



PHYSICIAN'S ORDERS

ALLERGIES:

| ORDERED | | PRIMARY MD: DR. _____ | ORDERS | NEPHROLOGY | TIME ORDER NOTED |
|---------|------|-----------------------|---|------------------|------------------|
| Date | Time | | | | |
| | | | 1. Admit to BMH-GT, 3 Patient Tower | | |
| | | | 2. Diagnosis: | | |
| | | | 3. Lab: Phosphorus, CBC, CMP | | |
| | | | 4. Diet: Renal | | |
| | | | _____ ml Fluid Restriction | | |
| | | | STRICT FLUID RESTRICTION _____ Diabetic _____ Non-Diabetic | | |
| | | | 5. Vital signs every _____ hours | | |
| | | | 6. No blood pressures, venipunctures or injections in _____ arm | | |
| | | | 7. WEIGH EACH MORNING; RECORD IN KILOGRAMS | | |
| | | | 8. Daily lab: CBC, Renal Panel | | |
| | | | | | |
| | | | 9. Activity: | | |
| | | | 10. Medications: | | |
| | | | Vitamin B Complex with C & Folic Acid (Diatx) 1 by mouth daily | | |
| | | | Erythropoietin (Epogen) _____ units 3 x week with dialysis | | |
| | | | Acetaminophen (Tylenol) 650 mg by mouth every 4 hours as needed for temp | | |
| | | | above 100.6 and pain | | |
| | | | Promethazine (Phenergan) 12.5 mg by mouth or 25 mg per rectum every 4 hours | | |
| | | | as needed for nausea / vomiting | | |
| | | | Docusate Sodium / Senna (Peri-Colace) 2 tablets as needed for constipation | | |
| | | | Doxercalciferol (Hectoral) _____ mg 3 x week with dialysis | | |
| | | | 11. Call MD for new onset temp > 101.0°F | | |
| | | | | | |
| | | | Physician Signature: _____ | Date/Time: _____ | |

▼ Addressograph / Patient Label ▼



NEPHROLOGY ORDERS