



UMC Health System

Patient Label Here

CONTINUOUS AMBULATORY PERITONEAL DIALYSIS PLAN (CAPD)

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	CBC
	Renal Function Panel
	Comprehensive Metabolic Panel
	Culture Dialysate with Gram Stain
	Body Fluid Cell Count and Differential

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



UMC Health System

Patient Label Here

DIANEAL 2.5% WITH VANCOMYCIN 1G EVERY 4TH NIGHT

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

IV Solutions

ALL of the components below are REQUIRED to complete the following regimen: Dianeal 2.5% four times daily with vancomycin 1g every 4th night

Dex 2.5% + lytes (Dianeal PD-2) (Dianeal PD-2 with 2.5% Dextrose intraperitoneal solution)

2,000 mL, intra-peritoneal, dialysate, TID, Infuse over 0 min, Dwell Volume: 2,000

dianeal 2.5% + vancomycin 1g

1 g, intra-peritoneal, dialysate, q96h, Dwell Volume: 2,000 mLs

2,000 mL, Every Bag

Dex 2.5% + lytes (Dianeal PD-2) (Dianeal PD-2 with 2.5% Dextrose intraperitoneal solution)

2,000 mL, intra-peritoneal, dialysate, q96h, Infuse over 0 min, Dwell Volume: 2,000

Dex 2.5% + lytes (Dianeal PD-2) (Dianeal PD-2 with 2.5% Dextrose intraperitoneal solution)

2,000 mL, intra-peritoneal, dialysate, q96h, Infuse over 0 min, Dwell Volume: 2,000

Dex 2.5% + lytes (Dianeal PD-2) (Dianeal PD-2 with 2.5% Dextrose intraperitoneal solution)

2,000 mL, intra-peritoneal, dialysate, q96h, Infuse over 0 min, Dwell Volume: 2,000

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: Date Time

Physician Signature: Date Time



UMC Health System

DIANEAL 2.5% WITH CEFTAZIDIME 1G NIGHTLY

Patient Label Here

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

IV Solutions

ALL of the components below are REQUIRED to complete the following regimen: Dianeal 2.5% four times daily with cefTAZadime 1g nightly

Dex 2.5% + lytes (Dianeal PD-2) (Dianeal PD-2 with 2.5% Dextrose intraperitoneal solution)

2,000 mL, intra-peritoneal, dialysate, TID, Infuse over 0 min, Dwell Volume: 2,000

