



Change order details by crossing out unwanted information and writing in desired details/instructions. Place a line through the x to remove the pre-checked option.

## HYDRATION PRIOR TO & AFTER CONTRAST FOR RENAL FALIURE Columbia Network Infusion Centers

Select Location:  Southwest/Vancouver  St John/Longview Start Date: \_\_\_\_\_

Diagnosis/Indication: \_\_\_\_\_

ICD-10 Code(s): \_\_\_\_\_ Authorization Number: \_\_\_\_\_

Patient Vitals: Height \_\_\_\_\_ Weight \_\_\_\_\_

### Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

- I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.**

### Supportive Care

### Interval

- sodium chloride 0.9 % bolus Route: IV  
IV, Once, Starting when released  
Reason for IV Fluid: Renal (acute kidney injury, renal protection for contrast / other nephrotoxic agents)  
Administer 3ml/kg/hour (max 300ml/hour) x **1 hour PRIOR TO** contrast then 1ml/kg/hour (max 125ml/hour) x **4 hours AFTER** contrast

### Vascular Access

### Interval

- IV Every Visit
  - Insert peripheral IV
  - sodium chloride (NS) flush 10 mL  
10 mL As Needed for Line Care

Provider Signature

Date

Time

Provider's Printed Name: \_\_\_\_\_

Place Patient Label Here

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