

PHYSICIAN'S ORDERS



CULLMAN
REGIONAL

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

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

Hemodialysis Order Set

1. Dialyzer: ☐ F-180 NR
☐ Other: _____
2. Treatment Hours: _____
3. Dialysate: K+ _____ Ca+ _____ Machine Temperature _____
4. Dialysate Flow: 500
5. Bicarb: _____ mEq/L
6. Access: _____ Needle Gauge _____
7. Target Fluid Removal: _____
8. Blood Flow:
☐ 250 - 300 ml/min Non cuffed catheter
☐ 350 - 450 ml/min Tunneled catheters
☐ 400 - 500 ml/min Graft/Fistula as tolerated
9. PRN Symptomatic hypotension: 0.9% NaCL: 200 ml bolus
10. PRN Cramping: 0.9% NaCL: 200 ml bolus
11. Anticoagulation: ☐ Heparin Free
☐ Heparin (1 mL: 1000 units): Bolus dose _____
☐ Heparin (1 mL: 1000 units): Hourly dose _____ for _____ hours
☐ Normal Saline Flushes _____ ml every _____ minutes
12. Medications to be given during dialysis: Erythropoietin (EPO) _____ units
Additional Medications: _____
13. Blood products to be given during dialysis: _____
14. Lab Orders: _____
☐ Draw pre-treatment ☐ Draw post-treatment

TELEPHONE/VERBAL ORDER RECEIVED BY: _____



REMINDER: VERIFY & READ BACK

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