dianeal 2.5% + cefTAZidime 1g

1 g, intra-peritoneal, dialysate, Nightly, Dwell Volume: 2,000 mLs

2,000 mL, Every Bag

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: Date Time

Physician Signature: Date Time



DIANEAL ALTERNATING SOLUTION REGIMEN

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
<b>Medications</b>	
<b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b>	
<p>Please select ONE Dianeal order to be administered for each exchange.                      *****Timing modifications may be noted within the comments section of each order*****</p> <p>Orders will begin with next dose due. If a past due bag should be started after standardized time on Day 1, please notify pharmacy at 790-6064</p> <p>1st Exchange: **0730**</p> <p><b>Dex 1.5% + lytes (Dianeal PD-2) (Dianeal PD-2 with 1.5% Dextrose intraperitoneal solution)</b>  <input type="checkbox"/> 2,000 mL, intra-peritoneal, dialysate, q24h, Infuse over 0 min, Dwell Volume: 2,000                      1st Exchange - administer @ 0730 daily</p>	
<p><b>Dex 2.5% + lytes (Dianeal PD-2) (Dianeal PD-2 with 2.5% Dextrose intraperitoneal solution)</b>  <input type="checkbox"/> 2,000 mL, intra-peritoneal, dialysate, q24h, Infuse over 0 min, Dwell Volume: 2,000                      1st Exchange - administer @ 0730 daily</p>	
<p><b>Dex 4.25% + lytes (Dianeal PD-2) (Dianeal PD-2 with 4.25% Dextrose intraperitoneal solution)</b>  <input type="checkbox"/> 2,000 mL, intra-peritoneal, dialysate, q24h, Infuse over 0 min, Dwell Volume: 2,000                      1st Exchange - administer @ 0730 daily</p>	
<p>2nd Exchange: **1200**</p> <p><b>Dex 1.5% + lytes (Dianeal PD-2) (Dianeal PD-2 with 1.5% Dextrose intraperitoneal solution)</b>  <input type="checkbox"/> 2,000 mL, intra-peritoneal, dialysate, q24h, Infuse over 0 min, Dwell Volume: 2,000                      2nd Exchange - administer @ 1200 daily</p>	
<p><b>Dex 2.5% + lytes (Dianeal PD-2) (Dianeal PD-2 with 2.5% Dextrose intraperitoneal solution)</b>  <input type="checkbox"/> 2,000 mL, intra-peritoneal, dialysate, q24h, Infuse over 0 min, Dwell Volume: 2,000                      2nd Exchange - administer @ 1200 daily</p>	
<p><b>Dex 4.25% + lytes (Dianeal PD-2) (Dianeal PD-2 with 4.25% Dextrose intraperitoneal solution)</b>  <input type="checkbox"/> 2,000 mL, intra-peritoneal, dialysate, q24h, Infuse over 0 min, Dwell Volume: 2,000                      2nd Exchange - administer @ 1200 daily</p>	
<p>3rd Exchange: **1630**</p> <p><b>Dex 1.5% + lytes (Dianeal PD-2) (Dianeal PD-2 with 1.5% Dextrose intraperitoneal solution)</b>  <input type="checkbox"/> 2,000 mL, intra-peritoneal, dialysate, q24h, Infuse over 0 min, Dwell Volume: 2,000                      3rd Exchange - administer @ 1630 daily</p>	
<p><b>Dex 2.5% + lytes (Dianeal PD-2) (Dianeal PD-2 with 2.5% Dextrose intraperitoneal solution)</b>  <input type="checkbox"/> 2,000 mL, intra-peritoneal, dialysate, q24h, Infuse over 0 min, Dwell Volume: 2,000                      3rd Exchange - administer @ 1630 daily</p>	
<p><b>Dex 4.25% + lytes (Dianeal PD-2) (Dianeal PD-2 with 4.25% Dextrose intraperitoneal solution)</b>  <input type="checkbox"/> 2,000 mL, intra-peritoneal, dialysate, q24h, Infuse over 0 min, Dwell Volume: 2,000                      3rd Exchange - administer @ 1630 daily</p>	
<p>4th Exchange: **2100**</p>	

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



<b>UMC Health System</b>  DIANEAL ALTERNATING SOLUTION REGIMEN	Patient Label Here
--	--------------------

**PHYSICIAN ORDERS**

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
<input type="checkbox"/>	<b>Dex 1.5% + lytes (Dianeal PD-2) (Dianeal PD-2 with 1.5% Dextrose intraperitoneal solution)</b> <input type="checkbox"/> 2,000 mL, intra-peritoneal, dialysate, q24h, Infuse over 0 min, Dwell Volume: 2,000 4th Exchange - administer @ 2100 daily
<input type="checkbox"/>	<b>Dex 2.5% + lytes (Dianeal PD-2) (Dianeal PD-2 with 2.5% Dextrose intraperitoneal solution)</b> <input type="checkbox"/> 2,000 mL, intra-peritoneal, dialysate, q24h, Infuse over 0 min, Dwell Volume: 2,000 4th Exchange - administer @ 2100 daily
<input type="checkbox"/>	<b>Dex 4.25% + lytes (Dianeal PD-2) (Dianeal PD-2 with 4.25% Dextrose intraperitoneal solution)</b> <input type="checkbox"/> 2,000 mL, intra-peritoneal, dialysate, q24h, Infuse over 0 min, Dwell Volume: 2,000 4th Exchange - administer @ 2100 daily

TO     Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



<b>UMC Health System</b>  DIANEAL 2.5% WITH CEFEPIME 1G NIGHTLY	Patient Label Here
---	--------------------

**PHYSICIAN ORDERS**

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
-------	---------------

**IV Solutions**

	ALL of the components below are REQUIRED to complete the following regimen: Dianeal 2.5% four times daily with cefepime 1g nightly  <b>Dex 2.5% + lytes (Dianeal PD-2) (Dianeal PD-2 with 2.5% Dextrose intraperitoneal solution)</b> <input type="checkbox"/> 2,000 mL, intra-peritoneal, dialysate, TID, Infuse over 0 min, Dwell Volume: 2,000
--	--

