



Physician Orders ADULT
Order Set: Acute/Chronic Renal Failure Orders

[R] = will be ordered

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

Height: _____ cm Weight: _____ kg

Allergies:	<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s):	_____
<input type="checkbox"/> Latex allergy	<input type="checkbox"/> Other: _____

Admission/Transfer/Discharge

<input type="checkbox"/>	Patient Status Initial Inpatient	Attending Physician: _____
	Bed Type: <input type="checkbox"/> Med Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Obstetrics <input type="checkbox"/> Other	
<input type="checkbox"/>	Patient Status Initial Outpatient	Attending Physician: _____
	Outpatient Status/Service: <input type="checkbox"/> OP-Ambulatory <input type="checkbox"/> OP-Diagnostic Procedure <input type="checkbox"/> OP-Observation Services	

NOTE to MD:

Initial status – inpatient --- For a condition/dx with severity of illness or co-morbid conditions indicating a hospital stay greater than 24 hours is required.

Initial Status Outpatient – Ambulatory surgery – Outpatient surgery/procedure with discharge anticipated after a routine or, in some cases, extended recovery.

- Routine recovery after outpatient surgery is estimated at 6-8 hours.
- “Extended” routine recovery may be required for a patient to stay longer (could be overnight) to recover from anticipated sequela of surgery including effects of anesthesia, nausea, pain.
- For unanticipated sequela of surgery or a complicated post operative course, the patient may require a status change to inpatient. Please consult with a case manager before making this choice of “status change”.
- Examples: Initial status outpatient is generally selected for patients undergoing PCI, diagnostic caths, EP studies, ablations, pacemaker implantations, other routine surgeries.

Initial status Outpatient -Observation Services – Short term treatment, assessment and reassessment - estimate discharge within 24 hours

- In some cases (for Medicare patients), this can be extended to 48 hours.
- Observation Services can also be utilized when it is unclear (without additional assessment) whether the patient will require an inpatient stay.

Notify physician once T;N, of room number on arrival to unit

Primary Diagnosis: _____

Secondary Diagnosis: _____

Vital Signs

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

Activity

- | | | |
|--------------------------|---------------|----------------------|
| <input type="checkbox"/> | Bedrest | T;N |
| <input type="checkbox"/> | Bedrest w/BRP | T;N |
| <input type="checkbox"/> | Out Of Bed | T;N, Up Ad Lib |
| <input type="checkbox"/> | Out Of Bed | T;N, With Assistance |

Food/Nutrition

- | | | |
|--------------------------|---|---|
| <input type="checkbox"/> | Sodium Control Diet (Diet Sodium Control) | Start at: T;N, Level: 2 gm |
| <input type="checkbox"/> | Renal Diet Not On Dialysis | Start at: T;N, Adult (>18 years), Fluid 1200 cc's |
| <input type="checkbox"/> | Renal Diet Not On Dialysis | Start at: T;N, Adult (>18 years), Potassium Level 2 gm (52 meq), 1.7g/kg per day of high biological value protein |
| <input type="checkbox"/> | Renal Diet Not On Dialysis | Start at: T;N, Adult (>18 years), 0.8 g/kg per day protein restriction |
| <input type="checkbox"/> | Renal Diet Not On Dialysis | Start at: T;N, Adult (>18 years), normal protein 0.1 - 1.2 g/kg per day |





