Methodist Le Bonheur Healthcare

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)*

1 1 1

Methodist
Le Bonheur Healthcare

Physician Orders ADULT: CAPD-Continuous Ambulatory PD Plan

- ☐ **+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

1 1 1

![Methodist Le Bonheur Healthcare logo]

Physician Orders ADULT: CAPD-Continuous Ambulatory PD Plan

       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

1 1 1