

# Healthcare Provider Order Sets/Prescriptions for Intravenous Therapy for Treatment of Veisalgia (``Hangover``) 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 acute veisalgia as the suspected cause of present illness
- Evaluated the patient.
- 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.
- 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.
- Given the patient an appropriate IV saline, antiemetic medications (e.g., Metoclopramide, Dimenhydrinate), H2 blockers (e.g., Famotidine), and analgesia (e.g., Ketorolac) 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 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).

### Intravenous fluid bolus:

- Normal Saline \_\_\_\_\_ mL bolus x 1

### 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.

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

- 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

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