

HOME AND COMMUNITY CARE SUPPORT SERVICES
 South West

<h2 style="margin: 0;">Hydration Order Form</h2>	Name: _____ Gender: _____ D.O.B. (dd/mm/yyyy): _____ HCN: _____ Address: _____ Phone Number: _____
--	--

Physician / NP complete and fax to: 519-472-4045 or 1-855-223-2847 orders processed between 8am – 8pm

Vascular Access: Peripheral Line Central Line /Port PICC: number of lumens _____

HYDRATION ORDER
<input type="checkbox"/> Normal Saline – 0.9% Sodium Chloride x 1 L
<input type="checkbox"/> Other hydration solution: _____
Total Volume: _____ Rate: _____ mL/hr Frequency: _____
Route: <input type="checkbox"/> IV <input type="checkbox"/> Subcutaneous
Duration of In-Home Treatment: _____ Days OR _____ Doses
List <u>ALL</u> Drug Allergies: _____
Special Instructions: _____ _____

Other Hydrations available include:
 Potassium Chloride 20 mEq.L in Normal Saline; Lactated Ringers; Dextrose 5% and 0.45% Sodium Chloride; Dextrose 5% and 0.9% Sodium Chloride; Dextrose 3.3% and 0.3% Sodium Chloride

Standard Flush Protocol <input type="checkbox"/> (Partner Resources)
This standard Flush Protocol is for ADULTS only. MD/NP must complete specific flush protocol below for any pediatric clients
Specific Flush Protocol <input type="checkbox"/>
Specify: _____ _____

Other Comments:

To consult the Pharmacist with medication questions call Yureks Specialties Limited: Phone: 519-680-7474, Pharmacist Ext: 5404 Browns Pharmacy (Grey Bruce & North Huron/ Perth): Phone: 519-881-2420 or 1-844-474-7577

Physician / NP (PLEASE PRINT CLEARLY):	
NAME:	CPSO #:
ADDRESS:	CELL:
TELEPHONE:	PAGER:
DATE:	SIGNATURE: