PHYSICIAN’S ORDER SHEET
PERITONEAL DIALYSIS
EMPIRIC TREATMENT OF PERITONEAL DIALYSIS RELATED PERITONITIS
Do not add or change orders in any section where orders have previously been written

■ Standard Orders  □ Requires a check (✓) for activation

**Drug Allergies/Intolerances** (List and provide description and reaction)

**Date:**

**Time:**

**PATIENT’S DRY WEIGHT:** ____ kg

**DATE OF PERITONEAL EFFLUENT SAMPLE:**

**MEDICATION ORDERS**

**ORDER TRANSFERED AND ACTIVATED**

**GENERAL ORDERS/INFORMATION**

**Before Initiating Intraperitoneal (IP) Antibiotics:**

■ Contact Nephrologist

□ Send CBC, urea, electrolytes, creatinine

■ Send sample from first cloudy peritoneal effluent for STAT cell count with differential, gram stain and culture, aerobic and anaerobic, with sensitivities.

■ Call appropriate PD Unit to leave message that patient has peritonitis:
  - St. Boniface Hospital 204-235-3045
  - Seven Oaks Hospital 204-632-3454

■ During Peritoneal Dialysis (PD) unit hours contact PD nurse to review patient’s technique/ability to self-administer IP antibiotics

■ After PD unit hours, if patient well and able to do own PD, patient may be discharged home after initial dose of antibiotics. Follow-up to occur next day in PD unit.

■ Encourage patient to return to emergency/call PD unit if no improvement in symptoms over next 24 hours.

■ Outpatients: Arrange for patient to return to facility to complete course of antibiotics OR if patient able to do own antibiotics this must be arranged with St. Boniface Hospital Shoppers Drug Mart.

■ Inpatients: Fax to Inpatient Pharmacy

■ Fax a copy of all orders to PD unit and Renal Pharmacist

**FAX ORDERS TO (include unit fax cover page):**

□ WINNIPEG AREA ONLY: IP drugs MUST be faxed to and dispensed by: Shoppers Drug Mart - St Boniface Hospital

Fax # 204-231-4012

□ OTHER (IP orders outside Winnipeg should only be supplied by pharmacies capable of sterile compounding)

**PRESCRIBER CERTIFICATION**

This Rx represents the original of the Rx drug order. The pharmacy addressee noted above is the only intended recipient and there are no others. The original has been invalidated and securely filed and will not be transmitted elsewhere at another time. Quantity must be stated in words and numbers.

**CONFIDENTIALITY CAUTION**

This fax is confidential and is intended to be received by the addressee only. If the reader is not the intended recipient thereof, you are advised that any dissemination, distribution or copying of this fax is strictly prohibited.

Use of this form for purposes or by persons not authorized under the Controlled Drugs and Substances Act and its regulations is a criminal act

**PHYSICIAN’S SIGNATURE**

**PRINTED NAME**

**GENERIC EQUIVALENT AUTHORIZED**

**ORDER**

**FAX #**

**DATE/TIME**

**□ Order faxed by**

**□ Order transmitted by**

**□ Order verified by**
Compatibilities of Antibiotics with Peritoneal Dialysis Solutions
(Prepare immediately prior to use)

<table>
<thead>
<tr>
<th>DRUG</th>
<th>PD SOLUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DIANEAL</td>
</tr>
<tr>
<td>Cefazolin</td>
<td>Yes</td>
</tr>
<tr>
<td>Cefazolin + Ceftazidime</td>
<td>Yes</td>
</tr>
<tr>
<td>Cefazolin + Gentamicin</td>
<td>Yes</td>
</tr>
<tr>
<td>Cefazolin + Tobramycin</td>
<td>Yes</td>
</tr>
<tr>
<td>Ceftazidime</td>
<td>Yes</td>
</tr>
<tr>
<td>Ceftazidime + Tobramycin</td>
<td>Yes</td>
</tr>
<tr>
<td>Ceftazidime + Vancomycin</td>
<td>Yes</td>
</tr>
<tr>
<td>Gentamicin</td>
<td>Yes</td>
</tr>
<tr>
<td>Gentamicin + Vancomycin</td>
<td>Yes</td>
</tr>
<tr>
<td>Tobramycin</td>
<td>Yes</td>
</tr>
<tr>
<td>Tobramycin + Vancomycin</td>
<td>Yes</td>
</tr>
<tr>
<td>Vancomycin</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Addition of heparin to a concentration of less than 1000 units/L has negligible effect on stability of antibiotics admixed in PD solutions.