

<b>UMC Health System</b>  <b>HEMODIALYSIS PLAN</b>	<b>Patient Label Here</b>
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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**

\*\*\*You must complete the Hemodialysis Exchange Orders Powerplan in Powerchart each time a patient is having hemodialysis  
 \*\*\*

**Perform Hemodialysis Therapy**

Hemodialysis  Isolated Ultrafiltration

**Daily Weight**

**Communication**

**Notify Provider (Misc)**

Notify Nephrologist/Nephrology Fellow, Reason: Significant change in ultrafiltration, bleeding, or change in vital parameter trends.

**Notify Nurse (DO NOT USE FOR MEDS)**

Document exchange amounts per dialysis nurse communication.

**Notify Nurse (DO NOT USE FOR MEDS)**

Chronic ESRD patient. Education of risk and benefits completed with patient. Nurse to obtain patient consent for treatment.

**Notify Nurse (DO NOT USE FOR MEDS)**

Acute kidney injury patient. Education of risk and benefits completed with patient. Nurse to obtain patient consent for treatment.

**IV Solutions**

For Priming:

**NS**

IV, 75 mL/hr  IV, 125 mL/hr  
 IV, 150 mL/hr  IV, 200 mL/hr

**Medications**

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

**epoetin alfa (epoetin alfa-epbx)**

2,000 units, IVPush, inj, ONE TIME, during dialysis with Hemodialysis.  
 Send med to dialysis unit unless patient is in an ICU.

3,000 units, IVPush, inj, ONE TIME, during dialysis with Hemodialysis.  
 Send med to dialysis unit unless patient is in an ICU.

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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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**PHYSICIAN ORDERS**

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ORDER	ORDER DETAILS
	Albumin Level
	Ionized Calcium Level
	Culture Blood
	Lactic Acid Level

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TO     Read Back

Scanned Powerchart

Scanned PharmScan

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

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

