

UMC Health System

Patient Label Here

DIANEAL 2.5% WITH VANCOMYCIN 1G EVERY 4TH NIGHT

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 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 \_\_\_\_\_

