

UMC Health System	Patient Label Here
DIANEAL 2.5% WITH CEFEPIME 1G NIGHTLY	

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

IV Solutions

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

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

2,000 mL, Every Bag

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TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

