

QM0109 102912

**PEDIATRIC** 

## **Physician Orders**

## **LEB Peritoneal Dialysis Outpatient Plan**

[X or R] = will be ordered unless marked out. T= Today; N = Now (date and time ordered)

Height: \_cm Weight: \_

Allergies:		[ ] No known allergies			
	Initiate Powerplan Phase	T;N, Phase: LEB Peritoneal Dialysis Outpatient Phase			
	Admission/Transfer/Discharge				
		Attending Physician:			
		] Stepdown [ ] Other			
		Attending Physician:			
		latory [ ] OP-Diagnostic Procedure [ ] OP-Observation Services			
	Initial status – inpatient For a condition areater than 24 hours is required.	on/dx with severity of illness or co-morbid conditions indicating a hospital stay			
	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".				
	•	enerally selected for patients undergoing PCI, diagnostic caths, EP studies,			
	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.				
	` '	zed when it is unclear (without additional assessment) whether the patient will			
	require an inpatient stay.	ted when it is difficient (without additional assessment) whether the patient will			
	•				
	Notify Physician Once	T;N, of room number on arrival to unit			
	y Diagnosis:				
Secon	dary Diagnosis:				
	Vical O's see	Vital Signs			
ш	Vital Signs	T;N, Monitor and Record T,P,R,BP, per unit routine			
	Devitors at Dialysis Devitatio	Patient Care			
Щ	Peritoneal Dialysis-Pediatric	T;N			
		Priority:			
		Frequency:			
-		Duration:			
		Machine type:			
		PD Solution: Fill Volume:			
		Total Trmt Time:			
		Total Trmt Volume:			
		Cycles:			
		Last Fill Volume:			
$\vdash \vdash \vdash$		Last Fill Solution:			
$\vdash \vdash \vdash$		Special Instructions:			
<del>  ,  </del>	Isolation Precautions				
╠┼┤		T;N, Isolation Type:			
╠┼┤	Height Words	T;N, Routine, once			
البيإ	Weight	T;N, Routine, weigh on admission			
لــلـــا	DIALYSIS Nsg Communication	T;N, Transfer Set: change q6months			





**MD Number** 



## **Physician Orders**

## **LEB Peritoneal Dialysis Outpatient Plan**

[X or R] = will be ordered unless marked out.

PEDIATRIC

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

		Continuous Infusions			
[ ]	Dianeal PD-w/1.5%	3000 mL, Injection, Intraperitoneal,	mL/hr, Routine, T;N		
	Dextrose(Pediatric)				
[]	Dianeal PD w/2.5%	3000 mL, Injection, Intraperitoneal,	mL/hr, Routine, T;N		
-	Dextrose(Pediatric)				
[ ]	Dianeal PD w/4.25%	3000 mL, Injection, Intraperitoneal,	mL/hr, Routine, T;N		
-	Dextrose(Pediatric)				
[ ]	Dianeal PD-w/1.5%	5000 mL, Injection, Intraperitoneal,	mL/hr, Routine, T;N		
	Dextrose(Pediatric)				
[]	Dianeal PD w/2.5%	5000 mL, Injection, Intraperitoneal,	mL/hr, Routine, T;N		
	Dextrose(Pediatric)				
[]	Dianeal PD w/4.25%	5000 mL, Injection, Intraperitoneal,	mL/hr, Routine, T;N		
	Dextrose(Pediatric)				
[ ]	Extraneal (Ultrabag) 2500 mL	2500 mL, Injection, Intraperitoneal,	mL/hr, Routine, T;N		
[ ]	Extraneal (Ambu-flex III bag) 2000 mL	2500 mL, Injection, Intraperitoneal,	mL/hr, Routine, T;N		
[ ]	Extraneal (Ambu-flex III bag) 2500 mL	2500 mL, Injection, Intraperitoneal,	mL/hr, Routine, T;N		
	Medications				
[ ]	influenza virus vaccine, inactivated	0.25ml, Injection, IM, once, Routine,T;N			
-	(Influenza Virus Vaccine PF Ages 6-35	•			
	Months)				
[ ]	influenza virus vaccine, inactivated	0.5ml, Injection, IM, once, Routine,T;N			
1	(Influenza Virus Vaccine Ages=> 36	• • • • • • • • • • • • • • • • • • • •			
	Months)				
[]	pneumococcal 23-valent vaccine	0.5ml, Injection, IM, once, Routine,T;N			
[ ]	hepatitis B adult vaccine dialysis 40	20 mcg, Injection, IM, once, Routine, T;N	Order Comment: For patients less than		
-	mcg/mL intramuscular suspension	20 years	·		
[ ]	hepatitis B adult vaccine dialysis 40	40 mcg,Injection,IM,once,Routine, T;N Or	der Comment: For patients 20 years		
	mcg/mL intramuscular suspension	and greater			
Diagnostic Tests					
	Electrocardiogram ( EKG )	T;N, routine, Reason:	, Transport: Wheelchair		
[ ]	Echocardiogram Pediatric (0-18 yrs) (	T;N, routine, Reason:	, Transport: Wheelchair		
	Echo Pediatric (0-18 years))				
[ ]	Chest 2VW Frontal & Lat (Chest PA	T;N, routine, Reason:	, Transport: Wheelchair		
	& Lateral )				
[ ]	Osseous Survey Comp Axial &	T;N, routine, Reason:	, Transport: Wheelchair		
	Appendicular				
	In at pure to the control of	Consults/Notifications			
[[]	Notify Physician For Vital Signs Of	T;N, For: SBP < or >, DBP	< or >, HR < or >		
-	Notify Dhysisian Cartingian	, Temp < or > Who:_	an forest plansky DD floid and an act		
[ ]	Notify Physician-Continuing	•			
	catheter site, excessive fibrin in fluid, any unusual event,				
<u> </u>	Consult Olinical Distition	Who:	notification of a decision		
ᄔ	Consult Clinical Dietitian	T;N, Type:	, notification of admission		
ببإ	Consult Medical Social Work	T;N, Reason:	, notification of admission		
	Transplant Coordinator Consult	T;N, Reason:	notification of admission		

LEB RENAL Peritoneal Dialysis Outpatient-41909-PP-QM0109 102912

Time

**Date** 

Physician's Signature