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South Plains
Infusion

HYDRATION ORDER

Name: _____ DOB: _____ M F

Phone #1 : _____ (H/W/C) Phone #2: _____ (H/W/C)

Allergies: _____

DIAGNOSIS:

- Dehydration (ICD-10 Code: E86.0)
- _____ (other) _____ (ICD-10 Code)

HYDRATION ORDER:

Lactated Ringers Dose:

_____ mL (flat dose)

PATIENT WEIGHT

_____ lbs
_____ kg

Normal Saline Dose:

_____ mL (flat dose)

Other Medications:

- Zofran 4mg SIVP PRN
- Pepcid 20mg SIVP PRN

NOTES:

ORDERING PROVIDER

Signature X _____ Date _____

Provider _____ Phone _____ Fax _____

Please FAX: Medication Order Demographics Clinicals Labs X-Rays
to 1-806-302-1241 (must dial "1")