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: [ ] Ambulatory Surgery, [ ] OP Diagnostic Procedure
  [ ] OP OBSERVATION Services

- 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 ______
ADDITIES: 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 ______
ADDITIES: 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 ______
ADDITIES: 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
Physician Orders Pediatric: LEB Peritoneal Dialysis Inpatient Plan

☐ 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