Healthcare Provider Order Set/Prescriptions for Intravenous Therapy for Treatment of Dehydration at UrgentMD Inc.

URGENT MD

The referring healthcare provider has:

- Evaluated the patient
- Reason to believe that the patient is clinically dehydrated from a condition that is either self-limited or can be rapidly improved with IV medications.
- Has reason to expect rapid improvement in symptoms with a short course of IV fluid therapy that may include IV fluids, and anti-emetics.
- Ruled out the likelihood that the patient is suffering from an acute life-threatening process.

Exclusion criteria:

- Clinically unwell appearing patient, including significant tachycardia with heart rate greater than 120 bpm or hypotension with SBP < 90 mm Hg (unless documented to be patient baseline).
- Concern that the underlying cause of dehydration is likely not due to gastroenteritis or another causes of dehydration that is likely to resolve with a single dose of IV fluids.
- Known allergy to the prescribed IV therapies.
- Patient is unable to mobilize on his/her own without assistance (except for his/her own caregiver).

☐ Suspected viral gastroenteritis as the cause of dehydration

If viral gastroenteritis is not thought to be the cause of dehydration, please indicate the suspected cause: _____

_____

Intravenous fluid bolus:

☐ Normal Saline _____ mL bolus x 1

Intravenous fluid maintenance:

☐ Normal Saline _____ mL/hr

Antiemetics:

☐ Metoclopramide 10mg IV x 1 administered over _____ minutes to be diluted in 50 mL Normal Saline

☐ Dimenhydrinate 25 mg IV x 1 to be diluted in 50 mL Normal Saline

☐ Dimenhydrinate 50mg IV x 1 to be diluted in 50 mL Normal Saline

H2 Blockers:

☐ Famotidine 20 mg IV x 1 to be diluted in 50 mL Normal Saline

Analgesia:

☐ Tylenol 1g PO x 1

Laboratory tests (*NOTE*: results will be sent directly to the referring provider and not reviewed by an UrgentMD provider):

☐ CBC ☐ SMA7 ☐ SMA10 ☐ CRP ☐ LFTs ☐ Lipase

☐ Other: _____

In the event of allergic reaction, the nurse providing infusion services may administer any of the following medications:

Epinephrine (1:1000) 0.3-0.5mg IM q 15 mins PRN

Diphenhydramine 50 mg IV/PO x 1 PRN (If administered IV, to be diluted in 50 mL Normal Saline)

Famotidine 20mg IV/PO x 1 PRN (If administered IV, to be diluted in 50 mL Normal Saline)

Decadron 10 mg IV x 1 or Prednisone 50 mg PO x 1 PRN (If administered IV, to be diluted in 50 mL Normal Saline)

In the event of a dystonic reaction related to Metoclopramide use, nurse may administer:

Diphenhydramine 50 mg IV x 1 to be diluted in 550 mL Normal Saline 50

Nursing responsibilities in the event of adverse reaction:

Evaluate the patient's clinical status

Monitor patient vital signs

Administer above medications as appropriate

Call 9-1-1 for immediate transport to hospital for definitive care

Provide necessary information to the Emergency Medical Services

Nursing Notes:

Prescriber attestation and prescription for medication administration at UrgentMD Inc.:

I certify that I have evaluated the patient and that I am referring the patient to UrgentMD Inc with an order for the administration of intravenous fluid rehydration therapy, which will be provided by a licensed registered nurse as a delegated act.
I further acknowledge that I am aware that the patient will not be seen by a physician or nurse practitioner at UrgentMD.

Physician Name	Physician License number	Date