



Physician Orders

LEB Hemodialysis Outpatient Plan

[X or R] = will be ordered unless marked out.

attach patient label

PEDIATRIC

Height: _____ cm Weight: _____ kg

Allergies: _____ [] No known allergies

[] Latex allergy [] Other: _____

[] Initiate PowerPlan Phase T;N, Phase: LEB Hemodialysis Outpatient Phase, When to initiate: _____

Admission/Transfer/Discharge

[] Patient Status Initial Outpatient Attending Physician: _____

Outpatient Status/Service: [] OP-A [] OP-Diagnostic Procedure [] OP-Observation Services

Initial status – inpatient --- For a condition/dx with severity of illness or co-morbid conditions indicating a hospital stay greater than 24 hours is required.

Initial Status Outpatient – Ambulatory surgery – Outpatient surgery/procedure with discharge anticipated after a routine or, in some cases, extended recovery.

- Routine recovery after outpatient surgery is estimated at 6-8 hours.
- “Extended” routine recovery may be required for a patient to stay longer (could be overnight) to recover from anticipated sequela of surgery including effects of anesthesia, nausea, pain.
- For unanticipated sequela of surgery or a complicated post operative course, the patient may require a status change to inpatient. Please consult with a case manager before making this choice of “status change”.
- Examples: Initial status outpatient is generally selected for patients undergoing PCI, diagnostic caths, EP studies, ablations, pacemaker implantations, other routine surgeries.

Initial status Outpatient -Observation Services – Short term treatment, assessment and reassessment - estimate discharge within 24 hours

- In some cases (for Medicare patients), this can be extended to 48 hours.
- Observation Services can also be utilized when it is unclear (without additional assessment) whether the patient will require an inpatient stay.

[] Notify Physician Once T;N, of room number on arrival to unit

[] NPO T;N

Patient Care

[] Hemodialysis-Pediatric T;N, Routine, MWF, Length of Trmt: 3 Hours, Dialysate: 2K, 3Ca, Rate(Blood/Dialysate): 500, Dialyzer: F 160, Heparin: 1000 unit bolus

*need additional fields to choose details Blood Lines: adult or pediatric

Na+ Modeling: 145-138, linear fashion, PRN

Maximum Blood Flow: 200mL/min, 250mL/min, 300mL/min, 350mL/min, 400mL/min

Dialysis Needles, Gauge: 15,16 or 17

[] Isolation Precautions T;N, Isolation Type: _____

[] Weight T;N, Routine, prior to dialysis

[] Weight T;N, Routine, after dialysis

[] Height T;N, Routine, once, q month

[] Access Blood Flow Study T;N, Routine, once, q month

[] No BP or Venipunctures T;N, no BP or venipuncture in access arm

[] DIALYSIS Nsg Communication T;N, Once a month, immediately upon completion of dialysis treatment: 1. Obtain BUN level 30 seconds after completion, 2. Obtain BUN level 15 minutes after

Continuous Infusions

[] Sodium Chloride 0.9% _____mL (2mL/kg), injection, device, PRN Hypotension, T;N, for BP support during treatment



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Medications	
<input type="checkbox"/>	epoetin alfa _____ units, Injection, device, MWF, Routine, T;N
<input type="checkbox"/>	paricalcitol _____ mcg, Injection, device, MWF, Routine, T;N
<input type="checkbox"/>	Ferrlecit 62.5 mg, Injection, device, MWF, Routine, T;N
<input type="checkbox"/>	Ferrlecit 62.5 mg, Injection, device, MWF (4 dose), Routine, T;N
<input type="checkbox"/>	Ferrlecit 125 mg, Injection, device, MWF , Routine, T;N
<input type="checkbox"/>	Ferrlecit 125 mg, Injection, device, MWF (4 dose), Routine, T;N
<input type="checkbox"/>	heparin _____ units, Injection, device, MWF, Routine, T;N, prime and discard
<input type="checkbox"/>	heparin _____ units, Injection, device, MWF, Routine, T;N, (bolus dose), in dialysis
<input type="checkbox"/>	heparin _____ units/hr, Injection, device, N/A, Routine, T;N, Discontinue heparin _____ minutes prior to the end of dialysis
<input type="checkbox"/>	influenza virus vaccine, inactivated (Influenza Virus Vaccine PF Ages 6-35 Months) 0.25ml, Injection, IM, once, Routine, T;N
<input type="checkbox"/>	influenza virus vaccine, inactivated (Influenza Virus Vaccine Ages=> 36 Months) 0.5ml, Injection, IM, once, Routine, T;N
<input type="checkbox"/>	pneumococcal 23-valent vaccine 0.5ml, Injection, IM, once, Routine, T;N
<input type="checkbox"/>	hepatitis B adult vaccine dialysis 40 mcg/mL intramuscular suspension 20 mcg, Injection, IM, once, Routine, T;N Order Comment: For patients less than 20 years
<input type="checkbox"/>	hepatitis B adult vaccine dialysis 40 mcg/mL intramuscular suspension 40 mcg, Injection, IM, once, Routine, T;N Order Comment: For patients 20 years and greater
Laboratory	
<input type="checkbox"/>	Blood Culture T;N, routine, blood, once, nurse collect, source: peripheral blood, dialysis
<input type="checkbox"/>	Type and Crossmatch- pediatric >4 mor T;N, routine, blood, once
Consults/Notifications	
<input type="checkbox"/>	Notify Physician for Vital Signs of T;N, For: SBP < _____ or > _____, DBP < _____ or > _____, HR < _____ or > _____, Temp < _____ or > _____ Who: _____, Special
<input type="checkbox"/>	Consult Clinical Dietitian T;N, Type: Nutrition Management, Renal Diet
<input type="checkbox"/>	Consult Medical Social Work T;N, routine, Reason: _____
<input type="checkbox"/>	Consult Child Life T;N
<input type="checkbox"/>	Consult Teacher T;N
<input type="checkbox"/>	Transplant Coordinator Consult T;N, Routine Reason: _____
<input type="checkbox"/>	Consult Clinical Psychologist (LeB only) T;N

Date _____ Time _____ Physician's Signature _____ MD Number _____