Catholic Health System

- ❑ KENMORE MERCY HOSPITAL • Kenmore, NY
- ❑ MERCY HOSPITAL • Buffalo, NY
- ❑ SISTERS OF CHARITY HOSPITAL • Buffalo, NY
- ❑ SISTERS OF CHARITY HOSPITAL ST JOSEPH Campus • Cheektowaga, NY

Patient Identification Information

Allergies & Sensitivities:

❑ **No Known Allergies** ☑ **(Indicates automatic order. MD to draw line through orders to discontinue)**

ACUTE HEMODIALYSIS ORDERS

Authorization is hereby given to dispense the generic/therapeutic equivalent unless otherwise indicated by the prescriber

DATE:	TIME:	PRESCRIBER ORDERS

Hemodialysis Orders for _____

❑ Dialysis bath:
Potassium (K) _____
Calcium (Ca) _____
Bicarbonate_____
Dialyzer _____ OR Equivalent: _____

☑ Target Blood Flow _____mL/minute

☑ Target Hours: _____

Sodium Program: Fixed_____ Step _____

☑ Heparin _____units bolus
_____ units/hours infusion
Stop Heparin infusion at _____

☑ Target fluid removal: _____

Medications:

- ❑ Normal Saline _____mL IV for hypotension
- ❑ 25% Albumin 50 mL IV up to _____mL for hypotension
- ❑ Mannitol 20% IV up to _____mL for hypotension
- ❑ Epoetin _____units _____ (route)
- ❑ Other: _____

❑ Labs Pre Dialysis:

❑ Labs Post Dialysis:

❑ Other:

Prescriber Signature:_____