

McLaren Print System Order

Order No: 46090 Reprint Previous Order No: 6230
 Order Date: 2019-06-10
 User: sam wolcott
 Phone: 810 342 2575

Ship Location: McLaren Flint Acute Dialysis

Forms

Quantity: 500
 Paragon Dept No: 44010
 Dept Name: 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
 Ultrafiltration
 Duration: _____ hours _____ L as tolerated
 Duration: _____ hours _____ L as tolerated Dry wt: _____

Diluent:
 F100
 F100
 Other _____
 BFR 500 mL/min BFR _____ mL/min
 DFR 600 mL/min DFR _____ mL/min

Standard Dialysate Bath: Custom Dialysate Bath: _____ **Check lab, follow protocol!**
 2 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 3K⁺ bath.
 K⁺ 5.5 to 6.0 _____ use 2K⁺ bath, check Dx.
 K⁺ greater than 6 _____ check Dx.

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

Heparin:
 No heparin, use 0.5% NS flushes, 100 ml every 30 minutes Heparin 1000-unit/hr, post dwell per Catheter length
 Low dose 1000 unit IVP then 500 units per hour Sodium Citrate, post dwell per Catheter length
 Regular dose 2000 unit IVP then 1000 units per hour Normal Saline, post dwell per Catheter length
 High dose 3000 unit IVP
 Other _____

Medications:
 Darifenacin (Ivoneq) _____ mg IVP during dialysis once per week, do NOT give if Hgb is greater than 10 g/l
 Penicillin G (Zemplin) _____ mg IVP during dialysis
 Vancomycin _____ mg IVP during dialysis for _____ treatments
 Albumin _____ gm IVP or infusion during dialysis
 Chondroitin (Diltan) 4 mg IVP during dialysis for haemostasis at 1 dose
 Eprex/epoetin (Benebyl) 85 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 lumen (available 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, Ser, Sat, Magnesium, Phosphorus, PTH intact, Hepatitis B IGM, 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 lab: _____

Other orders:

Physician Signature _____ Date (required) _____ Time (required) _____
 Verbal/Telephone Orders by Nephrologist/PRN _____ Date/Time _____ For TX Date _____

PHYSICIAN ORDERS AND INSTRUCTIONS TO NURSE
 M - 156 - 03 Rev 4.18

6400