



Physician Orders Pediatric: LEB Peritoneal Dialysis Inpatient Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
Phase: LEB Peritoneal Dialysis Inpatient Phase, When to Initiate:

LEB Peritoneal Dialysis Inpatient Phase

Admission/Transfer/Discharge

- Patient Status Initial Outpatient
T;N Attending Physician:
Reason for Visit:
Bed Type: Specific Unit:
Outpatient Status/Service:
Notify Physician-Once
Notify For: of room number on arrival to unit

Vital Signs

- Vital Signs
Monitor and Record T,P,R,BP, routine per unit

Patient Care

- Peritoneal Dialysis-Pediatric
T;N, Routine
Weight
QDay, weigh before and after peritoneal dialysis

Continuous Infusion

- Peritoneal Dialysis (Dianeal PD-2)-D1.5%
3,000 mL, Intraperitoneal, Routine, TITRATE
Comments: FILL VOLUME MLFILL/DWELL TIME MINDRAIN TIME
MINTOTAL CYCLE TIME MINNUMBER OF CYCLES PER 24 HOURS
ADDITIVES: CEFAZOLIN: MG/LVANCOMYCIN:
MG/LCEFTAZIDIME: MG/LHEPARIN: UNITS/L
Peritoneal Dialysis (Dianeal PD-2)-D2.5%
3,000 mL, Intraperitoneal, Routine, TITRATE
Comments: FILL VOLUME MLFILL/DWELL TIME MINDRAIN TIME
MINTOTAL CYCLE TIME MINNUMBER OF CYCLES PER 24 HOURS
ADDITIVES: CEFAZOLIN: MG/LVANCOMYCIN:
MG/LCEFTAZIDIME: MG/LHEPARIN: UNITS/L
Peritoneal Dialysis (Dianeal PD-2)-D4.25%
3,000 mL, Intraperitoneal, Routine, TITRATE
Comments: FILL VOLUME MLFILL/DWELL TIME MINDRAIN TIME
MINTOTAL CYCLE TIME MINNUMBER OF CYCLES PER 24 HOURS
ADDITIVES: CEFAZOLIN: MG/LVANCOMYCIN:
MG/LCEFTAZIDIME: MG/LHEPARIN: UNITS/L
Peritoneal Dialysis (Dianeal PD-2)-D1.5%
5,000 mL, Intraperitoneal, Routine, TITRATE





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Comments: FILL VOLUME _____ MLFILL/DWELL TIME _____ MINDRAIN TIME _____
MINTOTAL CYCLE TIME _____ MINNUMBER OF CYCLES PER 24 HOURS
ADDITIVES: CEFAZOLIN: _____ MG/LVANCOMYCIN: _____
MG/LCEFTAZIDIME: _____ MG/LHEPARIN: _____ UNITS/L

[] Peritoneal Dialysis (Dianeal PD-2)-D2.5%
5,000 mL, Intraperitoneal, Routine, TITRATE
Comments: FILL VOLUME _____ MLFILL/DWELL TIME _____ MINDRAIN TIME _____
MINTOTAL CYCLE TIME _____ MINNUMBER OF CYCLES PER 24 HOURS
ADDITIVES: CEFAZOLIN: _____ MG/LVANCOMYCIN: _____
MG/LCEFTAZIDIME: _____ MG/LHEPARIN: _____ UNITS/L

[] Peritoneal Dialysis (Dianeal PD-2)-D4.25%
5,000 mL, Intraperitoneal, Routine, TITRATE
Comments: FILL VOLUME _____ MLFILL/DWELL TIME _____ MINDRAIN TIME _____
MINTOTAL CYCLE TIME _____ MINNUMBER OF CYCLES PER 24 HOURS
ADDITIVES: CEFAZOLIN: _____ MG/LVANCOMYCIN: _____
MG/LCEFTAZIDIME: _____ MG/LHEPARIN: _____ UNITS/L

Laboratory

- [] Hematocrit & Hemoglobin
Routine, T;N, once, Type: Blood
[] CBC
Routine, T;N, once, Type: Blood
[] CMP
Routine, T;N, once, Type: Blood
[] BMP
Routine, T;N, once, Type: Blood
[] Magnesium Level
Routine, T;N, once, Type: Blood
[] Phosphorus Level
Routine, T;N, once, Type: Blood
[] Reticulocyte Count
Routine, T;N, once, Type: Blood
[] Iron Level
Routine, T;N, once, Type: Blood
[] Ferritin Level
Routine, T;N, once, Type: Blood
[] TIBC Fe Profile
Routine, T;N, once, Type: Blood
[] PTH
Routine, T;N, once, Type: Blood
[] Lipid Profile
Routine, T;N, once, Type: Blood





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- HIV Ab/Ag Screen
Routine, T;N, once, Type: Blood
- Hepatitis B Surface Antigen
Routine, T;N, once, Type: Blood
- Hepatitis B Surface Antibody
Routine, T;N, once, Type: Blood
- Hepatitis C Antibody
Routine, T;N, Type: Blood
- Blood Culture
Routine, T;N, once, Specimen Source: Peripheral Blood, Nurse Collect
- Body Fluid Culture and Gram Stain
Routine, T;N, once, Specimen Source: Peritoneal Fluid Peritoneum, Nurse Collect
- Cell Count & Diff Fluid
Routine, T;N, once, Type: Peritoneal Fluid, Nurse Collect
- Urea Nitrogen Fluid
Routine, T;N, once, Type: Peritoneal Dialysis Fluid, Nurse Collect
- Transfuse PRBC <4 Months
Routine, T;N
- Hold PRBC <4 Months
Routine, T;N
- Type and Crossmatch Pediatric >4 months
Routine, T;N, Type: Blood
- Transfuse PRBC >4 Months
Routine, T;N
- Hold PRBC >4 Months
Routine, T;N

Consults/Notifications/Referrals

- Notify Physician For Vital Signs Of
- Notify Physician-Continuing
Notify For: S/S of infection, abdominal tenderness, fever, cloudy PD fluid, redness at catheter site, excessive fibrin in fluid, any unusual event
- Consult Clinical Dietitian
Type of Consult: Other, please specify, Special Instructions: notification of admission
- Consult Medical Social Work
Reason: Other, specify, notification of admission
- Transplant Coordinator Consult
Reason for Consult: notification of admission

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

