



**CULLMAN**  
REGIONAL

## PHYSICIAN'S ORDERS

NAME:  
ROOM NO:  
(ADDRESS)  
HOSP. NO.  
PHYSICIAN

Another brand of drug identical in form and content may be dispensed unless checked. ☐

### Continuous Renal Replacement Order Set

1. Dialyzer: ☐ F180 NR

☐ Other \_\_\_\_\_.

2. Treatment Hours:

3. Dialysate: K+ \_\_\_\_\_ Ca+ \_\_\_\_\_ Machine Temperature \_\_\_\_\_

4. Dialysate Flow Rate: 200

5. Bicarb: \_\_\_\_\_ mEq/L

6. Access: \_\_\_\_\_ Needle Gauge \_\_\_\_\_

7. Target Fluid Removal:

8. Blood Flow: 250 mL/min

9. Anticoagulation: ☐ Heparin Free

☐ Heparin (1ml: 1000 units): Bolus dose \_\_\_\_\_

☐ Heparin (1ml: 1000 units): Hourly dose \_\_\_\_\_ for \_\_\_\_\_ hours

☐ Normal Saline Flushers \_\_\_\_\_ ml every \_\_\_\_\_ minutes

10. Medications to be given: Erythropoietin (EPO) \_\_\_\_\_ units

Additional Medications:

11. Lab Orders: \_\_\_\_\_

☐ Draw pre treatment ☐ Draw post treatment

TELEPHONE/VERBAL ORDER RECEIVED BY:

**MD Signature:** \_\_\_\_\_ **Date & Time:** \_\_\_\_\_

**Cullman Regional**

**Please use Ball Point Pen ONLY**

**Physician's Orders**

**DO NOT USE: U IU QD QOD MS MSO4 MgSO4**