

<p>UMC Health System</p> <p>CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) PLAN</p>	<p>Patient Label Here</p>
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PHYSICIAN ORDERS

Diagnosis _____

Weight _____ **Allergies** _____

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

Patient Care

Continuous Cycling Peritoneal Dialysis (Continuous Cycling Peritoneal Dialysis (CCPD))

Daily Weight

Strict Intake and Output (Strict I & O)

Communication

Notify Provider (Misc)

Notify Nurse (DO NOT USE FOR MEDS)

Perform peritoneal catheter site care daily.

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

Intra-peritoneal Solutions

Dex 1.5% + lytes (Dianeal PD-2) (Dianeal PD-2 with 1.5% Dextrose 2,000 mL intraperitoneal solution)

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

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

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

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TO Read Back Scanned Powerchart Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



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Laboratory	
	Culture Dialysate with Gram Stain
	Body Fluid Cell Count and Differential

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TO **Read Back**
 Scanned Powerchart
 Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____
 Physician Signature: _____ Date _____ Time _____

