Urgent Start Peritoneal Dialysis

**Provider Initial:**

**Page 1 of 3**

### Urgent Start Peritoneal Dialysis [30400920]

#### PHYSICIAN ORDERS

#### PATIENT INFORMATION

##### PHYSICIAN ORDERS

**Patient Information**

**Height**

**Weight**

**Allergies**

**General**

**Notify Provider**

- Notify provider: 
  
  **Routine, Once, Starting today For 1 Occurrences**
  - Pulse greater than:
  - Respiratory rate less than:
  - Respiratory rate greater than:
  - Temperature greater than (celsius):
  - Urine output less than (mL/hr):
  - Systolic BP greater than:
  - Systolic BP less than:
  - Diastolic BP greater than:
  - Diastolic BP less than:
  - Other:
    - Contact Nephrologist for initial inpatient lab orders for inpatient treatment.

**Nursing Interventions**

- Nursing communication: 
  
  **Routine, Until discontinued, Starting today**, Patient to be kept in recumbent position. May turn from side to side. Drain fluid before sitting up or standing.

- Nursing communication: 
  
  **Routine, Until discontinued, Starting today**, Check for dialysis fluid leaks through catheter exit site every 2 hours during treatment. If leak is detected at exit site, drain patient, discontinue treatment and notify Nephrologist.

- Nursing communication: 
  
  **Routine, Until discontinued, Starting today**, If patient is an outpatient and leak is detected, order Keflex 500 mg PO. If patient is an outpatient and leak is detected, order Keflex 500 mg PO twice daily times 5 days.

**Dialysis Prescription**

- Urgent Start Peritoneal Dialysis: 
  
  - **Routine, Once, Starting today**
  - Initiate Automated PD:
    - Therapy Time: 6 Hours
    - Number of Treatments per Week: 3 times weekly
    - Dialysate Dextrose:
      - Total Volume (L):
      - Fill volume first week (ml):
      - Fill volume second week (ml):
      - Fill volume 3rd week (ml):
      - Last fill volume (L):
    - Other Treatments:

- Inpatient CAPD:
  
  - **Routine, Starting today**
  - Dialysate Dextrose:
  - Number of Exchanges:
  - Fill volume (L):
  - Dwell time:
  - Add midday exchange?
  - Dialysate Dextrose:
    - Fill volume first week (ml):
    - Fill volume second week (ml):
    - Fill volume 3rd week (ml):
    - Fill volume (L):
    - Therapy time (hours):
    - Treatments per week:
Inpatient Automated Peritoneal Dialysis

- Dialysate Dextrose: ___________________________ Required
- Fill volume (L): ___________________________ Required
- Total treatment time (hours): ________________ Required
- Final fill dialysate (%): ______________________ Required
- Last fill volume (L): ________________________ Required
- Therapy time (hours):
  - Treatments per week:
    - Fill volume first week (ml):
    - Fill volume second week (ml):
    - Fill volume 3rd week (ml):

__Labs__

SAH, SCH, SFH, SJMC & HARRISON Initial Outpatient Treatment Mixed Lab Panel

- [ ] Comprehensive metabolic, renal - HD Routine, Lab Collect, Expires: 6/26/15
- [ ] Hemogram, renal Routine, Lab Collect, Expires: 6/26/15
- [ ] Hepatitis panel, chronic Routine, Lab Collect, Expires: 6/26/15
- [ ] PTH, intact and calcium Routine, Lab Collect, Expires: 6/26/15
- [ ] Vitamin B12 Routine, Lab Collect, Expires: 6/26/15
- [ ] Folate Routine, Lab Collect, Expires: 6/26/15
- [ ] Vitamin D 25 hydroxy Routine, Lab Collect, Expires: 6/26/15
- [ ] Magnesium Routine, Lab Collect, Expires: 6/26/15
- [ ] Ferritin Routine, Lab Collect, Expires: 6/26/15
- [ ] Iron and TIBC Routine, Lab Collect, Expires: 6/26/15
- [ ] Hemoglobin A1c Routine, Lab Collect, Expires: 6/26/15
- [ ] Reticulocytes Routine, Lab Collect, Expires: 6/26/15

Highline IP Initial Outpatient Treatment Mixed Lab

- [ ] Hepatitis panel, chronic Routine, Lab Collect, Expires: 6/26/15
- [ ] PTH, intact and calcium Routine, Lab Collect, Expires: 6/26/15
- [ ] Vitamin B12 Routine, Lab Collect, Expires: 6/26/15
- [ ] Folate Routine, Lab Collect, Expires: 6/26/15
- [ ] Vitamin D 25 hydroxy Routine, Lab Collect, Expires: 6/26/15
- [ ] Magnesium Routine, Lab Collect, Expires: 6/26/15
- [ ] Ferritin Routine, Lab Collect, Expires: 6/26/15
- [ ] Iron and TIBC Routine, Lab Collect, Expires: 6/26/15
- [ ] Hemoglobin A1c Routine, Lab Collect, Expires: 6/26/15
- [ ] Reticulocytes Routine, Lab Collect, Expires: 6/26/15

SAH, SCH, SFH, SJMC & HARRISON Inpatient Chemistry Weekly Labs

- [ ] Basic metabolic, renal As needed, Starting today Weekly.

Provider Initial: ____________________________
### Highline Initial Inpatient Treatment Mixed Lab Panel

<table>
<thead>
<tr>
<th>Test</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis panel, chronic</td>
<td>Once, Starting today</td>
</tr>
<tr>
<td>PTH, intact and calcium</td>
<td>Once, Starting today</td>
</tr>
<tr>
<td>Vitamin B12</td>
<td>Once, Starting today</td>
</tr>
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<tr>
<td>Hemoglobin A1c</td>
<td>Once, Starting today</td>
</tr>
<tr>
<td>Reticulocytes</td>
<td>Once, Starting today</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

### SAH, SCH, SFH, SJMC & HARRISON Inpatient Hematology Weekly Labs

<table>
<thead>
<tr>
<th>Test</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemogram, renal</td>
<td>As needed, Starting today Weekly.</td>
</tr>
</tbody>
</table>

### Medications

<table>
<thead>
<tr>
<th>Medication</th>
<th>Strength</th>
<th>Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>heparin (bovine) injection</td>
<td>1,000 units/mL</td>
<td>5,000 Units, IntraVENous Goes in dialysate. Medication to be given by DIALYSIS Nurse Routine</td>
</tr>
</tbody>
</table>

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Date: _____ Time: ______ Printed Name of Ordering Provider: ________________________________________________________________

Provider Signature: ________________________________________________________________

Date: _____ Time: _____ RN Acknowledged: ________________________________________________________________