



Affix Patient Label	
Patient Name: _____	Date of Birth: _____

IV Contrast Hydration Outpatient Order Form

Testing to be done at: BMH/BBC/BLH BSH
 Fax to: (269) 341-6792 Fax to: (269) 639-2829

Patient Name: _____ DOB: _____

Allergies/Reaction: _____ Diagnosis(es): _____

Reason for access: Renal insufficiency Other: _____

Adult IV Contrast Hydration Orders:

- If patient has heart Failure (HF) or ejection fraction (EF) less than 35% and iodionized contrast is needed, consider consulting cardiology.

Ordering Provider Responsibilities:

- Recommend recheck BMP 24-48 hrs. post contrast to monitor for contrast induced nephropathy.
- Instruct patient No solids starting 4 hours prior to CT with contrast procedure (Radiology will reinforce)
- If patient on any of the following home medications: Ace Inhibitors, Angiotensin Receptor Blockers, NSAIDS, diuretics, Renin Inhibitors please consider holding as they can effect patients renal function.

Hydration Orders:

Start Peripheral IV or Access Central Venous Catheter and Initiate Outpatient Flush Protocol

GFR less than 30 with or without risk factors

- 500 ml 0.9% Normal Saline IV over 1 hour **prior** to contrast injection. Post contrast injection discontinue IV and administer oral hydration-8 ounces of water. Upon discharge, instruct patient to drink 8 ounces of water per hour over the next 8 hours beginning now.

GFR less than 30 with HF or EF less than 35%

- 0.45% Normal Saline at 150 ml/hr for one hour **prior** to exam and 0.45% Normal Saline at 150 ml/hr for 2 hours **post** contrast.

Physician/Provider Name (*print*): _____

Physician/Provider Signature: _____ Date: _____ Time: _____