



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 FALIURE 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

- sodium chloride 0.9 % bolus Route: IV
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

Vascular Access

Interval

- IV Every Visit
 - Insert peripheral IV
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care

Provider Signature

Date

Time

Provider's Printed Name: _____

Place Patient Label Here

Page 1 of 1

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