



PHYSICIAN'S ORDERS

ALLERGIES:

PERITONEAL DIALYSIS FOR

ORDERED		PRIMARY MD: DR. _____ ORDERS NEPHROLOGY ASSOCIATES	TIME ORDER NOTED
Date	Time		
		1. Admit to BMH-GT, 3 Patient Tower	
		2. Diagnosis:	
		3. Lab: Phosphorus, CBC, CMP blood sugar checks _____	
		4. Diet: Renal P.D. _____ ml Fluid Restriction, _____ Diabetic, _____ Non-Diabetic	
		5. Vital Signs _____	
		6. No blood pressures, venipunctures or injections in _____ arm	
		7. WEIGH EACH MORNING; RECORD IN KILOGRAMS	
		8. Daily lab:	
		9. Activity:	
		10. Medications:	
		Vitamin B Complex with C & Folic Acid (Diatx) 1 by mouth daily	
		Erythropoietin (Epogen) _____ units subcutaneously every _____	
		Mupirocin (Bactroban) ointment to P.D. catheter daily with dressing change	
		Acetaminophen (Tylenol) 650 mg by mouth every 4 hours as needed for temp above 100.6 and pain	
		Promethazine (Phenergan) 12.5 mg intra-muscularly, by mouth or per rectum every 4 hours as needed for nausea / vomiting	
		Docusate Sodium / Senna (Peri-Colace) 2 tablets as needed for constipation	
		Polyethylene Glycol (MiraLax) 17 grams as needed for constipation	
		Doxercalciferol (Hectoral) _____ mcg by mouth _____	
		Diphenhydramine (Benadryl) 25 mg by mouth as needed for itching	
		Dextrose 50% IV 1 amp for symptomatic hypoglycemia	
		11. Call MD for new onset temp > 101.6 °F	
		12. Peritoneal dialysis Rx:	
		CAPD _____ %; _____ Volume; every _____ hours	
		13. Optimum weight	
		14. Start CAPD flowsheet and record each exchange and drainage amount and post in patient's room	
		15. If patient and/or family are unable to perform exchanges, trained personnel should be assigned every shift	
		Antibiotics _____	
		Physician Signature: _____	
		Date/Time: _____	

▼ Addressograph / Patient Label ▼

