

Healthcare Provider Order Sets/Prescriptions for Intravenous Therapy for Treatment of Veisalgia (``Hangover``) at UrgentMD Inc.

URGENT MD

The referring healthcare provider has:

- Evaluated the patient.
- Has reason to believe that the patient is clinically dehydrated from excessive alcohol consumption and is suffering from veisalgia ("hangover").
- Ensured that the patient is not at risk for alcohol withdrawal.
- Has reason to expect rapid improvement in symptoms with a short course of IV therapy that may include IV fluids, anti-emetics and H2 blockers.
- 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 presentation is likely not due to veisalgia.
 - Suspicion that the patient may develop symptoms of alcohol withdrawal.
 - 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 acute veisalgia as the suspected cause of present illness

Intravenous fluid bolus:

- ☐ Normal Saline _____ mL bolus x 1

Antiemetics:

- ☐ Metoclopramide 10mg IV x 1 administered over X 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

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 therapy for the management of symptoms associated with veisalgia ("hangover"), 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.

H2 Blockers:

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

Analgesia

- ☐ Ketorolac 10 mg IV x 1 to be diluted in 50 mL Normal Saline
- ☐ 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 50 mL Normal Saline

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

Physician Name

Physician License number

Date