THE UNIVERSITY OF KANSAS HOSPITAL
KUMED
3901 Rainbow Boulevard
Kansas City, Kansas 66160

PHYSICIAN'S ORDER FORM

Do not write in this box

DT0017

PATIENT LABEL

DATE & TIME	#	ORDERS ULTRAFILTRATION FOR HEART FAILURE STANDING ORDERS
		Reference: Ultrafiltration Versus Intravenous Diuretics for Patients Hospitalized for Acute Decompensated Heart Failure. JACC Vol. 49, No. 6.
		Allergies:_____ **Weight in kg:**_____
		Physician Service responsible for treatment: Nephrology
		Ordering Physician :_____ **Pager:**_____ **Fellow:**_____ **Pager:**_____
		PRE-TREATMENT ORDERS
	1.	Initiate Aquapheresis for Heart Failure Nursing Standard of Practice.
	2.	Complete CHF Admit Standing Orders, if not already completed.
	3.	**Laboratory:** ☐ BNP ☐ PT/INR ☐ BMP ☐ CBC ☐ Other_____
	4.	**Order Two Aquadex Circuits From Materials Management, STAT:** Stock Number S406567
	5.	**IV Access: Consult IV team to place Stat.** **Withdraw Line:** ☐ Extended Length Catheter (preferred) -or- ☐ Brown port of dedicated Central Venous Catheter ☐ _____ **Infusion Line:** ☐ 18 gauge peripheral catheter -or- ☐ Brown port of dedicated Central Venous Catheter ☐ _____
	6.	**Radiology:** ☐ Stat portable chest x-ray to verify line placement.
	7.	**Anticoagulation Therapy:** ☐ Initiate Weight-Based Heparin Protocol Orders, dosing option F. ☐ Continue current anticoagulation orders ☐ Other_____ ☐ None, contraindication:_____ ☐ Discontinue previous anticoagulation
	8.	**Notify:** CV Outcomes Cooridinator 917-2818 (0700 – 1630) 8-9363 (after hours)
		TREATMENT ORDERS
	9.	Fluid Removal Rate of _____mL/hr for a maximum of _____mL./hr ☐ Then, decrease rate to _____ for _____mL. ☐ Then, increase rate to _____ for _____mL. Total volume removal goal for this patient: _____ mL
	10.	Call ordering physician for ☐ SBP < _____ ☐ DBP <_____ ☐ MAP < _____
	11.	Hold all diuretics during procedure. Contact ordering physician prior to restarting.

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	12.	Daily Labs: ☐ BMP ☐ BNP ☐ At _____ hours post initiation and _____ hours post initiation draw a Hematocrit from both the withdrawal line and the infusion line (from the medication infusion port).
	13.	**Vital Signs:** Every 15 minutes x 4, every 30 minutes x 2, then every 60 minutes and PRN for the remainder of the treatment, documented on treatment flowsheet.
	14.	Notify physician of urine output of less than 30 mL/hr.
	15.	If circuit should clot, notify physician prior to opening the back-up circuit. If the back-up circuit is used, order another back-up circuit from Materials Management (Stock Number: S406567)
		POST-TREATMENT ORDERS
	16.	**Laboratory: Stat x1** ☐ BMP ☐ Other_____ ☐ CBC ☐ BNP
	17.	Notify ordering physician of treatment completion.
	18.	Return unused Aquadex circuit to Materials Management.
	19.	Notify UHS of equipment location for pick-up (8-2831).

Physician Signature:_____ Pager:_____