McLaren Flint ACUTE DIALYSIS ORDER SET		PATIENT IDENTIFICATION
TREATMENT TYPE: Image: Hemodialysis Treatment Image: Ultra Filtration	Duration:hours Duration:hours	L as tolerated L as tolerated
DIALYZER : □ +160 □ BFR 500 mL/ □ 180 □ DFR 800 mL/ □ 200 □ Other:	/min /min	BFR mL/min DFR mL/min
DIALYSIS BATH CONCENTRATE: □ K+2 □ Custo Ca 2.5 K+ Bicarb 40 mEq Ca Bicarb	om Solution: omEq	 □K+ less than 3.5use 4K bath K+ 3.4 to 4use 3K bath K+ 4.1 to 5.5use 2K bath K+greater than 5.6use 1K bath
 □K+ less than or equal to 3.4use 4K bath K+ 3.5 to 4.4use 3K bath K+ 4.5 to 5.5use 2K bath K+5.6 to 6use 2K bath, then check with Dr. K+ greater than 6use 1K bath, then check with Dr. 		
DIALYSATE PRESCRIPTION: Soc Na 140 Temp – 36.5 Cold Dialusate 35.5	dium Program Ultra □ Step □ Linear □ # □ Exp.	filtration Profile □ # 1 □ # 2 3 □ # 4
MEDICATIONS:		
LABS: Pre Labs if not done: Hepatitis Panel (on all new patients) CBC BMP Albumin Blood Cultures Phos		
OTHER ORDERS:		
 Transfusion units Packed Red Blood Cells Follow protocol for Treatment of Hypertension/Hypovolemia/Cramps Follow protocol for Blood Flow Rate Adjustment 		
Physician Signature	Date (require	ed) Time (required)
Verbal / Telephone Orders by Nephrolog	gist RN	Date and Time (required)



PHYSICIANS ORDERS AND INSTRUCTIONS TO NURSE