

(place patient label here)

Patient Name: \_\_\_\_\_



PROVIDER ORDERS

**Order Set Directions:**

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Diagnosis: \_\_\_\_\_

Allergies with reaction type: \_\_\_\_\_

**Acute Renal Failure**

**Version 4 4/10/19**

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

**Nursing Orders**

Measure intake and output

- per unit standard of care
- strict
- other \_\_\_\_\_
- Check post void residual (BVI) and notify provider if volume is greater than 300 milliliter
- Fluid restriction: IV+PO \_\_\_\_\_ milliliter daily

**Diet**

- The renal diet and fluid restriction are diet modifiers within the main diet order.
- Diet, regular renal with fluid restriction: Oral \_\_\_\_\_ milliliter daily

**Medications**

**Diuretics: Loop**

furosemide (LASIX)

- \_\_\_\_\_ milligram intravenously \_\_\_\_\_ (frequency)

**Potassium-Lowering Agents**

sodium polystyrene sulfonate [sorbitol free] (KAYEXALATE)

- 30 gram rectally every \_\_\_\_\_ hours

sodium polystyrene sulfonate (sorbitol free) 15 gram/60 mL oral susp in lactulose (KAYEXALATE)

- 15 gram (60 milliliter) orally every \_\_\_\_\_ hours

**Laboratory**

**Admission labs or labs to be obtained now:**

- |  |   |
|--|---|
| <input type="checkbox"/> CBC/AUTO DIFF                 | <input type="checkbox"/> HEPATITIS SCREEN                           |
| <input type="checkbox"/> SED RATE (ESR)                | <input type="checkbox"/> Protein electrophoresis, serum             |
| <input type="checkbox"/> Comprehensive metabolic panel | <input type="checkbox"/> SYPHILIS ANTIBODIES                        |
| <input type="checkbox"/> MAGNESIUM LEVEL, PLASMA       | <input type="checkbox"/> HIV TYPE 1 & 2 AB & AG EVALUATION          |
| <input type="checkbox"/> PHOSPHORUS LEVEL, PLASMA      | <input type="checkbox"/> ANTI STREP DNASE B ANTIBODY [SO]           |
| <input type="checkbox"/> Basic metabolic panel         | <input type="checkbox"/> DNA DOUBLE-STRANDED AB [SO]                |
| <input type="checkbox"/> Renal function panel          | <input type="checkbox"/> ANTIGLOMERULAR BASE MEMBRANE [SO]          |
| <input type="checkbox"/> PT (PROTIME AND INR)          | <input type="checkbox"/> Complement C3, serum [SO]                  |
| <input type="checkbox"/> PTT                           | <input type="checkbox"/> Complement C4, serum [SO]                  |
| <input type="checkbox"/> DIC SCREEN                    | <input type="checkbox"/> CRYOGLOBULIN [SO]                          |
| <input type="checkbox"/> LIVER PANEL                   | <input type="checkbox"/> ANCA (MYELOPEROXIDASE/PROT) [SO] Anti- MPO |
| <input type="checkbox"/> C REACTIVE PROTEIN            | <input type="checkbox"/> ANCA (C&P ANCA) ANTIBODIES [SO] Anti-PR-3  |
| <input type="checkbox"/> SERUM OSMOLALITY              | <input type="checkbox"/> ANA SCREEN [SO]                            |

**Urine Studies**

- |  |   |
|--|---|
| <input type="checkbox"/> URINALYSIS (UA)                 | <input type="checkbox"/> MICROALB/CREAT RATIO, URINE    |
| <input type="checkbox"/> Urinalysis (UA) with microscopy | <input type="checkbox"/> 24HR URINE CREAT CLEARANCE     |
| <input type="checkbox"/> URINE CREATININE RANDOM         | <input type="checkbox"/> 24HR URINE TOTAL PROTEIN       |
| <input type="checkbox"/> URINE SODIUM RANDOM             | <input type="checkbox"/> Protein electrophoresis, urine |
| <input type="checkbox"/> URINE POTASSIUM RANDOM          | <input type="checkbox"/> URINE EOSINOPHILS              |
| <input type="checkbox"/> URINE CHLORIDE RANDOM           | <input type="checkbox"/> URINE OSMOLALITY               |

**Morning Labs:**

- CBC/AUTO DIFF
- Renal function panel
- MAGNESIUM LEVEL, PLASMA

Initials \_\_\_\_\_

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**PROVIDER ORDERS**

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**Radiology and Diagnostic Tests**

- US Retroperitoneal complete; Reason for exam: \_\_\_\_\_

**Consults**

- Provider to provider notification preferred.
- Consult Nephrology:
  - Consult other provider \_\_\_\_\_ regarding \_\_\_\_\_  
Does nursing need to contact consulted provider? [ ] Yes [ ] No

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_