**Physician Orders ADULT**

**Order Set: End Stage Renal Disease Orders**

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### Admission/Transfer/Discharge

- **Admit Patient to Dr.**
- **Admit Status:**
  - [ ] Inpatient
  - [ ] Routine Post Procedure <24hrs
  - [ ] 23 hour OBS

**NOTE to MD:** Admit as Inpatient: POST PCI (PTCA) care to cardiac monitored bed (Medicare requirement);

- severity of signs and symptoms, adverse medical event, patient does not respond to treatment.
- Post Procedure: routine recovery < 8 hours same day stay; extended recovery 8-24 hours
- expected overnight stay, complexity of procedure or pt. condition, i.e., laparoscopy, HNP.

**23 Hour Observation:** additional time needed to evaluate for inpatient admission, i.e. r/o MI, syncope, abdominal pain; patient will respond rapidly to treatment, i.e. dehydration.

- **Bed Type:**
  - [ ] Med/Surg
  - [ ] Critical Care
  - [ ] Stepdown
  - [ ] Telemetry
  - Specific Unit Location:

- **Notify Physician-Once T;N, room number upon arrival to unit**

### Vital Signs

- **Vital Signs**
  - T;N, Monitor and Record T,P,R,BP, q4h(std)

### Activity

- **Bedrest**
  - T;N
- **Bedrest w/BRP**
  - T;N
- **Out Of Bed**
  - T;N, Up Ad Lib
- **Out Of Bed**
  - T;N, With Assistance

### Food/Nutrition

- **Renal Diet Not On Dialysis**
  - Start at: T;N, Adult (>18 years), Fluid: 1500 cc's per day
- **Renal Diet Not On Dialysis**
  - Start at: T;N, Adult (>18 years), Potassium Restriction: 2 g and 1.7 g/kg per day of high biological value protein
- **Renal Diet Not On Dialysis**
  - Start at: T;N, Adult (>18 years), Potassium Restriction: 2 g and 1.5 g/kg per day of high biological value protein
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- **Renal Diet on Dialysis**
  - Start at: T;N, Adult (>18 years), Potassium Restriction: 2 g and 1.5 g/kg per day of high biological value protein
- **Sodium Control Diet**
  - Start at: T;N, Level: 2 gm
- **NPO**
  - Start at: T;N
- **Regular Adult Diet**
  - Start at: T;N
- **1800 Calorie ADA Diet (ADA Diet 1800 Calorie)**
  - Start at: T;N
- **Clear Liquid Diet**
  - Start at: T;N

### Patient Care

- **Intake and Output Strict**
  - T;N
- **Daily Weights**
  - T;N
- **Intermittent Needle Therapy Insert/Site (INT Insert/Site Care)**
  - T;N, q4day
- **Nursing Communication**
  - T;N, No BP’s or blood draws from AVF side
- **Whole Blood Glucose Nsg (Bedside Glucose Nsg)**
  - T;N, achs
- **Telemetry**
  - T;N

### Respiratory Care

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21904-RENAL ESRD-QM-0408-Ver3
**Physician Orders ADULT**

**Order Set: End Stage Renal Disease Orders**

[R] = will be ordered

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

### Continuous Infusions

#### Medications

<table>
<thead>
<tr>
<th>Description</th>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calcium acetate</td>
<td>1,334 mg</td>
<td>Cap, PO</td>
<td>Routine</td>
<td></td>
</tr>
<tr>
<td>Multivitamin (Nephrocaps)</td>
<td>1 cap</td>
<td>Cap, PO</td>
<td>QDay, Routine</td>
<td></td>
</tr>
<tr>
<td>Folic acid</td>
<td>400 mcg</td>
<td>Tab, PO</td>
<td>QDay, Routine</td>
<td></td>
</tr>
</tbody>
</table>

### Insulin Sliding Scale Protocol Orders

### Laboratory

<table>
<thead>
<tr>
<th>Description</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBC</td>
<td>T;N, Routine, once, Type: Blood</td>
</tr>
<tr>
<td>Basic Metabolic Panel (BMP)</td>
<td>T;N, Routine, once, Type: Blood</td>
</tr>
<tr>
<td>Comprehensive Metabolic Panel (CMP)</td>
<td>T;N, Routine, once, Type: Blood</td>
</tr>
<tr>
<td>CBC</td>
<td>T+1;0400, Routine, once, Type: Blood</td>
</tr>
<tr>
<td>Comprehensive Metabolic Panel (CMP)</td>
<td>T+1;0400, Routine, once, Type: Blood</td>
</tr>
<tr>
<td>Basic Metabolic Panel (BMP)</td>
<td>T+1;0400, Routine, once, Type: Blood</td>
</tr>
<tr>
<td>Renal Function Panel</td>
<td>T;N, Routine, once, Type: Blood</td>
</tr>
<tr>
<td>Magnesium Level</td>
<td>T;N, Routine, once, Type: Blood</td>
</tr>
<tr>
<td>Parathyroid Hormone Profile (PTH Profile)</td>
<td>Routine, T;N, once, Type: Blood</td>
</tr>
</tbody>
</table>

### Diagnostic Tests

### Consults/Notifications

<table>
<thead>
<tr>
<th>Description</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Consult</td>
<td>T;N</td>
</tr>
<tr>
<td>Medical Social Work Consult</td>
<td>T;N</td>
</tr>
<tr>
<td>Hemodialysis Unit Consult</td>
<td>T;N</td>
</tr>
<tr>
<td>Peritoneal Dialysis Unit Consult</td>
<td>T;N</td>
</tr>
<tr>
<td>Dietitian Consult</td>
<td>T;N</td>
</tr>
</tbody>
</table>

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Date ___________________ Time ___________________ Physician’s Signature ___________________ MD Number ___________________