

McLaren Print System Order

Order No: 46093
 Order Date: 2019-06-10
 User: Renee Pifer
 Phone: 810-342-2325

Ship Location: McLaren Flint ICU / Renee Pifer
 401 S. Ballenger Hwy.
 Flint , Mi

Forms
 Quantity: 100
 Paragon Dept No: 20010
 Dept Name: McLaren Flint ICU
 Company Number: 60

Order Total Price: 12.30

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: _____

Diluter:
 F100 BFR 500 mL/min BFR _____ mL/min
 F100 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 9K ⁺ bath, check Dx.
2.5 Ca ⁺⁺ _____ Ca ⁺⁺	K ⁺ 3.5 to 4.4 _____ use 9K ⁺ bath
35 mEq Bicarb _____ mEq Bicarb	K ⁺ 4.5 to 5.5 _____ use 9K ⁺ bath
	K ⁺ 5.6 to 6.0 _____ use 9K ⁺ bath, check Dx.
	K ⁺ greater than 6 _____ check Dx.

Standard Dialysis Prescription: **Custom Dialysis Prescription:** **Ultrafiltration Profile:** **Sodium Program:**

Na ⁺ 140 _____	Na ⁺ _____	<input type="checkbox"/> #1 <input type="checkbox"/> #2	<input type="checkbox"/> Step
Temp 36.5 °C	<input type="checkbox"/> Cold Dialysate - 36.5 °C	<input type="checkbox"/> #3 <input type="checkbox"/> #4	<input type="checkbox"/> Linear
On-Line	<input type="checkbox"/> No On-Line	<input type="checkbox"/> N/A	<input type="checkbox"/> Exponential
			<input type="checkbox"/> Sdk

Repeat:
 No Repeat, use 0.8% NS flushes, 100 ml every 30 minutes Repeat 1000 units/ml, post dwell per Catheter lengths
 Low dose 1000 unit IVP then 500 units per hour Sodium Citrate, post dwell per Catheter lengths
 Regular dose 2000 unit IVP then 1000 units per hour Normal Saline, post dwell per Catheter lengths
 Tight dose 3000 unit IVP
 Other _____

Medications:
 Darbapostin Alfa (Aranesp) _____ mg IVP during dialysis once per week, do NOT give if Hgb is greater than 10 g/dl
 Penicillin G (Emlen) _____ mg IVP during dialysis
 Wandersol _____ mg IVP during dialysis for _____ treatments
 Albumin _____ gm IVP or infusion during dialysis
 Chondroitin (Diflucan) 4 mg IVP during dialysis for haemostasis at 1 dose
 Diphenhydramine (Benadryl) 25 mg IVP during dialysis, other dose _____ PRN
 Nitroglycerin 0.4 mg SL every 3 minutes x 3 for chest pain, if BP greater than 110/70
 Atropine 2 mg per syringe (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 Creat, Ionized Calcium, Iron, Sol-Sat, Magnesium, Phosphorus, PTH intact, Hepatitis A 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 labs: _____

Other orders: _____

Spec Info:

 Physician Signature Date (required) Time (required)

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

PHYSICIAN ORDERS AND INSTRUCTIONS TO NURSE
 M - 1156 - 03 Rev 4.18

6400