

**OP Pre-Procedure Sodium
Bicarbonate Infusion Referral**



Place Patient Label
Inside This Box

***** This section refers to the entire plan. If individual orders need a different interval, please indicate in each section below***** **Version 6/2021**

Date of Infusion: _____	Lead Physician: _____
Patient Name: _____	Date of Birth: _____
Patient SSN (if available): _____	Contact Number: _____
Insurance Name: _____	Policy Number: _____
Secondary Insurance: _____	Policy Number: _____
Diagnosis Code: _____	Precertification: <input type="checkbox"/> Initiated <input type="checkbox"/> Complete
Diagnosis Code Description: _____	Location to be Performed:
	<input type="checkbox"/> Moore Regional Hospital (MRH)
	<input type="checkbox"/> Montgomery Memorial Hospital (MMH)
Interval _____ Day _____ of every _____ month	Next Due Date: _____
Minimum Separation _____ days / weeks (circle one)	Duration: <input type="checkbox"/> Until discontinued <input type="checkbox"/> _____ Treatments
	<input type="checkbox"/> Until _____

Nursing Orders	Interval	Duration
<input type="checkbox"/> Weigh patient	_____	_____
<input type="checkbox"/> Nursing communication	_____	_____
ONLY for patients with pre-existing renal insufficiency who will receive IV contrast dye during a procedure. Should NOT be used in patients with severe CHF, hypokalemia, severe metabolic alkalosis, or patients already on hemodialysis.		
<input type="checkbox"/> Insert peripheral IV	_____	_____
Once		

Picc Access And Flush Orders	Interval	Duration
<input type="checkbox"/> PICC Line Access	_____	_____
Once		
<input type="checkbox"/> heparin, porcine (PF) 10 unit/mL injection 50 Units	_____	_____
50 Units, IV For 1 Dose		

Vascular Access Device (cvc) Access and Flush Orders	Interval	Duration
<input type="checkbox"/> Central Venous Catheter (CVC) access	_____	_____
Once		
<input type="checkbox"/> heparin, porcine (PF) injection 500 Units	_____	_____
500 Units, For 1 Dose		

Pre-Procedure	Interval	Duration
<input type="checkbox"/> sodium bicarbonate 154 mEq in sterile water 1,000 mL infusion	_____	_____
1-3 mL/kg/hr, intravenous, For 1 Dose		
Start 45 minutes prior to procedure when released, infuse for 45 minutes (even if procedure is delayed) at 3 ml/kg/hr. During and after the procedure infuse at 3 ml/kg/hr for 45 minutes, then discontinue Sodium Bicarbonate infusion. Do not discontinue IV access without a specific order.		

For Scheduling Fax Forms to: (910) 715-1177.

Provider Signature: _____ **Date:** _____ **Time:** _____

* May be used as EPIC Downtime Form