



**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
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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

