

PHYSICIAN'S ORDERS



CULLMAN
REGIONAL

NAME:
ROOM NO:
(ADDRESS)
HOSP. NO.
PHYSICIAN

Another brand of drug identical in form and content may be dispensed unless checked. ☐

Sodium Bicarbonate Infusion Order Set

This is a one time order.

- Remove 150 ml of IV Fluid from 1000 ml bag of Sterile Water ONLY
- Add 150 mEq of Sodium Bicarbonate to IV bag
- **Bolus:** Infuse at 3 ml/Kg IV x 1 hour **ONLY**, then
- **Maintenance:** Infuse at 1 ml/Kg IV x 5 hours **ONLY**

MD Signature: _____ Date & Time: _____

Cullman Regional Medical Center

DO NOT USE: U IU QD QOD MS MSO4 MgSO4