

# 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**

|  |   |  |
|--|---|--|
| <input type="checkbox"/> McLeod Regional Medical Center (Florence) | <input type="checkbox"/> McLeod Health Loris  | <input type="checkbox"/> McLeod Health Cheraw              |
| <input type="checkbox"/> McLeod Health Seacoast (Little River)     | <input type="checkbox"/> McLeod Health Dillon | <input type="checkbox"/> 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).**