



## Physician Orders ADULT: Hemodialysis Adult Plan

### Hemodialysis Adult Phase

#### Non Categorized

If patient has a new AVF/Graft please order QB 250ml/min and 17g needle(NOTE)\*  
Heparin and Saline MUST be ordered separately in medication section below.(NOTE)\*

- ☐ Add To Problem List  
*Problem: Hemodialysis patient*

- ☐ Add To Problem List

#### Patient Care

- ☒ Hemodialysis Adult  
*Hold Ultrafiltration if SBP less than \_\_\_\_\_.*
- ☐ No BP or Venipunctures  
*No BP or venipunctures \_\_\_\_ arm*
- ☐ DIALYSIS Nsg Communication  
*Do not give patient heparin - HEPARIN ALLERGY*
- ☒ DIALYSIS Nsg Communication  
*Place order for Hep B surface antigen if last result greater than 6 months old*

#### Nursing Communication

- ☐ Nursing Communication  
*GIVE all AM blood pressure medications as ordered on day of dialysis.*
- ☐ Nursing Communication  
*HOLD all AM blood pressure medications as ordered on day of dialysis*

#### Medications

- ☐ **+1 Hours** albumin, human 25%  
*25 g, Injection, Device, q15min, PRN Hypotension, (for 4 dose)*  
*Comments: GIVE IN DIALYSIS, Give with Dialysis for systolic BP less than 90, 25g = 100mL. Nursing: Discontinue once dialysis has concluded.*
- ☐ **+1 Hours** NS Bolus  
*250 mL, Injection, IV Piggyback, q5min, PRN Other, specify in Comment, (for 3 dose)*  
*Comments: for 3 doses; GIVE IN DIALYSIS, for systolic BP less than 90. Nursing: Discontinue once dialysis has concluded.*
- ☐ **+1 Hours** Sodium Chloride 0.9% Flush  
*10 mL, Injection, IV Push, prn, PRN Other, specify in Comment*  
*Comments: GIVE IN DIALYSIS Flush dialysis line with TEGO connector. Nursing: Discontinue once dialysis has concluded.*
- NOTE: If ordering citrasate dialysis bath DO NOT order heparin.(NOTE)\*  
NOTE: If heparin desired, please order below.(NOTE)\*
- ☐ **+1 Hours** heparin  
*2,000 units, Injection, Device, once*  
*Comments: GIVE IN DIALYSIS to prime extracorporeal circuit and discard.*
- ☐ **+1 Hours** heparin  
*2,000 units, Injection, Device, once*  
*Comments: GIVE IN DIALYSIS at initiation of dialysis.*
- ☐ **+1 Hours** heparin  
*1,000 units, Injection, Device, q1h, PRN Other, specify in Comment*  
*Comments: GIVE IN DIALYSIS, discontinue order at last hour of dialysis*

#### Laboratory

- ☐ Hematocrit & Hemoglobin  
*Routine, T;N, once, Type: Blood*
- ☐ Hematocrit & Hemoglobin  
*Routine, T+1;0400, once, Type: Blood*
- ☐ Type and Crossmatch PRBC





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STAT, T;N, Type: Blood

Comments: Transfuse during dialysis treatment.

- ☐ Hold PRBC  
Routine, T;N, Reason: Other (Specify in Special Instructions), Transfuse with hemodialysis treatment.
- ☐ Transfuse PRBC's - Not Actively Bleeding  
Routine, T;N, Reason: Other(Specify in Special Instructions), Reason: Transfuse during dialysis treatment
- If Hep B Surface Antigen last result is greater than 6 months, please order below(NOTE)\*
- ☐ Hepatitis B Surface Antigen  
STAT, T;N, once, Type: Blood

**Consults/Notifications/Referrals**

- ☐ Notify Physician-Continuing  
Notify For: If heart rate is less than 60bpm or greater than 120bpm after initiation of dialysis

Date	Time	Physician's Signature	MD Number
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**\*Report Legend:**

DEF - This order sentence is the default for the selected order  
GOAL - This component is a goal  
IND - This component is an indicator  
INT - This component is an intervention  
IVS - This component is an IV Set  
NOTE - This component is a note  
Rx - This component is a prescription  
SUB - This component is a sub phase, see separate sheet  
R-Required order

