

# McLeod Health

## Fluid and Electrolyte Replacement Treatment Plan

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

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

Patient Primary Phone Number: \_\_\_\_\_

### 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: \_\_\_\_\_

### Standing Orders:

• Infusion Reaction Protocol (CPOE-1396) will be activated if any hypersensitivity reaction occurs, including anaphylaxis. Infusion will be stopped and physician notified.

• Appropriate access and line care orders per health system policy

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

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

**Insurance Information:**

Insurance Plan Name: \_\_\_\_\_

Insurance Identification Number: \_\_\_\_\_

Insurance Customer Service Contact Number: \_\_\_\_\_

**Preferred Treatment Location**

- ☐ McLeod Regional Medical Center (Florence)    ☐ McLeod Health Loris    ☐ McLeod Health Cheraw  
☐ McLeod Health Seacoast (Little River)    ☐ McLeod Health Dillon    ☐ McLeod Health Clarendon (Manning)

**Fax completed Treatment Plan to the McLeod Medication Access Team at 843-777-9798. For any questions, please contact our team at [medicationaccessteam@mcleodhealth.org](mailto:medicationaccessteam@mcleodhealth.org).**