

McLaren Print System Order

Order No: 44218
 Order Date: 2019-04-03
 User: amy thorsby
 Phone: 810-342-2175

Ship Location: Attn Keri Foster, Acute dialysis, 4C, McLaren Flint
 401 s ballenger hwy
 flint, mi

Forms

Quantity: 500
 Paragon Dept No: 44010
 Dept Name: acute dialysis
 Company Number: 60

Order Total Price: 61.50

Item Number: M-1708-102
 Item Description: Acute Dialysis Order Set
 Revision Date: 4/2018
 Print: 1 sided black and white
 Paper: 2 Part (White, Yellow)
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: 5 Hole Top 3 Hole Side
 Misc Info:

**McLaren Flint
HEMODIALYSIS ACUTE DIALYSIS ORDER SET**

Treatment Type:
 Hemodialysis Treatment Duration: _____ hours _____ L as tolerated
 Ultrafiltration Duration: _____ hours _____ L as tolerated Dry wt: _____

Dialyzer:
 F150 BFR 500 mL/min BFR _____ mL/min
 F140 BFR 600 mL/min BFR _____ mL/min
 Other _____

Standard Dialysis Bath: Custom Dialysis Bath **Check labs, follow protocol!**
 2.5 K⁺ _____ K⁺ K⁺ less than 3.4 _____ use 4K⁺ bath, check Dx
 2.5 Ca⁺⁺ _____ Ca⁺⁺ K⁺ 3.5 to 4.4 _____ use 3K⁺ bath
 35 mEq Bicarb _____ mEq Bicarb K⁺ 4.5 to 5.5 _____ use 2K⁺ bath
 _____ mEq Bicarb K⁺ 5.6 to 6.0 _____ use 2K⁺ bath, check Dx
 K⁺ greater than 6 _____ check Dx

Standard Dialysate Prescription: **Custom Dialysate Prescription:** **Ultrafiltration Profile:** **Sodium Program:**
 Nap⁺ 140 _____ Nap⁺ #1 #2
 Temp 36.5 °C Cold Dialysate - 36.5 °C #3 #4 Step
 Cit-Line No Cit-Line N/A Linear
 Exp/ential
 Mix

Repeats:
 No repeats, use 0.9% NS flushes, 100 ml every 30 minutes Repeats 1000 units/ml, post dwell per Catheter lengths
 Low dose 1000 unit NVP, then 500 units per hour Sodium Citrate, post dwell per Catheter lengths
 Regular dose 2000 unit NVP, then 1000 units per hour Normal Saline, post dwell per Catheter lengths
 High dose 3000 unit NVP
 Other _____

Medications:
 Darifenacin (Aronsp) _____ mg IVP during dialysis once per week, do NOT give if Hgb is greater than 10 g/l
 Pseudoephedrine (Sudafed) _____ mg IVP during dialysis
 Mometasone _____ mg IVP during dialysis for _____ treatments
 Albumin _____ gm IVP or infusion during dialysis
 Chondroitin (Diflran) 4 mg IVP during dialysis for haemostasis, a 1 dose
 Diphenhydramine (Benadryl) 25 mg IVP during dialysis, other dose _____ PRN
 Nitroglycerin 3.4 mg SL every 3 minutes x 3 for chest pain, if BP greater than 110/70
 Atropine 2 mg per 1000cc (included for at least 30 minutes) for dialysis catheters with inadequate blood flow rate of 200mL/minute or less

Labs:
 Initial labs on all new patients (POE Dialysis Labs Initial): Albumin, BUN, CBC, Ferritin, High A/C Direct, Ionized Calcium, Ion, Ion-Sat, Magnesium, Phosphorus, PTH intact, Hepatitis B I/II, Hepatitis B Surface Antigen, Hepatitis C
 Hepatitis Labs (Hepatitis A IgM, Hepatitis B Surface Antigen, Hepatitis C)
 BUN CBC Phosphorus Albumin PTH Intact Blood Cultures
 Other labs: _____

Other orders: _____

Spec Info:

 Physician Signature Date (required) Time (required)

 Verbal Telephone Orders by Registered RN Date/Time For Tix Date

 PHYSICIAN ORDERS AND INSTRUCTIONS TO NURSE
 M - 1104 - 03 Rev 4.18

