

(place patient label here)

Patient Name: \_\_\_\_\_



**PROVIDER ORDERS**

**Order Set Directions:**

- > (√)- Check orders to activate; Orders with pre-checked box  will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: \_\_\_\_\_

Allergies with reaction type: \_\_\_\_\_

**ED Common IV Fluids**

**Version 2 2/27/18**

**IV Placement**

- Peripheral IV insert/maintain

**IV Fluids - Volume Bolus**

- Edit volume and rate
  - Sodium Chloride 0.9% IV
    - \_\_\_\_\_ milliliter BOLUS \_\_\_\_\_ milliliter/hour intravenously
  - Lactated Ringers IV
    - \_\_\_\_\_ milliliter BOLUS \_\_\_\_\_ milliliter/hour intravenously

**IV Fluids - Maintenance**

- Sodium Chloride 0.9% IV
  - \_\_\_\_\_ milliliter/hour continuous intravenous infusion
- Lactated Ringers IV
  - \_\_\_\_\_ milliliter/hour continuous intravenous infusion
- Dextrose 5% and Lactated Ringers IV
  - \_\_\_\_\_ milliliter/hour continuous intravenous infusion
- Dextrose 5% and 0.9% Sodium Chloride IV
  - \_\_\_\_\_ milliliter/hour continuous intravenous infusion
- Dextrose 5% and 0.45% Sodium Chloride IV
  - \_\_\_\_\_ milliliter/hour continuous intravenous infusion
- D5-0.45% Sodium Chloride with Potassium Chloride 20 mEq/L IV (PREMIX)
  - \_\_\_\_\_ milliliter/hour continuous intravenous infusion
- Sodium Chloride 0.9% with Potassium Chloride 20 mEq/L IV (PREMIX)
  - \_\_\_\_\_ milliliter/hour continuous intravenous infusion

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_