



Physician Orders ADULT: CCPD-Continuous Cycling PD Plan

CCPD-Continuous Cycling PD Phase

Patient Care

- ☐ R Peritoneal Dialysis-Automated PD
T;N, Routine
- ☒ Weight
T;N, QDay, Weigh before and after peritoneal dialysis.
- ☐ DIALYSIS Nsg Communication
T;N, Monitor and Record T, P,R,B/P, upon initiation and termination of treatment.

Medications

- ☐ **+1 Hours** Bactroban 2% topical cream
1 application, Cream, TOP, QDay, Routine, DO NOT SUBSTITUTE WITH OINTMENT
Comments: Apply to PD Catheter Exit Site
- If Topical Bactroban Cream Unavailable(NOTE)*
- ☐ **+1 Hours** gentamicin 0.3% ophthalmic solution
2 drop, Ophthalmic Soln, TOP, QDay
Comments: Apply to PD Catheter Exit Site
- ☐ **+1 Hours** Dianeal Low Calcium with 1.5% Dextrose
mL, Intraperitoneal, Dialysis Solution
- ☐ **+1 Hours** Dianeal Low Calcium with 2.5% Dextrose (Dianeal Low Calcium)
mL, Intraperitoneal, Dialysis Solution
- ☐ **+1 Hours** Dianeal Low Calcium with 4.25% Dextrose
mL, Intraperitoneal, Dialysis Solution
Last Fill Solution(NOTE)*
- ☐ **+1 Hours** Dianeal Low Calcium with 1.5% Dextrose
mL, Intraperitoneal, Dialysis - Last Fill Solution
- ☐ **+1 Hours** Dianeal Low Calcium with 2.5% Dextrose (Dianeal Low Calcium)
mL, Intraperitoneal, Dialysis - Last Fill Solution
- ☐ **+1 Hours** Dianeal Low Calcium with 4.25% Dextrose
mL, Intraperitoneal, Dialysis - Last Fill Solution
Mid-Day Exchange(NOTE)*
- ☐ **+1 Hours** Dianeal Low Calcium with 1.5% Dextrose
mL, Intraperitoneal, Dialysis - Mid Day Exchange
- ☐ **+1 Hours** Dianeal Low Calcium with 2.5% Dextrose (Dianeal Low Calcium)
mL, Intraperitoneal, Dialysis - Mid Day Exchange
- ☐ **+1 Hours** Dianeal Low Calcium with 4.25% Dextrose
mL, Intraperitoneal, Dialysis - Mid Day Exchange

Laboratory

- ☐ Body Fluid Profile
Routine, T;N, once, Type: Peritoneal Fluid, Nurse Collect
- ☐ Body Fluid Profile





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Routine, T;N, qam, Type: Peritoneal Fluid, Nurse Collect

Body Fluid Culture and Gram Stain are required prior to initiation of peritoneal dialysis. If not previously ordered, place order now.(NOTE)*

- ☐ Body Fluid Culture and Gram Stain

Routine, T;N, once, Specimen Source: Peritoneal Fluid Body Site: Peritoneum, Nurse Collect

- ☐ Culture, Anaerobic

Routine, T;N, once, Specimen Source: Exit Site Body Site: Peritoneum Other: Swab Peritoneal site, Nurse Collect, Method: Swab

Consults/Notifications/Referrals

- ☐ Notify Physician For Vital Signs Of
T;N

- ☐ Notify Physician-Continuing
T;N, S/S of infection, abdominal tenderness, fever, cloudy PD fluid, redness at catheter site, excessive fiber in fluid or any unusual event.

Date

Time

Physician's Signature

MD Number

***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

