Physician Orders ADULT: CAPD-Continuous Ambulatory PD Plan

CAPD-Continuous Ambulatory PD Phase

Vital Signs

☐ Vital Signs
  T;N, Routine Monitor and Record T,P,R,BP, per unit

Patient Care

R Peritoneal Dialysis-CAPD
  T;N, Routine

☐ Weight
  T;N, QDay, Weigh before and after peritoneal dialysis.

Medications

☐ +1 Hours Bactroban 2% topical cream
  1 application, Cream, TOP, QDay, Routine
  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

Exchange # 1(NOTE)*

☐ +1 Hours Dianeal Low Calcium with 1.5% Dextrose
  mL, Intraperitoneal, Exchange #1

☐ +1 Hours Dianeal Low Calcium with 2.5% Dextrose (Dianeal Low Calcium)
  mL, Intraperitoneal, Exchange #1

☐ +1 Hours Dianeal Low Calcium with 4.25% Dextrose
  mL, Intraperitoneal, Exchange #1

Exchange # 2(NOTE)*

☐ +1 Hours Dianeal Low Calcium with 1.5% Dextrose
  mL, Intraperitoneal, Exchange #2

☐ +1 Minutes Dianeal Low Calcium with 2.5% Dextrose (Dianeal Low Calcium)
  mL, Intraperitoneal, Exchange #2

☐ +1 Hours Dianeal Low Calcium with 4.25% Dextrose
  mL, Intraperitoneal, Exchange #2

Exchange # 3(NOTE)*

☐ +1 Hours Dianeal Low Calcium with 1.5% Dextrose
  mL, Intraperitoneal, Exchange #3

☐ +1 Hours Dianeal Low Calcium with 2.5% Dextrose (Dianeal Low Calcium)
  mL, Intraperitoneal, Exchange #3

☐ +1 Hours Dianeal Low Calcium with 4.25% Dextrose
  mL, Intraperitoneal, Exchange #3

Exchange # 4(NOTE)*
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+1 Hours Dianeal Low Calcium with 1.5% Dextrose
ml, Intraperitoneal, Exchange #4

+1 Hours Dianeal Low Calcium with 2.5% Dextrose (Dianeal Low Calcium)
ml, Intraperitoneal, Exchange #4

+1 Hours Dianeal Low Calcium with 4.25% Dextrose
ml, Intraperitoneal, Exchange #4

Exchange # 5(NOTE)*

+1 Hours Dianeal Low Calcium with 1.5% Dextrose
ml, Intraperitoneal, Exchange #5

+1 Hours Dianeal Low Calcium with 2.5% Dextrose (Dianeal Low Calcium)
ml, Intraperitoneal, Exchange #5

+1 Hours Dianeal Low Calcium with 4.25% Dextrose
ml, Intraperitoneal, Exchange #5

Laboratory

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

- Body Fluid Profile
  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 below.(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

- Hematocrit & Hemoglobin
  Routine, T;N, once, Type: Blood

- CBC
  Routine, T;N, once, Type: Blood

- CBC w/o Diff
  Routine, T;N, once, Type: Blood

- Reticulocyte Count
  Routine, T;N, once, Type: Blood

- Basic Metabolic Panel
  Routine, T;N, once, Type: Blood

- Comprehensive Metabolic Panel
  Routine, T;N, once, Type: Blood

- Magnesium Level
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Routine, T;N, once, Type: Blood

☐ Phosphorus Level
Routine, T;N, once, Type: Blood

☐ Iron Level
Routine, T;N, once, Type: Blood

☐ Ferritin Level
Routine, T;N, once, Type: Blood

☐ Iron Profile
Routine, T;N, once, Type: Blood

☐ PTH Intact Panel
Routine, T;N, once, Type: Blood

☐ Lipid Profile
Routine, T;N, once, Type: Blood

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