

**Physician Orders ADULT**

attach patient label here

Order Set: CRRT-SLED Fresenius Orders

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies: ☐ No known allergies☐ Medication allergy(s): _____☐ Latex allergy ☐ Other: _____**Vital Signs**☐ Vital Signs T;N, q15 minutes x4h, q30 minutes x2h then q1h**Patient Care**☐ CRRT-SLED Fresenius Requested Start Date/Time: _____

Frequency: once

Length of Treatment options: _____ 6hr _____ 8hr _____ 12hr, _____ Continuous

Other: _____ hr.

Blood Flow Rate: Initial BFR= 100mL/min, increase by 10mL/min over 15 minutes up to 200 mL/min as tolerated

Dialysate Flow Rate: _____ 100 mL/min, _____ 200 mL/min, _____ 300 mL/min

Other: _____ mL/min

Dialyzer options: _____ F50 NR

Dialysis Dialysate Bath options: _____ 2K2.5CA _____ 3K2.5CA _____ 4K2.25Ca

_____ 1K2.5CA _____ 3K3CA _____ 2K2CA _____ 1K2.5CA Citrate _____ 2K 2.5 CA

Citrate _____ 3K3CA Citrate

Ultra Filtration options:

_____ Do not remove any fluid,

_____ Begin removing _____ mL/hr and titrate to remove a maximum of _____ mL.hr

Ultra Filtration options: Do not remove any fluid

Ultra Filtration options: Begin removing 50 mL/hr and titrate to remove a maximum of 100 mL.hr

Ultra Filtration options: Begin removing 50 mL/hr and titrate to remove a maximum of 150 mL.hr

Ultra Filtration options: Begin removing 50 mL/hr and titrate to remove a maximum of 200 mL.hr

Ultra Filtration options: Begin removing 50 mL/hr and titrate to remove a maximum of 250 mL.hr

Ultra Filtration options: Begin removing _____ mL/hr and titrate to remove a maximum of _____ mL.hr

Type of Vascular Access: (check appropriate blank)

Tunneled Catheter- _____ Left IJ _____ Right IJ _____ Left Femoral _____

Right Femoral

Temporary Catheter - _____ Left IJ _____ Right IJ _____ Left SCL _____ Right SCL

_____ Left Femoral _____ Right Femoral

☐ Intake and Output T;N, Routine, q4h**Medications****NOTE: If ordering citrasate dialysis bath DO NOT order heparin.**☐ heparin (Dialysis Circuit _____ 1,000 units _____ 2,000 units _____ units, injection, Device, Routine, Prime) T;N, once, Comment: to prime extracorporeal circuit and discard.☐ heparin (Intradialytic Load) _____ 1,000 units _____ 2,000 units _____ units Injection, Device, Routine, T;N, once, Comment: at initiation of dialysis.☐ Saline Flush with TEGO 10 mL, Injection, IV Push, PRN, Other, Routine, T;N, Comment: Flush dialysis line with connector TEGO connector

Date

Time

Physician's Signature

MD Number

