

Hydreight Energize PUSH

Activity: no restrictions

Diet: no restrictions. Sip 1-2 bottles of water before, during and after infusion

Venous access: insert IV catheter using a 20g or 22g IV

Monitoring: obtain vital sign pre and post infusion

Stop infusion for:

1. Patient request

2. Any sign or symptom of an adverse reaction (refer to adverse reaction order set)

A. Skin reaction: rash, hives and new onset itching, swelling, swelling in tongue, throat or skin

B. Respiratory: difficulty of breathing, short of breath, fast breathing, wheezing, stoppage of breathing

C. Cardiac: increased or decreased heart rate, irregular pulse rate. Blood pressure change that is 20% or more different from pre infusion vital signs. Chest pain or pressure. No pulse

D. GI: nausea or vomiting

F. Neurological: new onset headache, confusion or disorientation. Lightheadedness or passing out, facial droop or slurred speech

G. General: dizzy, lightheadedness, or flushing

H. IV site: redness, swelling, pain or burning

D/C criteria:

Stable vital signs

Able to ambulate on their own without symptoms

D/C order:

Remove IV

Brief discharge assessment

Schedule net appt if indicated

Infusion/Energize PUSH:

Lactated Ringer's/Sodium Chloride 0.9% 500-1000ml bag as drip, all ingredients are pushed:

3-5ml Glutathione 200mg/ml. Dilute 1:1ml with LR/NS. Push over 3-5 min approx 1ml every 30 seconds, flush before and after push with NS

1-2ml slow push. B Plex (B1, B2, B6, B3, B5 75-2-2-75-2mg/ml) OR (B1, B2, B3, B4, B5, B6 100-2-100-2-2mg/ml) OR (B2, B1, B6, B3, 5-100-2-100mg/ml). If Pushing-dilute with 1:5 NS/LR and push over 3-5 min

1ml Ascorbic Acid 500mg/ml Using a 30ml syringe, draw up 29ml of NS/LR, add 1ml of ascorbic acid, agitate to create diluted ascorbic acid for IV push. PUSH VERY SLOW over 6-8 min, approx 4-5ml per min, monitor patient.

0.5ml Pyridoxine 100mg/ml dilute 1:10ml NS/LR (0.5:5ml)slow push

Add on:

0.5-2ml IM Magnesium Sulfate 50% (500mg/ml) DEEP IM ONLY Titrate up- Choose to add based on patient assessment. MAX 2ml twice weekly. Dose into glute ONLY

1ml IM MIC+B12 (25mg-50mg-50mg-300mcg/ml) or Lipo B(25-50-50-1mg) OR MIC (25-50-50mg) OR MI (25/50mg/ml). Max 1ml Weekly for 6 weeks

Consult Required

NAD- IV or IM- Follow RX and Protocol, If prescribed administer in separate IV or IM per Rx and protocol. Depending on pharmacy may or may not be patient specific.

Carnitine 500mg/ml IV or IM Follow RX and Protocol, If prescribed administer in separate IV or IM per Rx and protocol. Depending on pharmacy may or may not be patient specific.

Sermorelin Follow RX and Protocol

****Disclaimer: Not to be used in pregnant, nursing****

Flush between pushes

Slow Push: 1-2 ml per minute

DEEP IM: Use 1.5" needle

Provider Signature: _____

DocuSigned by:
Dr Joseph Palumbo
AF483CF16745460...

Date: 4/4/2024

Provider Name Printed: Dr Joseph Palumbo

Note: This order is active for 3/1/2024-3/31/2025. It expires 3/31/2025