



Oregon Medical Group
Infusion Center
1007 Harlow Road
Springfield, Oregon 97477
Phone: (541) 741-0387
Fax: (541) 242-4634

Standard Hydration Order

Name: _____

DOB: _____

Diagnosis: _____

ICD-10 Code: _____

1. Vital signs: Initial, PRN
2. Peripheral IV site with saline lock, may use existing port-a-cath or PICC line if available.

FLUIDS:

___ 0.45% Sodium Chloride IV _____ mL over _____ hours via pump

___ 0.9% Sodium Chloride IV _____ mL over _____ hours via pump

___ Lactated Ringer's IV _____ mL over _____ hours via pump

___ 5% dextrose in Lactated Ringer's IV _____ mL over _____ hours via pump

___ One time only

___ Standing orders, frequency _____

___ Other _____

Provider Signature: _____

Date: _____

Provider's Printed Name: _____

Time: _____