Beacon Infusion
Healthcare Services

Headquarters Location:
1075 Stephenson Ave, Suite D-2, Oceanport, NJ 07757
Telephone: (833) 223-2266 Fax: (732) 329-2322

HYDRATION ORDER

Patient's Name (Last, First, Middle) _____ **DOB:** _____

Patient's height in ft/in: _____ Patient's weight in lbs: _____

■ **Diagnosis** *Please provide the most specific ICD-10 code.*

☐ _____ Alcohol Intoxication
☐ _____ Dehydration
☐ _____ Electrolyte Imbalance
☐ _____ Gastroenteritis
☐ _____ Nausea
☐ _____ Pregnancy Hyperemesis
☐ _____ Sleep Disorder
☐ _____ Vomiting
☐ _____ _____

■ **Fluid Orders**

☐ Normal Saline ☐ D5 (5% Dextrose) ☐ Lactated Ringers (Hartmann's)

■ **Fluid Volume**

☐ 250ml ☐ 500ml ☐ 1000ml

■ **Additional Medication Orders**

☐ Benadryl 50mg
☐ Multi-Vitamin (Infuvite)
☐ Pepcid 20mg
☐ Reglan 2mg
☐ Toradol 30mg
☐ Zofran (circle) 4mg or 8mg

■ **Rate of Administration**

☐ Over ~30 minutes ☐ Over 1 hour ☐ Over _____

■ **Frequency**

☐ One time only ☐ Standing order, up to _____ times over _____ months ☐ Other _____

■ **Notes**

_____

■ **Rescue Management in case of Infusion Reaction**

These include fever, chills, rigors, headache, rash, itching, swelling, edema, nausea, vomiting, abdominal pain, hypotension, and respiratory distress.

- Follow standing reaction orders, including diphenhydramine, methylprednisolone, albuterol and oxygen as needed.
- For severe reactions, administer Epi-pen or equivalent and call 911. Repeat if severe symptoms persist.

■ **Ordering Provider Authorization**

Provider's Signature: _____ Name: _____ Date: _____

Address: _____

Phone: _____ Fax: _____ NPI #: _____ License: _____

Best Contact Person in Office: _____ Direct Phone Line to Contact Person: _____

STANDARD DOCUMENTATION TO INCLUDE:

- Patient demographics and insurance, including card scans (both medical and pharmacy benefit cards, both sides).
- Most recent chart notes and, if available, last history and physical. All relevant scans, tests and laboratory results.
- If new medication for patient, chart notes which include decision to begin treatment. If not, provide last treatment date.

Fax this order and supporting documentation to (732) 329-2322.