

sodium chloride (HYPERTONIC) 3% infusion [5058]

Medications

sodium chloride (HYPERTONIC) 3% infusion (Single Response)

Select the appropriate line placement:

() Central Line Infusion

- | | |
|--|--|
| <input type="checkbox"/> sodium chloride (HYPERTONIC) 3 % infusion (RESTRICTED) | intravenous, continuous
RESTRICTED to Nephrology, Critical Care , Emergency Medicine, and Neurosurgery specialists. Are you a Nephrology, Critical Care, Emergency Medicine, or Neurosurgery specialist or ordering on behalf of one? |
| <input type="checkbox"/> Sodium level | Every 6 hours For 4 Occurrences |
| <input type="checkbox"/> Notify provider if sodium level rises more than *** mEq/L over *** hours. Phone Number: *** | Routine, Until discontinued, Starting S
Notify provider if sodium rises more than *** mEq/L over *** hours OR exceeds *** mEq/L.
Phone Number: *** |

() Peripheral Line Infusion

- | | |
|--|---|
| <input type="checkbox"/> sodium chloride (HYPERTONIC) 3 % infusion (RESTRICTED) | intravenous, continuous
RESTRICTED to Nephrology, Critical Care , Emergency Medicine, and Neurosurgery specialists. Are you a Nephrology, Critical Care, Emergency Medicine, or Neurosurgery specialist or ordering on behalf of one?
sodium chloride (HYPERTONIC) 3% infusion for PERIPHERAL line use is RESTRICTED to a maximum rate of 30 mL/hr for a maximum duration of 48 hours through a minimum 20 gauge line. Do you attest that these restrictions for have been met? |
| <input type="checkbox"/> Sodium level | Every 6 hours For 4 Occurrences |
| <input type="checkbox"/> Notify provider if sodium rises more than *** mEq/L over *** hours. Phone Number: *** | Routine, Until discontinued, Starting S
Notify provider if sodium rises more than *** mEq/L over *** hours OR exceeds *** mEq/L.
Phone Number: *** |
| <input type="checkbox"/> Insert peripheral IV line, 20 gauge or higher | Routine, Once For 1 Occurrences |