Physician Orders ADULT: Neuro Sodium Support Plan

Neuro Sodium Support Plan
Nursing Communication
☐ Nursing Communication
   Ensure labs drawn prior to medication administration

Continuous Infusion
☐ Sodium Chloride 3%
   500 mL, IV, Routine, 30 mL/hr
   Comments: Do not titrate; Hold for sodium level greater than 155, or serum osmolarity greater than 320, or chloride level greater than 120.

Medications
☐ sodium chloride 23.4%
   120 mEq, Injection, IV Push, once, STAT
   Comments: MD to administer via CENTRAL line only, 30 mL = 120 mEq

Choose one of the two orders below:(NOTE)*

☐ +1 Hours Sodium Chloride 3% Bolus
   150 mL, Injection, IV Piggyback, q6h, PRN Other, specify in Comment
   Comments: Bolus for serum NA less than 140 mmol. via Central line only

☐ +1 Hours sodium chloride 7.5% 150 mL Bolus
   176 mEq, IV Piggyback, IV Piggyback, q6h, PRN Other, specify in Comment
   Comments: Bolus for serum NA less than 140 mmol. via Central line only

Laboratory
☐ Sodium Level
   Time Study, T;N+360, q6h, Type: Blood
☐ Osmolality Serum
   Time Study, T;N+360, q6h, Type: Blood

Date | Time | Physician’s Signature | MD Number
---|---|---|---

*Report Legend:
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase, see separate sheet
R-Required Order