



Infusion Center

KENNEBUNK | ROCK ROW | TOPSHAM | PORTSMOUTH
PHONE: (207) 303-3225 | FAX: (207) 692-2473

Hydration Order

Patient Name	Middle	Last	DOB
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Diagnosis	Diagnosis Code
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Height (cm)	Actual Weight (kg)	Allergies
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Fluid: ☐ 0.9% NS ☐ 0.45% NS ☐ Other: _____

Volume: ☐ 500mL ☐ 1,000mL ☐ 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
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Date	Phone	Fax	Pager
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