




<p style="text-align: center;">THE UNIVERSITY OF KANSAS HOSPITAL KUMED</p> <p style="text-align: center;">3901 Rainbow Boulevard Kansas City, Kansas 66160</p>	<p>Do not write in this box</p>  <p>DT0017</p>	<p>PATIENT LABEL</p>
--	---	----------------------

DATE & TIME	#	<p>ORDERS</p> <p>INPATIENT HEMODIALYSIS ORDERS</p>
-------------	---	--

		Allergies: _____ Weight in kg: _____ Attending Name: _____ Pager: _____ Fellow/Resident Name: _____ Pager: _____
--	--	--

1.	Treatment Date: _____ Requested Time* _____ <small>*for use if patient scheduled for procedure, etc.</small>
----	---

2.	Access: _____ If catheter, pack with <input type="checkbox"/> Heparin (routine) <input type="checkbox"/> Other: _____
----	--

3.	Dialysis Parameters <input type="checkbox"/> Conventional hemodialysis <input type="checkbox"/> Sustained low-efficiency dialysis (SLED) <input type="checkbox"/> Ultra filtration (UF) alone <input type="checkbox"/> Ultra filtration (UF) prior to dialysis Q _b (blood flow) _____ mL/min NET U.F.: <input type="checkbox"/> _____ Liters or <input type="checkbox"/> to dry weight (_____) Q _d (dialysate flow) _____ mL/min Duration (time) _____ hours Dialyzer type: <input type="checkbox"/> E150 (default) <input type="checkbox"/> E190 (large kidney) <input type="checkbox"/> Other: _____ K _____ Ca (Note: none if using citrate) _____ Bicarb _____ Na Modeling: <input type="checkbox"/> default: 140meq first 25%, 145 meq next 50%, 140 meq final 25% <input type="checkbox"/> Other: _____ UF Modeling: _____
----	---

4.	Anticoagulation <input type="checkbox"/> Heparin _____ unit bolus then _____ units/hour <small>(Heparin stopped 1 hr prior to completion unless physician orders otherwise)</small> <input type="checkbox"/> Citrate Citrate Flow: <input type="checkbox"/> 350 mL/hr or <input type="checkbox"/> _____ mL/hr Calcium Flow: <input type="checkbox"/> 30 mL/hr or <input type="checkbox"/> _____ mL/hr Blood Flow: <input type="checkbox"/> 250 mL/min or <input type="checkbox"/> _____ mL/min <input type="checkbox"/> Saline flushes Other: _____
----	--

5.	Predialysis Labs <input type="checkbox"/> CMP <input type="checkbox"/> CBC <input type="checkbox"/> BMP <input type="checkbox"/> PT/PTT <input type="checkbox"/> Ca/Mg/PO4 <input type="checkbox"/> PTH <input type="checkbox"/> Hepatitis Panel <input type="checkbox"/> Drug level _____ <input type="checkbox"/> Other _____ <small>(New Chronic Patients)</small>
----	--

6.	Post-dialysis Labs _____
----	------------------------------------

7.	Hypotension If BP falls below _____ mmHg systolic or _____ mmHg diastolic: <input type="checkbox"/> Normal Saline <input type="checkbox"/> Hypertonic (23.4%) saline flushes 10 mL x 3 q 5 min <input type="checkbox"/> Other _____
----	--

8.	Medications <input type="checkbox"/> Epoetin alfa _____ units SQ q _____ <input type="checkbox"/> Paracalcitol _____ micrograms IV q _____ <input type="checkbox"/> Lidocaine 1%, 2mL SQ, at access site <input type="checkbox"/> Diphenhydramine _____ mg IV q _____ prn itching <input type="checkbox"/> Ondansetron 4mg IV once per treatment prn nausea OR <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
----	---

9.	Notify Resident/Fellow if measures do not relieve hypotension, for temp >38.0° or if access site shows redness, swelling, or drainage.
----	--

Physician Signature: _____ Pager: _____