Status: See Initial Order Set - Patient Status already completed by MD

Universal Patient Care Orders: Initiate Rapid Response Team/Stroke Team as appropriate and notify patient’s MD of condition. 
Initiate Emergency Resuscitation per ACLS guidelines until Code Team arrives. Initiate Hypoglycemia Protocol for BG <70 mg/dL.

DIAGNOSIS

BED TYPE: [ ] Regular [ ] Telemetry [ ] May travel to studies off telemetry
[ ] ICU

CODE STATUS: [ ] Full Code [ ] see DNR Physician Order Form

VITALS/PATIENT MONITORING

[ ] Vital signs q4hrs [ ] Vital signs q___________ hrs

Notify physician for the following:

[ ] SBP > 200 (if persists after PRN Clonidine) [ ] SBP < 90
[ ] HR > 120 or < 40 [ ] Temperature > 101

ACTIVITY: [ ] Bedrest [ ] OOB with Assist/Fall Risk [ ] OOB Ad Lib [ ]:

ALLERGIES: __________________________________________________________

If Allergic to PCN/Cephalosporin or carbapenem - Reaction:

___ Anaphylaxis/Breathing difficulties ___ Urticaria ___ Delayed Rash ___ Unknown ___ Other

Reaction investigated & Patient may receive Cephalosporin or Carbapenem: _____ Yes _____ No

NURSING INSTRUCTIONS

✓ Weight upon arrival and daily in am
✓ No venipuncture, injections, or BP in access arm (post sign on wall, apply bracelet)
✓ Hold anti-hypertensives prior to hemodialysis if BP < 120 systolic
✓ Strict I & O
✓ Place PPD
✓ Place Foley Catheter Indication:

DIET

[ ] Renal Diet [ ] Consistent carbohydrate diet

[ ] Peritoneal Dialysis Diet [ ] HS snack

[ ] Fluid Restrictions_________________________ mL [ ] Protein Supplement (Nepro 1 can PO TID)

[ ] No Fluid Restriction

[ ] Consult Registered Dietitian (RD) for nutrition management per RD
✓ RD may modify/manage diet order and/or enteral nutrition per approved MNT protocol

RESPIRATORY

✓ Pulse Ox: with VS (default) ✓ Call MD for SpO2 ≤ 90 %
✓ Nasal Cannula @ _______ L/min OR [ ] Face Mask @ ______ FiO2 ✓ Wean O2 per protocol

ROUTINE LABS

[ ] CBC with differential [ ] PT / INR [ ] PTT

[ ] BMP [ ] Acute/New Start Hepatitis Labs (hbv surface ag, hbv surface ab, hbv core)

[ ] CMP [ ] Hepatitis B surface antibody

[ ] Mgs [ ] Hepatitis B surface antigen

[ ] Phosphorous [ ] Lipid Profile

[ ] Ionized calcium [ ] BNP

[ ] Hemoglobin A1C [ ] UA

[ ] Blood cultures x 2 per protocol

IN AM Labs/Imaging

[ ] BMP [ ] CBC

Stat Labs/Imaging

[ ] :

IMAGING

[ ] CXR portable [ ] CXR PA/lat

[ ] EKG

[ ] Other________________

[ ] STAT [ ] in am [ ] at____ Indication:________________

[ ] STAT [ ] in am [ ] at____:

[ ] STAT [ ] in am [ ] at____:

MD Signature: Date: Time:

RN Signature: Date: Time:
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VTE Risk And Prevention: Moderate-High RISK (if needed, refer to dedicated order sheet on line for risk factors)

- Bilateral Sequential Compression Devices – SCDs
- Heparin 5000 units SQ Q 8hrs
- Heparin 5000 units SQ Q 12hrs

- Anticoagulation Contraindicated because: 
  - High risk of bleeding
  - On therapeutic anticoagulation
  - Other: __________________________________________

Nurse Monitoring

- Notify physician for heme positive stool.
- Notify MD immediately for potential of heparin-induced thrombocytopenia (HIT) if platelet count is < 150,000 mm$^3$ or platelet count drops > 50% from baseline.

MISCELLANEOUS ORDERS

- Consult Dr: ___________________________ re: ___________________________ to see: STAT/TODAY/IN AM
- Consult Dr: ___________________________ re: ___________________________ to see: STAT/TODAY/IN AM
- Courtesy notify Dr. ___________________________ of patient’s hospitalization: TODAY/IN AM
- Consult Therapy: ___________________________ / Physical / Occupational / Wound Care / Re: ___________________________
- Consult Case Management/Discharge Planner
- Notify Inpatient Dialysis of admission (if patient on dialysis)
- Obtain list of home medications and dialysis from outpatient clinic

MEDICATIONS: See Home Med Reconciliation Sheet for home medications

ERYTHROPOIESIS STIMULATING AGENTS (ESAs) Currently receiving Dialysis? ☐ YES ☐ NO

- Patients receiving dialysis will receive the first dose of Aranesp with the second scheduled dialysis session.

DX: Anemia in Chronic Kidney Disease
- Darbepoetin □ 25 □ 40 □ 60 micrograms □ SQ □ IV Q ___ Week(s) Begin on ___(date) X ____ months
- Darbepoetin _________ micrograms □ SQ □ IV Q ___ Week(s) Begin on ___(date) X ____ months

Doses > 60 mcg require documentation of adequate iron stores (Serum Ferritin/Iron/TIBC =___________)

Provide Darbepeotin Medication Guide to patient per FDA REMS requirements.

PRNs:

- Acetaminophen 650mg PO/PR Q 4hrs PRN mild pain (1-3) or Temp > 101=max. dose 4grams/24 hours
- Hydrocodone/acetaminophen 5/325 1-2 tablets PO Q4hrs PRN mod pain (4-7) max. dose 4grams/24 hours
- Amphogel 30-60ml PO Q 2hrs PRN indigestion
- Ondansetron (Zofran®) 4mg IV Q 6hrs PRN nausea
- Promethazine (Phenergan®) 12.5mg PO/PR Q 6hrs PRN nausea(if nausea unrelied by Zofran, may give Phenergan)
- Diphenhydramine (Benadryl®) 25mg IV/PO Q 6hrs PRN itching
- Zolpidem (Ambien®) 5mg PO HS PRN insomnia
- Clonidine 0.1 mg po Q 3hrs PRN SBP > 185 or DBP > 105
- Bisacodyl (Dulcolax) 1 tablet PO OR 10mg suppository PR Q 4hrs PRN constipation
- Docucate Sodium (Colace) 100mg PO Q day PRN constipation unrelied by bisacodyl
- Polyethylene Glycol (Miralax) 17 grams PO Q day PRN constipation unrelied by bisacodyl and docusate
- Soap suds enema Q 6hrs PRN constipation unrelied by bisacodyl, docusate, and Miralax
- Nitroglycerine tablet 0.4 mg SL x 1 PRN chest pain (if chest pain not relieved, call MD)

Other: __________________________________________________________________________________________

Other: __________________________________________________________________________________________

Other: __________________________________________________________________________________________

IV FLUIDS:

Other order sets:

☐ See completed Glycemic control Orders for SQ Insulin ☐ See completed Urgent Start Peritoneal Dialysis Orders
☐ See completed Hemodialysis Orders ☐ See completed Peritoneal Dialysis Orders(CAPD)
☐ See completed CRRT Orders ☐ See completed Peritoneal Dialysis Orders(CCPD)

MD Signature: Date: Time:

RN Signature: Date: Time: