patient currently on therapy?  No  Yes, medication(s): \_\_\_\_\_

### HYDRATION ORDERS & INSTRUCTIONS

NORMAL SALINE

LACTATED RINGER

1 Liter

2 Liters

20 mL/kg to be given IV over 1 hour (Maximum of 2000 mL)

FREQUENCY/DURATION OF TREATMENT: \_\_\_\_\_  
(This must be filled out for continued therapy OR this form will be considered a one time order.)

**PRN-Medication(s):**

Acetaminophen/Tylenol: \_\_\_\_\_ (10-15 mg/kg) PO

Toradol: \_\_\_\_\_ (15-30 mg) IV

Ondansetron/Zofran: 4 mg IVP

Decadron \_\_\_\_\_ mg IV

**Quick Checklist for referring Hydration patients.**

Include demographic sheet and copy of insurance card(s).

Completed Cascade I Specialty Order

Form Recent Progress Note

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_