

NOTE:

- ✓ This order set is intended for use only in suspected non-traumatic (non-crush injury) rhabdomyolysis.
- ✓ Physicians utilizing this order set should make every effort to identify and eliminate the potential etiologic factor(s) (see References for extensive differential diagnosis).
- ✓ Admission to a hospital unit with close monitoring is recommended, particularly in patients at high risk for developing complications from the aggressive administration of intravenous fluids.

1. **Initial Laboratory Studies** (if clinically indicated and not yet ordered):

- Comprehensive Metabolic Profile (CMP)
- Serum creatine phosphokinase (CPK, total)
- Serum thyroid-stimulating hormone (TSH)
- Serum ionized calcium
- Serum magnesium
- Serum phosphorus
- Serum uric acid
- Serum lactate dehydrogenase (LDH)
- Serum ethanol
- Disseminated intravascular coagulation (DIC) panel
- Microscopic urinalysis
- Urine myoglobin
- Urine toxicology screen
- 12-lead electrocardiogram (if CPK elevated)
- Other _____

2. **Intravenous Fluids** (Goal of fluid management is repletion of intravascular volume, then urine output of 300 ml/hour):

- ✓ Normal saline _____ ml intravenous bolus
- ✓ After bolus, infuse intravenously at _____ ml/hour (choose one):
 - Normal saline (recommended)
 - Sodium bicarbonate _____ mEq in 1 liter of _____ (use not supported by literature)
- ✓ Call physician if urine output is less than 200 ml/hour for two or more hours

3. **Follow-Up Laboratory Studies:**

- Serum CPK (goal less than 1000) _____ (time/date)
- Basic Metabolic Profile _____ (time/date)
- Serum uric acid (may be elevated due to muscle breakdown) _____ (time/date)
- Urine myoglobin _____ (time/date)
- Urinalysis (goal pH > 7.0 if alkalinizing urine) _____ (time/date)
- Ionized calcium (if administering bicarbonate) _____ (time/date)

Date

Time

Physician Signature

Dictation Number