(place patient label here)

Patient Name:_____

**********IMPORTANT**********

FAX ORDERS TO ACUTE HEMODIALYSIS UNIT 406-455-5577

SCAN ORDERS FOR PHARMACY/LAB

BENEFIS HEALTH SYSTEM Benefis HOSPITALS

PROVIDER ORDERS

Acute Hemodialysis

Version 6 Approved 03/09/17

This order set must be used with an admission order set if patient is not already admitted.

Hemodialysis Settings

Dialyzer: [ ] Revaclear [ ] Revaclear Max [ ] Exeltra 170 [ ] Exeltra 190

Access: [ ] Dialysis Catheter [ ] Graft [ ] Fistula [ ] Other _____

Schedule: [ ] M-W-F [ ] T-TH-S [ ] Other _____

Total Duration: [ ] 180 min [ ] 210 min [ ] 225 min [ ] 240 min [ ] Other _____

Blood Flow Rate: [ ] 200 [ ] 250 [ ] 300 [ ] 400 [ ] Other _____

Dialysis Flow Rate: [ ] 500 [ ] 800 [ ] Other _____

Temperature: [ ] 35.5 [ ] 36.0 [ ] Other _____

K: [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] Other _____

Na: [ ] 138 [ ] 140 [ ] 145 [ ] Other _____

HCO3: [ ] 35 [ ] 40 [ ] Other _____

Ca: [ ] 2 [ ] 2.5 [ ] 3 [ ] Other_____

Fluid Removal (mL): [ ] As Per Crit Line [ ] 0 [ ] 1000 [ ] 2000 [ ] Other _____

Medications

epoetin alfa (PROCRIT)

- ☐ _____ unit IV 3 times a week
- ☐ _____ unit SQ 3 times a week

calcitriol (ROCALTROL)

- ☐ _____ microgram PO _____
- ☐ _____ microgram IV _____

heparin 1000 unit/mL 10 mL vial:

- ☐ Loading Heparin (in units) [ ] 0 [ ] 500 [ ] 1000 [ ] 2000 [ ] Other _____ IV once
- ☐ Hourly Heparin (in units) [ ] 0 [ ]500 [ ]1000 [ ] 2000 [ ] Other _____Units/Hour/Dialysis IV

☐ Oxygen as needed to maintain O2 saturation > 90%

Post Treatment Cenral Venous Catheter Managment

- ☐ Flush TEGO/catheter limb with 1-10 mL of Heparin 5,000 unit/mL (multi dose vial)
- ☐ Flush TEGO/catheter limb with 1-10 mL of Normal Saline Flush

Laboratory

Admission labs or labs to be obtained now (If not already done):

- ☐ Hepatitis B Surface Antigen ☐ Hepatitis B Surface Antibody ☐ Hepatitis C Antibody
- ☐ Other labs:_____

Miscellaneous

- ☐ Other:_____

_____

Provider Signature:_____Date:_____Time:_____