

Athletic Drip-McGuff

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 McGuff Athletic Drip:

Mix in 500ml or 1000ml of NS or LR over 30-60 minutes:

400mg Magnesium

1000mcg B12 IV, IM or slow push

Add on:

1-2ml as SLOW push, IV or IM. B Plex (B1, B2, B3, B4, B5, B6 100-2-100-2-2mg/ml). depending on the pH of the Bplex there can be precipitation with other additives, please visually check for particles. Patients can taste.

5ml push. Glutathione 200mg/ml-dilute 1:1 NS/LR, saline flush, Pushed slowly over 1-3 min, saline flush

Disclaimer: Not to be used in pregnant, nursing

Consult Required For:

NAD IV or IM Consult required. Follow RX, intake and Protocol- DO NOT MIX, 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 Consult required. 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 Consult required. Follow Protocol- DO NOT MIX

Provider Signature: _____ DocuSigned by: _____ Date: _____
Dr Joseph Palumbo
AE483CF16745460 10/18/2023

Provider Name Printed: _____

Note: This order is active for 11/1/2023-11/30/2024. It expires 11/30/2024.

All service providers must adhere to the 3-2-1 rule to be in compliance. 3=NS/LR+2 ingredients, 2= sticks, 1= 1 hour to start administration.