



AMBULATORY TREATMENT UNIT

Ambulatory Treatment Unit  
Phone (616) 394-3547  
Fax (616) 394-2139

## CT Hydration Order Set

☐ = Optional Order    ☒ = Routine Order    (Cross out and initial **BULLETED ORDERS** that do not apply)

### ORDERS

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Diagnosis Code: (ICD-10) (reason for hydration) \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ (kg)

Allergies: \_\_\_\_\_

#### Please check one of the following options:

- ☐ 0.9% Normal saline 250cc/hr for 2 hours prior to CT exam.  
(Recommended for patients with known multiple myeloma or eGFR less than 45)
- ☐ 0.9% Normal saline 125cc/hr for 2 hours prior to CT exam.  
(Recommended for patients with known multiple myeloma or eGFR less than 45 if congestive heart failure or risk of fluid overload)
- ☐ Other:

**Note:** Hydration may be contraindicated if acute CHF, end-stage renal failure, severe hypertension, or pre-cardiac transplant status.

Nursing Considerations: please refer to Holland Hospital policy 34.15.4 for standard protocol.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Name and Credentials (please print): \_\_\_\_\_ Time: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

