

# McLeod Health

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## Fluid and Electrolyte Replacement Treatment Plan

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Height (cm): \_\_\_\_\_ Weight (kg): \_\_\_\_\_ Allergies: \_\_\_\_\_

### Diagnosis (select one):

ICD 10 Code: \_\_\_\_\_ Diagnosis Description: \_\_\_\_\_

### Fluid Orders:

• Sodium Chloride 0.9% \_\_\_\_\_ mL infused over \_\_\_\_\_ hours for 1 dose (unless otherwise specified)

• Other: \_\_\_\_\_

### Electrolyte Orders:

• Potassium Chloride infused per protocol for 1 dose  10 mEq  20 mEq  40 mEq

• Magnesium Sulfate infused per protocol for 1 dose  2 g  4 g

• Calcium Gluconate infused per protocol for 1 dose  1 g  2 g

• Other: \_\_\_\_\_

### Lab Orders:

Basic Metabolic Panel (BMP)

Other: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Insurance/Authorization Information:**

Insurance Type: \_\_\_\_\_

Insurance Authorization Reference Number: \_\_\_\_\_

Date Obtained: \_\_\_\_\_ Authorization Valid Until: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

Fax completed Treatment Plan with authorization information to McLeod Infusion Services at the number below or call with any questions.

Cheraw: 843-320-3469 (Fax)

843-320-5557 (Phone)