



## Hyperemesis Treatment Referral Form

**DEMOGRAPHICS**

PatientName: \_\_\_\_\_ DateofBirth: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**FINANCIAL INFORMATION:**

Please fax a copy of front and back of all insurance cards if available.

**ORDERS**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Allergies: \_\_\_\_\_

Diagnosis:  HyperemesisGravidarum ICD-10:021.1  
 Other: \_\_\_\_\_ ICD-10: \_\_\_\_\_

**InfusionOrders:** Duration of therapy:  One year  One infusion  Other: \_\_\_\_\_

- Hydration:**  Banana Bag (NS+10ml Multivitamins QD+1mg Folic Acid QD; Thiamine 100mg x1st 3days)
    - LactatedRingers  NormalSaline  D5-1/2NS  OtherFluid: \_\_\_\_\_
  - Infuse \_\_\_\_\_ Liter(s) IV every \_\_\_\_\_ day(s) as needed for dehydration, or  \_\_\_\_\_
  - Ondansetron:**  8mg IV every 6-8 hours as needed for nausea, or  \_\_\_\_\_
  - Diphenhydramine:**  25mg IV every 6 hours as needed for nausea, or  \_\_\_\_\_
  - Metoclopramide:**  10 mg IV every 6-8 hours as needed for nausea, or  \_\_\_\_\_
  - Famotidine:**  20 mg IV every 12 hours as needed for heartburn r/t vomiting, or  \_\_\_\_\_
    - Or Ranitidine** (based in insurance)  50 mg IV every 6-8 hours as needed, or  \_\_\_\_\_
  - OtherMedication:** \_\_\_\_\_
- ◆ InfusionReactionManagementperInfusionSolutionsprotocolsneeded.

**Nursing Orders:**

- ◆ If no central IV access, RN to insert peripheral IV, rotate site every 72to120 hours or as needed.
- Other: \_\_\_\_\_

**Lab Orders:**

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> CBCw/diff  | <input type="checkbox"/> at baseline, and weekly if duration>2weeks  | <input type="checkbox"/> every _____ |
| <input type="checkbox"/> CMP  | <input type="checkbox"/> at baseline, and weekly if duration>2weeks  | <input type="checkbox"/> every _____ |
| <input type="checkbox"/> Magnesium, Phosphorus                              | <input type="checkbox"/> at baseline, and weekly if duration>2weeks  | <input type="checkbox"/> every _____ |
| <input type="checkbox"/> BMP  | <input type="checkbox"/> weekly (if no CMPorderedweekly)             | <input type="checkbox"/> every _____ |
| <input type="checkbox"/> OB6 Panel (#17029 – yellow, lavender, & pinktubes) | <input type="checkbox"/> onetime                                     | <input type="checkbox"/> every _____ |
| <input type="checkbox"/> <input type="checkbox"/> onetime                   | <input type="checkbox"/> weekly <input type="checkbox"/> every _____ |                                      |

\_\_\_\_\_  
 PrescriberSignature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Please Print Name

NPI