	<b>dianeal 2.5% + cefepime 1 g</b> <input type="checkbox"/> 1 g, intra-peritoneal, dialysate, Nightly, Dwell Volume: 2,000 mLs <input type="checkbox"/> 2,000 mL, Every Bag
--	---

--	--

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



DIANEAL 2.5% WITH CEFTAZIDIME 1G NIGHTLY -  
VANCOMYCIN 1G EVERY 4TH NIGHT

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
<b>IV Solutions</b>	
	ALL of the components below are REQUIRED to complete the following regimen: Dianeal 2.5% four times daily with cefTAZidime 1g nightly AND vancomycin 1g every 4th night. <b>Dex 2.5% + lytes (Dianeal PD-2) (Dianeal PD-2 with 2.5% Dextrose intraperitoneal solution)</b> <input type="checkbox"/> 2,000 mL, intra-peritoneal, dialysate, TID, Infuse over 0 min, Dwell Volume: 2,000
	<b>dianeal 2.5% + vancomycin 1 g + cefTAZad (dianeal 2.5% + vancomycin 1 g + cefTAZadime 1 g)</b> <input type="checkbox"/> 1 g, intra-peritoneal, dialysate, q96h, Dwell Volume: 2,000 mLs <input type="checkbox"/> 1 g, Every Bag <span style="margin-left: 200px;"><input type="checkbox"/> 2,000 mL, Every Bag</span>
	<b>dianeal 2.5% + cefTAZidime 1g</b> <input type="checkbox"/> 1 g, intra-peritoneal, dialysate, q96h, Dwell Volume: 2,000 mLs <input type="checkbox"/> 2,000 mL, Every Bag
	<b>dianeal 2.5% + cefTAZidime 1g</b> <input type="checkbox"/> 2,000 mL, Every Bag <input type="checkbox"/> 1 g, intra-peritoneal, dialysate, q96h, Dwell Volume: 2,000 mLs
	<b>dianeal 2.5% + cefTAZidime 1g</b> <input type="checkbox"/> 1 g, intra-peritoneal, dialysate, q96h, Dwell Volume: 2,000 mLs <input type="checkbox"/> 2,000 mL, Every Bag

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_





**UMC Health System**

Patient Label Here

**DIANEAL 2.5% WITH CEFEPIME 1G NIGHTLY -  
VANCOMYCIN 1G EVERY 4TH NIGHT**

**PHYSICIAN ORDERS**

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
<b>IV Solutions</b>	
	ALL of the components below are REQUIRED to complete the following regimen: Dianeal 2.5% four times daily with cefepime 1g nightly AND vancomycin 1g every 4th night  <b>Dex 2.5% + lytes (Dianeal PD-2) (Dianeal PD-2 with 2.5% Dextrose intraperitoneal solution)</b> <input type="checkbox"/> 2,000 mL, intra-peritoneal, dialysate, TID, Infuse over 0 min, Dwell Volume: 2,000
	<b>dianeal 2.5% + vancomycin 1 g + cefepime (dianeal 2.5% + vancomycin 1 g + cefepime 1 g)</b> <input type="checkbox"/> 1 g, intra-peritoneal, dialysate, q96h, Dwell Volume: 2,000 mLs <input type="checkbox"/> 1 g, Every Bag <span style="margin-left: 150px;"><input type="checkbox"/> 2,000 mL, Every Bag</span>
	<b>dianeal 2.5% + cefepime 1 g</b> <input type="checkbox"/> 1 g, intra-peritoneal, dialysate, q96h, Dwell Volume: 2,000 mLs <input type="checkbox"/> 2,000 mL, Every Bag
	<b>dianeal 2.5% + cefepime 1 g</b> <input type="checkbox"/> 2,000 mL, Every Bag <input type="checkbox"/> 1 g, intra-peritoneal, dialysate, q96h, Dwell Volume: 2,000 mLs
	<b>dianeal 2.5% + cefepime 1 g</b> <input type="checkbox"/> 1 g, intra-peritoneal, dialysate, q96h, Dwell Volume: 2,000 mLs <input type="checkbox"/> 2,000 mL, Every Bag

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