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Food/Nutrition (Continued)		
<input type="checkbox"/>	Renal Diet on Dialysis	Start at: T;N, Adult (>18 years), Fluid 1200 cc's
<input type="checkbox"/>	Renal Diet on Dialysis	Start at: T;N, Adult (>18 years), Potassium Level 2 gm (52 meq), 1.7g/kg per day of high biological value protein
<input type="checkbox"/>	Renal Diet on Dialysis	Start at: T;N, Adult (>18 years), 0.8 g/kg per day protein restriction
<input type="checkbox"/>	Renal Diet on Dialysis	Start at: T;N, Adult (>18 years), normal protein 0.1 - 1.2 g/kg per day
<input type="checkbox"/>	Potassium Control (Diet Potassium Control)	Start at: T;N, Level: 2 gm (52 meq)
<input type="checkbox"/>	NPO	Start at: T;N
<input type="checkbox"/>	Regular Adult Diet	Start at: T;N
<input type="checkbox"/>	1800 Calorie ADA Diet (ADA Diet 1800 Calorie)	
<input type="checkbox"/>	American Heart Association Diet	Start at: T;N
Patient Care		
<input type="checkbox"/>	Intake and Output	T;N, Routine
<input type="checkbox"/>	Weight	T;N, Routine
<input type="checkbox"/>	Whole Blood Glucose Nsg (Bedside Glucose Nsg)	T;N, Routine, once
<input type="checkbox"/>	Telemetry	T;N, Routine
<input type="checkbox"/>	Intermittent Needle Therapy Insert/Site (INT Insert/Site Care)	T;N,Routine,q4day
<input type="checkbox"/>	Indwelling Urinary Catheter Insert (Foley Insert)	T;N
<input type="checkbox"/>	Indwelling Urinary Catheter Care (Foley Care)	T;N, Routine
Medications		
<input type="checkbox"/>	calcium acetate	1,334 mg,Cap,PO,wm,Routine,T;N
<input type="checkbox"/>	multivitamin (Nephrocaps)	1 cap,Cap,PO,QDay,Routine,T;N
<input type="checkbox"/>	folic acid	400 mcg,Tab,PO,QDay,Routine,T;N
<input type="checkbox"/>	sevelamer	800 mg,Tab,PO,wm,Routine,T;N
<input type="checkbox"/>	epoetin alfa	10,000 units,Injection,Subcutaneous,MWF,Routine,T;N
<input type="checkbox"/>	epoetin alfa	10,000 units,Injection,Subcutaneous,TuThSa,Routine,T;N
<input type="checkbox"/>	lanthanum carbonate	1,000 mg, Chew tab, PO, wm, Routine
Laboratory		
<input type="checkbox"/>	CBC	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Basic Metabolic Panel (BMP)	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Comprehensive Metabolic Panel (CMP)	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	CBC	T+1;0400,Routine,once,Type: Blood
<input type="checkbox"/>	Basic Metabolic Panel (BMP)	T+1;0400,Routine,once,Type: Blood
<input type="checkbox"/>	Comprehensive Metabolic Panel (CMP)	T+1;0400,Routine,once,Type: Blood
<input type="checkbox"/>	CK	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Parathyroid Hormone Profile (PTH Profile)	
<input type="checkbox"/>	Osmolality Serum	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Renal Function Panel	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Magnesium Level	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Uric Acid Level	T;N,Routine,once,Type: Blood

attach patient label here



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Laboratory continued		
<input type="checkbox"/>	Osmolality Urine	T;N,Routine,once,Type: Urine,Nurse Collect
<input type="checkbox"/>	Osmolality Urine	Routine, T+1;0400, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Urinalysis	T;N,Routine,once,Type: Urine,Nurse Collect
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam	T;N, Routine, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Sodium Urine Random	T;N,Routine,once,Type: Urine,Nurse Collect
<input type="checkbox"/>	Potassium Urine Random	T;N,Routine,once,Type: Urine,Nurse Collect
<input type="checkbox"/>	Chloride Urine Random	T;N,Routine,once,Type: Urine,Nurse Collect
<input type="checkbox"/>	Creatinine Urine Random	Routine, T;N, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Urea Nitrogen Urine Random	T;N,Routine,once,Type: Urine,Nurse Collect
<input type="checkbox"/>	Uric Acid Urine Random	T;N,Routine,once,Type: Urine,Nurse Collect
<input type="checkbox"/>	Eosinophil Urine Hansel Stain	T;N,Routine,once,Type: Urine,Nurse Collect
<input type="checkbox"/>	Myoglobin Urine Qualitative	T;N,Routine,once,Type: Urine,Nurse Collect
<input type="checkbox"/>	Protein Urine Random	T;N,Routine,once,Type: Urine,Nurse Collect
<input type="checkbox"/>	ANA Antibody Profile	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	ANA Antibody Profile	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/>	ANCA Profile	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/>	Hepatitis Profile (A,B & C)	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/>	C3 Complement	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/>	C4 Complement	Routine, T+1;0400, Type: Blood
Diagnostic Tests		
<input type="checkbox"/>	Electrocardiogram (EKG)	Start at: T;N, Priority: Routine
<input type="checkbox"/>	US Retroperitoneal B Scan/Real Time Comp	T;N, Routine, Stretcher
Consults/Notifications		
<input type="checkbox"/>	Physician Consult	T;N
<input type="checkbox"/>	Medical Social Work Consult	T;N
<input type="checkbox"/>	Hemodialysis Unit Consult	T;N
<input type="checkbox"/>	Peritoneal Dialysis Unit Consult	T;N
<input type="checkbox"/>	Dietitian Consult	T;N

Date **Time** **Physician's Signature** **MD Number**