Physician Orders ADULT: Hemodialysis Adult Plan

Hemodialysis Adult Phase
Non Categorized

If patient has a new AVF/Graft please order QB 250ml/min and 17g needle (NOTE)*
Heparin and Saline MUST be ordered separately in medication section below. (NOTE)*

☐ Add To Problem List
   Problem: Hemodialysis patient

☐ Add To Problem List

Patient Care

✓ Hemodialysis Adult
   Hold Ultrafiltration if SBP less than ________.

☐ No BP or Venipunctures
   No BP or venipunctures ___arm

☐ DIALYSIS Nsg Communication
   Do not give patient heparin - HEPARIN ALLERGY

✓ DIALYSIS Nsg Communication
   Place order for Hep B surface antigen if last result greater than 6 months old

Nursing Communication

☐ Nursing Communication
   GIVE all AM blood pressure medications as ordered on day of dialysis.

☐ Nursing Communication
   HOLD all AM blood pressure medications as ordered on day of dialysis

Medications

☐ +1 Hours albumin, human 25%
   25 g, Injection, Device, q15min, PRN Hypotension, (for 4 dose)
   Comments: GIVE IN DIALYSIS, Give with Dialysis for systolic BP less than 90, 25g = 100mL. Nursing: Discontinue once dialysis has concluded.

☐ +1 Hours NS Bolus
   250 mL, Injection, IV Piggyback, q5min, PRN Other, specify in Comment, (for 3 dose)
   Comments: for 3 doses; GIVE IN DIALYSIS, for systolic BP less than 90. Nursing: Discontinue once dialysis has concluded.

☐ +1 Hours Sodium Chloride 0.9% Flush
   10 mL, Injection, IV Push, prn, PRN Other, specify in Comment
   Comments: GIVE IN DIALYSIS Flush dialysis line with TEGO connector. Nursing: Discontinue once dialysis has concluded.

NOTE: If ordering citrasate dialysis bath DO NOT order heparin. (NOTE)*
NOTE: If heparin desired, please order below. (NOTE)*

☐ +1 Hours heparin
   2,000 units, Injection, Device, once
   Comments: GIVE IN DIALYSIS to prime extracorporeal circuit and discard.

☐ +1 Hours heparin
   2,000 units, Injection, Device, once
   Comments: GIVE IN DIALYSIS at initiation of dialysis.

☐ +1 Hours heparin
   1,000 units, Injection, Device, q1h, PRN Other, specify in Comment
   Comments: GIVE IN DIALYSIS, discontinue order at last hour of dialysis

Laboratory

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

☐ Hematocrit & Hemoglobin
   Routine, T+1;0400, once, Type: Blood

☐ Type and Crossmatch PRBC
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STAT, T;N, Type: Blood
 Comments: Transfuse during dialysis treatment.

☐ Hold PRBC
   Routine, T;N, Reason: Other (Specify in Special Instructions), Transfuse with hemodialysis treatment.

☐ Transfuse PRBC's - Not Actively Bleeding
   Routine, T;N, Reason: Other (Specify in Special Instructions), Reason: Transfuse during dialysis treatment
   If Hep B Surface Antigen last result is greater than 6 months, please order below(NOTE)*

☐ Hepatitis B Surface Antigen
   STAT, T;N, once, Type: Blood

Consults/Notifications/Referrals

☐ Notify Physician-Continuing
   Notify For: If heart rate is less than 60bpm or greater than 120bpm after initiation of dialysis

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Physician’s Signature</th>
<th>MD Number</th>
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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