



NEW ENGLAND

Cancer Specialists

Infusion Center

Kennebunk • Portsmouth • Scarborough • Topsham

Phone: 207-303-3225 Fax:207-692-2473

Hydration Order

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

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

Height: \_\_\_\_\_(cm) Actual Weight: \_\_\_\_\_(kg) Allergies: \_\_\_\_\_

Fluid: 0.9% NS  0.45% NS  Other  \_\_\_\_\_

Volume: 500mL  1000mL  Other  \_\_\_\_\_

Frequency of administration: \_\_\_\_\_

Administer over (rate of infusion not to exceed 500mL/hr) :

1 Hour  2 Hours  Other \_\_\_\_\_

In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.

Provider Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Pager: \_\_\_\_\_