

McLaren Print System Order

Order No: 7685
Order Date: 2014-12-17
User: Harold Johnson
Phone: 22175

Ship Location: McLaren Flint/Dialysis
401 South Ballenger Highway
Flint, Michigan 48532

Forms
Quantity: 500
Paragon Dept No: 44010
Dept Name: Dialysis
Company Number: 60

Order Total Price: 58.50

Item Number: M-1708-102
Item Description: Acute Dialysis Order Set
Revision Date: 3/13/2014
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren Flint
ACUTE DIALYSIS ORDER SET

PATIENT IDENTIFICATION

Diagnosis Type
 Ultra Treatment Duration: _____ hours as indicated
 Ultra Treatment Duration: _____ hours as indicated

Diagnosis
 CHF Left sided CHF Right sided CHF
 HF Left sided HF Right sided HF
 HF Biventricular HF HF with preserved EF
 HF HF with reduced EF

Dialysis Parameters **Dialyzer** **Ultrafiltration Profile** F2
 4.0 Spine # 8 # 8
 4.5 Spine # 8 # 8
 5.0 Spine # 8 # 8
 5.5 Spine # 8 # 8

INDICATIONS
 Hemodynamic Unstable (AKA/AVG) may S/P during dialysis 1 hour/week
 Pericardial/PERICARDIUM may S/P during dialysis
 Unstable may S/P during dialysis
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WARNINGS
 Low Clamp 1,000 and Below may S/P during dialysis
 High Clamp 1,000 and Below may S/P during dialysis

LABS
 Lab at 1:00 AM Heparin Panel (on all over patients) CBC BMP Albumin Blood Culture P/a

Clinical Orders
 Transfusion _____ units Packed Red Blood Cells
 Follow protocol for Treatment of Hypertension/Hypotension Changes
 Follow protocol for Blood Flow Rate Adjustment

Physician Signature _____ Date (required) _____ Time (required) _____
Initial Telephone Order by Technologist _____ SS _____ Date and Time (required) _____

PHYSICIANS ORDERS AND INSTRUCTIONS TO NURSE

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