

(place patient label here)

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

**Order Set Directions:**

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**PROVIDER ORDERS**

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

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

## Acute Hemodialysis

**Version 7 1/31/18**

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

### Hemodialysis Settings

Dialyzer:

- ☐ Revaclear
- ☐ Revaclear Max

Access:

- ☐ Dialysis Catheter
- ☐ Graft
- ☐ Fistula
- ☐ Needle Gauge (DaVita Protocol)

Schedule:

- ☐ M-W-F
- ☐ T-TH-S
- ☐ Other: \_\_\_\_\_

Total Duration:

- ☐ 180 minutes
- ☐ 210 minutes
- ☐ 225 minutes
- ☐ 240 minutes
- ☐ Other: \_\_\_\_\_

Blood Flow Rate:

- ☐ 200
- ☐ 250
- ☐ 300
- ☐ 400
- ☐ Other: \_\_\_\_\_

Dialysis Flow Rate:

- ☐ 500
- ☐ 800
- ☐ Other: \_\_\_\_\_

Temperature:

- ☐ 35.5 Celsius
- ☐ 36.0 Celsius
- ☐ Other: \_\_\_\_\_

Potassium (K+):

- ☐ 1mEq
- ☐ 2mEq
- ☐ 3mEq
- ☐ 4mEq
- ☐ Other: \_\_\_\_\_ mEq

Initials \_\_\_\_\_

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**Sodium (Na+):**

- ☐ 138mEq
- ☐ 140mEq
- ☐ 145mEq
- ☐ Other: \_\_\_\_\_

**Bicarbonate (HCO<sub>3</sub><sup>-</sup>):**

- ☐ 35mEq
- ☐ 40mEq
- ☐ Other: \_\_\_\_\_

**Calcium (Ca<sup>+</sup>):**

- ☐ 2mEq
- ☐ 2.5mEq
- ☐ 3mEq
- ☐ Other: \_\_\_\_\_

**Fluid Removal (mL)**

- ☐ As Per Crit Line
- ☐ 0
- ☐ 1000
- ☐ 2000

**UF Profile:**

- ☐ DaVita Protocol/Patient History
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4

Initials \_\_\_\_\_

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**PROVIDER ORDERS**

**Medications**

Epoetin alfa (PROCRIT) IV

- ☐ \_\_\_\_\_units intravenously 3 times a week

Epoetin alfa (PROCRIT) SQ

- ☐ \_\_\_\_\_units subcutaneously 3 times a week

Epoetin alfa (PROCRIT)

- ☐ Continue outpatient amount:\_\_\_\_\_ route:\_\_\_\_\_ frequency:\_\_\_\_\_

Heparin 1000 unit/mL 10 mL vial

Loading Dose:

- ☐ No Heparin loading dose
- ☐ 500 units intravenously once
- ☐ 1000 units intravenously once
- ☐ 2000 units intravenously once
- ☐ Other:\_\_\_\_\_units intravenously once

Heparin 1000 unit/mL 10 mL vial

During dialysis:

- ☐ No Heparin per hour dose
- ☐ 500 units intravenously per hour
- ☐ 1000 units intravenously per hour
- ☐ 2000 units intravenously per hour
- ☐ Other:\_\_\_\_\_units intravenously per hour
- ☐ No Heparin

**Post Treatment Central Venous Catheter Management**

- ☐ 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 **(for H.I.T./D.I.C. patients only)**

**Respiratory**

- ☐ Pulse oximetry continuous

Oxygen administration

- ☐ Nasal Cannula RN/RT to determine flow and titrate to maintain Oxygen saturation greater than 90%  
Additional Instructions: via Nasal Cannula

**Laboratory**

- ☐ Hepatitis B Surface Antigen
- ☐ Hepatitis B Surface Antibody
- ☐ Hepatitis C Antibody
- ☐ Other Labs:\_\_\_\_\_

**Miscellaneous**

- ☐ Other:\_\_\_\_\_
- \_\_\_\_\_

Provider Signature:\_\_\_\_\_Date:\_\_\_\_\_Time:\_\_\_\_\_