

Therapy: Banana Bag:
Maintenance Fluid with Vitamin
and Electrolyte Additives

[Place patient sticker here]

Name: _____
MRN: _____
DOB: _____

Today's Date _____ Time _____

Diagnosis: _____ Other: _____

Age: _____ Height (cm): _____ Weight (kg): _____ BSA (m²): _____

ALLERGIES/Sensitivities: NKDA or _____

Start Date (at least 1 wk from today): _____ **Urgent (Call Infusion Center)**

Treatment Department: EHW OP Infusion

Appointment Requests: Tolerance: Use default, for chronic treatments order valid for 1 year.

Appointment Request – Infusion - 10 hours

Labs: Order will be done as per appointment frequency

_____ Once

Therapy: Order will be done as per appointment frequency

Banana Bag as follows

Base Fluid [1000 mL IV daily x _____ dose(s)]: _____ (choose one)

D5%-0.45% sodium chloride sodium chloride 0.45% dextrose 5%

sodium chloride 0.9% D5%-0.9% sodium chloride

Run fluid at: Calculate rate from volume and admin duration

100mL/hr _____ mL/hr

125mL/hr

Additives:

Multiple vitamins 3,300 unit- 150mcg/10mL IV, 10 mL

Thiamine 50mg 100mg IV

Folic acid 1 mg IV

Magnesium sulfate 500mg/mL (50%) 1g 2g IV

Potassium chloride 2mEq/m 10mEq 20mEq 30mEq 40mEq IV

Emergency Medications Order will be done as per appointment frequency

Hypersensitivity reaction protocol

Protocol Document: <https://emory.ellucid.com/documents/view/15307/15641>

All information provided on this form & calculations have been independently confirmed & recalculated as indicated by signature(s) below

Licensed Medical Professional

Attending Physician

Print Name: _____

Print Name: _____

Signature _____

Signature _____

Date _____

Date _____

Contact # _____

Contact # _____