

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

URGENT MD

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Patient Information:

Patient Name

Date of Birth

RAMQ Number

Phone Number

Address

Allergies

The healthcare provider has:

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: _____

- 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.
- 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.
- Given the patient an appropriate IV saline, antiemetic medications (e.g., Metoclopramide, Dimenhydrinate), and H2 blockers (e.g., Famotidine) prescription by:

- 1 providing a copy directly to the patient and advising them to fill at their pharmacy for them to bring to their appointment;
- 2 sending a copy directly to their pharmacy and advising patient to pick it up and bring it to their appointment; or
- 3 by providing a copy directly to the patient and informing them that they will be asked to fill it at the pharmacy adjacent to UrgentMD on the day of their appointment.

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).

Intravenous fluid bolus:

Normal Saline _____ mL bolus x 1

Intravenous fluid maintenance:

Normal Saline _____ mL/hr

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.

Provider Name

Provider License number

Date

Provider Signature

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 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

Please fax a copy of this order to UrgentMD at (514) 905-9285