McLaren Business Products

McLaren Print System Order

Order No: 46089 Reprint Previous Order No: 6230
Order Date: 2019-06-10
User: Josh Musclow
Phone: 810-342-1560

Ship Location: McLaren Flint - 3 South OR
G-1090 N Ballenger Rd
Flint, MI 48504
Forms
Quantity: 500
Paragon Dept No: 92170
Dept Name: Graphics
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 Duration: _____ hours _____ L as tolerated
☐ Ultrafiltration Duration: _____ hours _____ L as tolerated Dry Wt: _____

Dialyzer:
☐ F100 ☐ BFR 500 mL/min ☐ BFR _____ mL/min
☐ F160 ☐ DFR 800 mL/min ☐ DFR _____ mL/min
☐ Other _____

Standard Dialysis Bath: ☐ **Custom Dialysis Bath:**
2 K+ _____ K+
2.5 Ca+ _____ Ca+
35 mEq Bicarb _____ mEq Bicarb

Check labs, follow protocol:
K+ less than 3.4 _____ use 4K+ bath, check Dr.
K+ 3.5 to 4.4 _____ use 3K+ bath
K+ 4.5 to 5.5 _____ use 2K+ bath
K+ 5.6 to 6.0 _____ use 2K+ bath, check Dr.
K+ greater than 6 _____ check Dr.

Standard Dialysate Prescription:
Na+ 140
Temp 36.5 °C
Crit-Line

Custom Dialysate Prescription:
Na+_____
☐ Cold Dialysate - 35.5 °C
☐ No Crit-Line

Ultrafiltration Profile:
☐ #1 ☐ #2
☐ #3 ☐ #4
☐ N/A

Sodium Program:
☐ Step
☐ Linear
☐ Exponential
☐ N/A

Heparin:
No heparin, use 0.9% NS flushes, 100 ml every 30 minutes
☐ Low dose 1000 unit IVP, then 500 units per hour
☐ Regular dose 2000 unit IVP, then 1000 units per hour
☐ Tight dose 2000 unit IVP
☐ Other: _____
☐ Heparin 1000 units/mL, post dwell per Catheter lengths
☐ Sodium Citrate, post dwell per Catheter lengths
☐ Normal Saline, post dwell per Catheter lengths

Medications:
☐ Darbepoetin Alfa (Aranesp) _____ mcg IVP during dialysis once per week, do NOT give if Hgb is greater than 10 g/dl
☐ Paricalcitol (Zemplar) _____ mcg IVP during dialysis
☐ Venofer _____ mg IVP during dialysis for _____ treatments
☐ Albumin _____ gm IVP or infusion during dialysis
☐ Ondansetron (Zofran) 4 mg IVP during dialysis for nausea/vomiting x 1 dose
☐ Diphenhydramine (Benadryl) 25 mg IVP during dialysis, ☐ other dose _____ PRN
☐ Nitroglycerin 0.4 mg SL every 5 minutes x 3 for chest pain, if BP greater than 110/70
☐ Alteplase 2 mg per lumen (instilled 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 (CPOE Dialysis Labs Initial): Albumin, BMP, CBCD, Ferritin, High A1C Direct, Ionized Calcium, Iron, Iron 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)
☐ BMP ☐ CBC ☐ Phosphorus ☐ Albumin ☐ PTH intact ☐ Blood Cultures
☐ Other labs: _____

Other orders:
_____
_____

Physician Signature | Date (required) | Time (required)

Verbal/Telephone Orders by Nephrologist/RN | Date/Time | For TX Date

PHYSICIANS ORDERS AND INSTRUCTIONS TO NURSE
M - 1708 - 102 Rev. 4-18

6400