

Midland Health, Midland TX

INSTRUCTIONS: Date and record the time when the standing orders are put into effect. The physician must co-sign all orders written by the nurse for the physician. Press firmly using a ball point pen. DO NOT use a felt-tip pen.

The following abbreviations and symbols are NOT approved for use: (the accepted practice is in parentheses **u** (units) **IU** (International Units)
μ or **µg** (mcg) **MS** or **MSO4** (morphine sulfate) **MgSO4** (magnesium sulfate) **QD** or **QOD** (daily and every other day) **HCT** (hydrocortisone)
S.C. or **S.Q.** (subQ) The use of a leading decimal point without a leading zero, or the use of a trailing zero after the decimal point.

Radiology - CT Hydration Orders

Midland Memorial Hospital

DATE: _____ **TIME:** _____ **ALLERGIES:** _____

Patient Name: _____ **DOB:** _____

Patient Phone #: _____

Referring Physician Name: _____ **Office #:** _____

Name of office staff to contact for questions: _____

1. Please hydrate patient as follows:

- ☐ 500cc of Normal Saline Pre and Post CT Scan (1000cc NS Total)
 - ☐ Infuse to gravity (pt has no contraindication to fluid bolus)
 - ☐ Infuse @ 250 cc per hour
 - ☐ Infuse @ 125 cc per hour
 - ☐ Other specific hydration orders as listed below (please include type of fluid, volume, and rate at which to administer):

M.D. signature

(Patient Label)

Patient Name:

Patient DOB:

MR #:

Acct #:

Radiology - CT Hydration Orders

CT Department

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Last Review Date: 12/31/2025

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