

McLeod Health

Fluid and Electrolyte Replacement Treatment Plan

Patient Name: _____ DOB: _____

Height (cm): _____ Weight (kg): _____ Allergies: _____

Patient Primary Phone Number: _____

Diagnosis (select one):

ICD 10 Code: _____ Diagnosis Description: _____

Fluid Orders:

• Sodium Chloride 0.9% _____ mL infused over _____ hours for 1 dose (unless otherwise specified)

• Other: _____

Electrolyte Orders:

• Potassium Chloride infused per protocol for 1 dose 10 mEq 20 mEq 40 mEq

• Magnesium Sulfate infused per protocol for 1 dose 2 g 4 g

• Calcium Gluconate infused per protocol for 1 dose 1 g 2 g

• Other: _____

Lab Orders:

Basic Metabolic Panel (BMP)

Other: _____

Physician Signature: _____ Date: _____

Physician Name: _____ Phone: _____

Insurance Information:

Insurance Plan Name: _____

Insurance Identification Number: _____

Insurance Customer Service Contact Number: _____

Preferred Treatment Location

- McLeod Regional Medical Center (Florence) McLeod Health Loris McLeod Health Cheraw
 McLeod Health Seacoast (Little River) McLeod Health Dillon McLeod Health Clarendon (Manning)

Fax completed Treatment Plan to the McLeod Medication Access Team at 843-777-9798. For any questions, please contact our team at medicationaccessteam@mcleodhealth.org.