

McLaren Acute Dialysis  
CCPD Orders

TREATMENT BASED ORDERS

Total Sleep Time: \_\_\_\_\_

Total Volume: \_\_\_\_\_

Fill Volume: \_\_\_\_\_

Last Fill:  Yes  No If Yes: Volume: \_\_\_\_\_ Type: \_\_\_\_\_

Dextrose: \_\_\_\_\_ 1.5% \_\_\_\_\_ 2.5% \_\_\_\_\_ 4.25% Bag sizes:  5000ML

Exit Site Care Daily

CYCLE BASED ORDERS

Fill#: \_\_\_\_\_

Fill Volume: \_\_\_\_\_

Last Fill:  Yes  No If Yes: Volume: \_\_\_\_\_ Type: \_\_\_\_\_

Dwell Time: 1 hour 30 minutes unless otherwise specified orders

Fill Time:  10 minutes 2000-2400ML  15 minutes 2500-3000ML

Drain Time: AUTO

Dextrose \_\_\_\_\_ 1.5% \_\_\_\_\_ 2.5% \_\_\_\_\_ 4.25% Bag sizes:  5000ML

Exit Site Care Daily

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Verbal / Telephone Orders by Nephrologist/RN

Date/Time

For Tx Date

Home Unit: \_\_\_\_\_

Transporter Type:

- High  High Average  Low Average  
 Low  Unknown



PT.

MR.#/RM.

DR.