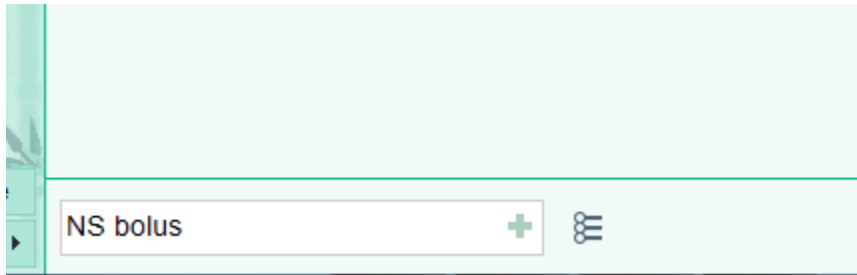
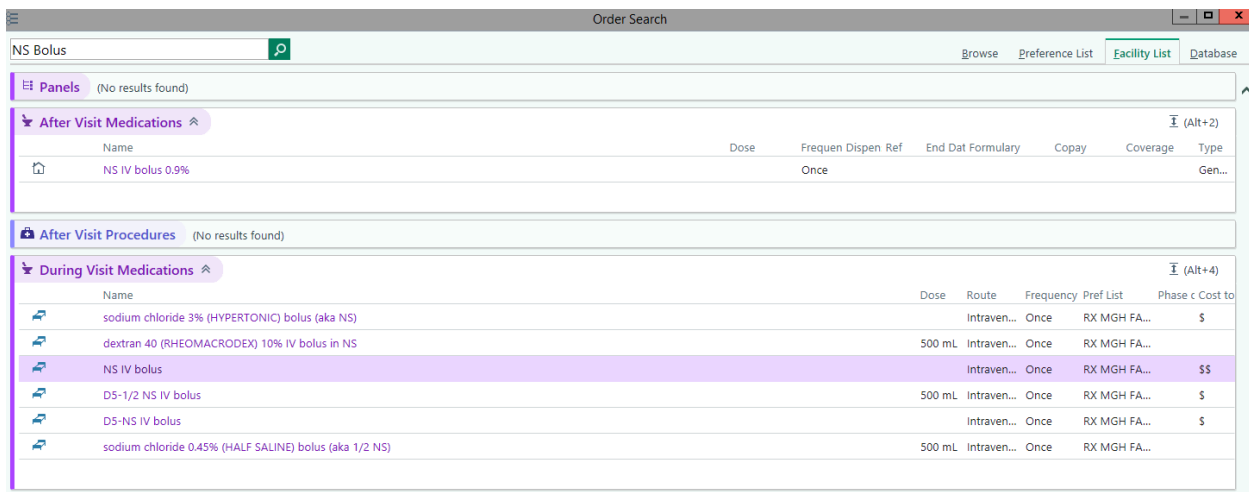


Ordering a Tubing Flush

- 1.) Orders Only
- 2.) Enter MRN in Patient Look up
- 3.) Meds and Orders
- 4.) Enter **NS bolus** in the Add Order field lower left corner



- 5.) Select NS IV bolus under **During Visit Medications** (Bed Icon)



Order Search

NS Bolus

Browse Preference List Facility List Database

Panels (No results found)

After Visit Medications (Alt+2)

Name	Dose	Frequen	Dispen	Ref	End Dat	Formulary	Copay	Coverage	Type
NS IV bolus 0.9%		Once							Gen...

After Visit Procedures (No results found)

During Visit Medications (Alt+4)

Name	Dose	Route	Frequency	Pref List	Phase c	Cost to
sodium chloride 3% (HYPERTONIC) bolus (aka NS)		Intraven...	Once	RX MGH FA...		\$
dextran 40 (RHEOMACRODEX) 10% IV bolus in NS	500 mL	Intraven...	Once	RX MGH FA...		\$
NS IV bolus		Intraven...	Once	RX MGH FA...		\$\$
D5-1/2 NS IV bolus	500 mL	Intraven...	Once	RX MGH FA...		\$
D5-NS IV bolus		Intraven...	Once	RX MGH FA...		\$
sodium chloride 0.45% (HALF SALINE) bolus (aka 1/2 NS)	500 mL	Intraven...	Once	RX MGH FA...		\$

- 6.) Click **Accept**

sodium chloride 0.9% bolus 1,000 mL ✓ Accept ✗ Cancel

Reference: 1. Knowledge Link
 Links:
 Report: Lab Test Results

Component	Time Elapsed	Value	Range	Status
SODIUM	571 days (09/06/17 1301)	142	135 - 145 mmol/L	Final result
CHLORIDE	571 days (09/06/17 1301)	101	98 - 108 mmol/L	Final result

Dose: 1,000 mL 250 mL 500 mL 1,000 mL
 Administer Dose: 1,000 mL
 Administer Amount: 1,000 mL

Route: Intravenous

Frequency: Once as needed Once

PRN reasons: other (free text field)
 PRN comment: for hypotension

For: 1 Doses Hours Days
 Starting: 4/1/2019 Today Tomorrow At: 1102 Show Additional Options ⌵
 Starting: **Today 1102 Until Discontinued** Number of doses: **1**
 ⓘ There are no scheduled times based on the current order parameters.

Administer Over: 30 Minutes 60 Minutes 90 Minutes

Admin. Inst.: + Add Administration Instructions

Prod. Admin. Inst.: (none)

Note to Pharmacy: + Add Note to Pharmacy (F6)

Priority: Routine

[Show Additional Order Details](#) ⌵

Next Required Link Order ✓ Accept ✗ Cancel

Dose: Enter Volume of Flush (i.e. 20 ml) in dose field

Route: Select Intravenous

Frequency: Select Once

PRN Reason: Type- Flush IV tubing at drug infusion rate in comment field

For: One Dose

Starting: Date /Time of Visit (if time unknown select 6 AM)

Leave **Administer Over** Field blank

7) Research Associate (Drop Down under Options)

8) Associate to a diagnosis (Research Exam)

9) Pend the Order

10) CC Chart to MD for signature

