

**PHYSICIAN'S ORDER
(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

Dialysis 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 () 300mL/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 \leq 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.

() Zemplar/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 \leq 90 mmHg x 2.

() SPA 25% 12.5 grams 50 mL IVP every 10 minutes PRN for SBP \leq 90 mm Hg x 2.

() Mannitol 25% 12.5 grams 50mL IVP every 10 minutes PRN for SBP \leq 90 mmHg x2.

() 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: _____

IVF and MEDICATION ORDERS ONLY

- ✓ 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

DO NOT USE:

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

PATIENT ID LABEL

**Physician's Order Form
Hemodialysis Orders**