

Troy Infusion Center
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Troy, OH 45373
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Washington Township Infusion Center
1989 Miamisburg-Centerville Road
Suite 101
Dayton, OH, 45459
Phone: 937-401-6620
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Hydration Order Form

Epic Referral: REF137

Patient Name: _____ DOB: _____

Address: _____

Phone: _____ ICD-10 Diagnosis: _____

Banana Bag:

- 1000 mL 0.9% NaCl with:
 - 10 mL of MVI (infuvite)
 - 100 mg of thiamine

Infuse IV over 3 hours

Local Custom:

- 500 mL 0.9% NaCl with:
 - 10 mL of MVI (infuvite)
 - 1 mL of MTE—5 (trace elements)

Infuse IV over 3 hours

CUSTOM

Base Fluid:

- 0.9% NaCl
- Lactated Ringers
- Other _____

Volume:

- 500 mL
- 1000 mL
- 2000 mL
- Other _____ mL

Additives:

- 10 mL Adult Multivitamin (Infuvite)
- 1 mL of MTE—5 (trace elements)
- Thiamine 100 mg
- Other _____

Infuse IV over:

- 1 hour
- 2 hours
- 3 hours
- 4 hours
- Other _____ hours

Frequency (required to be filled in for all orders):

- Once Two times per week Weekly Monthly Other _____

Order good for (required to be filled in unless a one-time dose):

- 6 months One year Other duration _____

Optional – Other medications (Example: Zofran 4 mg IV prn with each infusion, etc.):

**Port/PICC care per protocol will be performed if applicable including heparin flush (500 units/5mL) and cathflo (2 mg)
PRN for patients with a port**

Prescriber Printed Name: _____

Prescriber Full Address: _____

Office Phone Number: _____ Office Fax Number: _____

Prescriber Signature: _____ Date: _____