



**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. ☐

### Routine Dialysis Physician Order Set

1. Daily weight
2. Strict I&O
3. Fluid restrictions: 1500 ml/day
4. Access Care:
  - A. Check for "thrill/buzz" per shift. Notify physician in am if no thrill
  - B. No BP or venous stick in access arm
  - C. No BP in arm side of temporary access
5. Medications: (Unless allergy noted )
  - A. Tylenol 325 mg 2 tablets Po q 4 hours PRN for fever of 100.5°F or greater
  - B. Zofran 4 mg IV/ Po q 6 hours PRN nausea
  - C. Atarax 25 mg 1 tablet PRN q 6 hours as needed for itching.
6. Breakfast served before 0800 on days of dialysis treatment.
7. Lab on admission for first time patient only: Hepatitis Profile
8. Catheters are not to be used except by dialysis personnel without physician orders.

**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