

PHYSICIAN ORDERS

Order Set: Pediatric Cardiothoracic Surgery Peritoneal Dialysis Orders

[X] = Mandatory Order. Will Be Ordered Unless Marked Out

Date: _____ Time: _____ Height: _____ cm Weight: _____ kg BSA _____

Admission		
Allergies:	<input type="checkbox"/> No known allergies <input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____ <input type="checkbox"/> Medication allergy(s): _____	
X or R	Order Name	Order Sentence Details
Vital Signs		
Activity		
Food/Nutrition		
Patient Care (nursing and respiratory)		
<input type="checkbox"/> Change dialysate bags, tubing set, and catheter dressing per protocol		
<input type="checkbox"/> Notify Physician of changes in patient condition related to peritoneal dialysis cycling		
Implement hourly peritoneal dialysis cycles as ordered below:		
Dwell Volume: _____ ml (10-20 ml/kg; begin with 10 ml/kg)		
Fill Time: _____ minutes (5-10 minutes)		
Dwell Time: _____ minutes (30-40 minutes)		
Drain Time: _____ minutes (approximately 15 minutes)		
Implement controlled draining as ordered below:		
<input type="checkbox"/> None		
<input type="checkbox"/> Adjust the level of the drain bag as needed to avoid rapid efflux. Do not elevate the drain bag above the level of the patient's abdomen.		
<input type="checkbox"/> Drain _____ ml, Q _____ minutes (not to exceed ordered drain time)		
Continuous Infusion		
Medications		
Prepare sterile dialysate using neonatal set-up with the ordered Dianeal concentration(s) below:		
<input type="checkbox"/> 1.5% Dianeal		
<input type="checkbox"/> 2.5% Dianeal		
<input type="checkbox"/> 4.25% Dianeal		
Mix the additives ordered below into the sterile dialysate:		
<input type="checkbox"/> KCL _____ mEq per Liter (3 mEq/L)		
<input type="checkbox"/> KCL _____ mEq per Liter (4 mEq/L)		
<input type="checkbox"/> Heparin _____ units per Liter (250 units/L)		
<input type="checkbox"/> Heparin _____ units per Liter (500 units/L)		
<input type="checkbox"/> Other: _____		
Start continuous peritoneal dialysis using the Dianeal concentration ordered below:		
<input type="checkbox"/> 1.5% Dianeal		
<input type="checkbox"/> 2.5% Dianeal		
<input type="checkbox"/> 4.25% Dianeal		
Laboratory		
<input type="checkbox"/> BMP		
<input type="checkbox"/> CMP		
<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Other: _____		
Diagnostic Tests (radiology, non-invasive cardio, neurodx, etc.)		
<input type="checkbox"/> Portable KUB Reason for Exam: _____		
<input type="checkbox"/> Other: _____		
Consults		
<input type="checkbox"/> Consult Nephrology Reason for Consult: Peritoneal Dialysis		
<input type="checkbox"/> Other: _____		

Physician's Signature _____

Name Printed _____

Physician Number _____

Beeper Number _____