**Physician's Order Form**

**Hemodialysis Orders**

*Physician's Orders (EXCLUDING IV Fluids and Medications)*

**Today's Date:**

**Time:**

**Hemodialysis Orders for:**

**Date:**

( ) Obtain Consent for Dialysis treatment for NEW PATIENT.

( ) Draw HBsAG, HBsAB, Hep B Core, HCV Ab

Dialyzer to run for ________ hours.

Dialyzer: PS 15, F160NR, PS 18 NR, F180NR

Ultrafiltrate ___________ L.

Dialysate Bath:

- Potassium ___________ mEq/L
- Calcium ___________ mEq/L
- Sodium ___________ mEq/L
- Bicarbonate ___________ mEq/L
- Other: ___________

**Blood Flow Rate:**

( ) For AV Fistula/AV Graft:
  - ( ) 200 mL/min
  - ( ) 300 mL/min
  - ( ) 350 mL/min
  - ( ) 400 mL/min

( ) Needle gauge:
  - ( ) 17 gauge
  - ( ) 16 gauge
  - ( ) 15 gauge

( ) For CVC: 200 - 300 mL/min

( ) Notify MD of BFR ≤ 150 mL/min

**Vital Signs every 15 minutes per unit protocol or PRN.**

**Labs at Hemodialysis:**

( ) Type & Crossmatch: ___________ units of:
  - ( ) PRBC
  - ( ) FFP
  - ( ) Platelets

( ) CBC
  - ( ) CHEM 7
  - ( ) CHEM 20

( ) Magnesium
  - ( ) Calcium
  - ( ) Albumin

( ) Phosphorus
  - ( ) Troponin-I
  - ( ) CPK

( ) Blood Cultures x ___________ set(s)

( ) Other: ___________

( ) Other: ___________

**Intravenous Fluid and Medication Orders**

**Allergy:**

HBsAg Status: ( ) Positive ( ) Negative ( ) Pending

- ( ) Epogen ___________ units IV.
- ( ) Venofer ___________ mg IV.
- ( ) Zempler/Hectorol ___________ mcg IV.

**Anticoagulation:**

- ( ) Heparin ___________ units IV loading dose.
- ( ) Heparin ___________ units IV every hour.
- ( ) NO HEPARIN, Normal Saline Flush 50 to 100 mL per hour.
- ( ) Other: ___________

- ( ) Lock catheter with Heparin 5,000 units to each port after dialysis treatment.

**For Blood Pressure Support:**

- ( ) Normal Saline ___________ mL IV prime.
- ( ) NS 100 - 200 mL IV bolus every 10 minutes PRN for SBP < 90 mmHg x 2.
- ( ) SPA 25% 12.5 grams 50 mL IVP every 10 minutes PRN for SBP < 90 mm Hg x 2.
- ( ) Mannitol 25% 12.5 grams 50 mL IVP every 10 minutes PRN for SBP < 90 mmHg x 2.
- ( ) Call Nephrologist if BP remains unstable.

**Oxygen:**

( ) 2 - 4 L via NC PRN SOB/Chest Pain
  - ( ) 100% NRB mask for respiratory distress
  - ( ) Other: ___________

**Antibiotics (Infuse over last hour of dialysis treatment):**

- ( ) Vancomycin ___________ mg OR ___________ grams IVPB
- ( ) Fortaz ___________ grams IVPB
- ( ) Gentamicin ___________ mg IVPB
- ( ) Tobramycin ___________ mg IVPB
- ( ) Cipro ___________ mg IVPB
- ( ) Other: ___________
  - ( ) Other: ___________

- ( ) Transfuse with dialysis treatment ___________ units of
  - ( ) PRBC
  - ( ) FFP
  - ( ) Platelets.

- ( ) TPN ___________ mL IVPB during dialysis treatment.
- ( ) Lipids ___________ mL IVPB during dialysis treatment.

**MD:**

**Patient ID Label**

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Physician's Order Form

Hemodialysis Orders

GMHA #4950

Stock # 994950 FORM REVISED 3/18/2013

Approved Date: MM/DD, YYYY

DO NOT USE:

U: MS
IU: MSO4
Q.D: MgSO4
Q.O.D: Troling zero
Lack of leading zero

Summary/Blanket orders are unacceptable.
Medication orders must be complete.
PRN medication orders must include an indication.
Write legibly.
Rewrite orders upon transfer and/or post-operatively.
Date, time, and sign verbal & telephone orders within 48 hours.