# PHYSICIAN’S ORDER SHEET

FOR HOME PERITONEAL DIALYSIS (PD) PATIENTS

USE BALLPOINT PEN ONLY.

## These orders are to be used as a guideline and do not replace sound clinical judgement and professional practice standards. Patient allergy and contraindications must be considered when completing these orders.

- [ ] Automatically Activate, if not in agreement, cross out and initial
- [ ] Activated by Checking Box

**Drug Allergies/Intolerance** (List and provide description of reaction)

### ALL MEDICATION and INTRAVENOUS ORDERS

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- [ ] Check peritoneal dialysis (PD) catheter patency prior to initiating home training by flushing the PD catheter with 1.5% Dextrose PD Solution (Dianeal). Refer to Manitoba Renal Program Policy and Procedure 30.80.05: Peritoneal Catheter Flush.

- [ ] Add 1 mL of Heparin 1,000 units/mL to each litre of dialysate solution intraperitoneal until peritoneal effluent fibrin free, as needed. Refer to Manitoba Renal Program Policy and Procedure 30.80.03: Instillation of Medication into Peritoneal Dialysis Solution.

### Training Prescription for Home Peritoneal Dialysis

- [ ] Perform PD exchange with _______ L of _______ % dextrose
- [ ] May increase fill volume to _______ L
- [ ] May alter % dextrose as tolerated
- [ ] Other _____________________________________________

### Home Peritoneal Dialysis Regime

- [ ] Continuous Ambulatory Peritoneal Dialysis (CAPD)
- [ ] Continuous Cycling Peritoneal Dialysis (CCPD)
- [ ] Combination of CAPD & CCPD

### CAPD Regime

Solution:

- [ ] dextrose based
- [ ] bicarbonate dextrose based (Physioneal)
- [ ] icodextran based (Extraneal)
- [ ] amino acid based (Nutrineal)

### CAPD Prescription:

- [ ] Bag #1 _______ L of _______ % dextrose
- [ ] Bag #2 _______ L of _______ % dextrose
- [ ] Bag #3 _______ L of _______ % dextrose
- [ ] Bag #4 _______ L of _______ % dextrose
- [ ] Bag #5 _______ L of _______ % dextrose
- [ ] Other _____________________________________________

### Peritoneal Dialysis Unit Nurses, Deer Lodge Centre

- Peritoneal Dialysis Trained Nurses, and Peritoneal Dialysis Community Care Nurses:
  - [ ] May adjust the dextrose-based dialysate solution strength based upon patient assessment.
  - [ ] Hold Icodextran based on patient assessment x 2 and notify Nephrologist for further assessment
  - [ ] All other personnel must have a physician’s order signed by the Nephrologist to adjust the dialysate solution strength.

### Other _____________________________________________

### GENERAL ORDERS

- [ ] PD catheter insertion date: _______________________
- [ ] If PD catheter exit site appears infected, send swab of discharge for bacterial culture, aerobic with sensitivities. Notify MD
- [ ] If PD effluent cloudy, send sample for bacterial culture, aerobic, with sensitivities and send sample for cell count following MRP procedure 30.80.18. Notify MD.
- [ ] Target Weight ________ kg
- [ ] Follow up appointment in PD Clinic 4-6 weeks post completion of home PD training
- [ ] Planned date of first Clinic visit: _______________________
- [ ] Peritoneal Equilibrium Test (PET) 4-6 weeks after initiation of PD
- [ ] Planned date of first PET: _______________________
- [ ] KT/V test bi-yearly and as required
- [ ] Initial blood work and clinic blood work per PD specific panel
- [ ] Consult Peritoneal Dialysis Community Care
- [ ] If PD catheter plugged or sluggish, irrigate with 20 mL of normal saline. Repeat x 1 pm. Refer to Manitoba Renal Program Policy and Procedure 30.80.11: Peritoneal Catheter Irrigation
- [ ] If PD catheter sluggish, send for abdominal x-ray. Notify MD

**PHYSICIAN’S SIGNATURE**

(M.D.)

FAX SENT

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W-00130A October 2017

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CCPD Regime

Solution:
- dextrose based
- bicarbonate dextrose based (Physioneal)
- icodextran based (Extraneal)
- amino acid based (Nutrineal)

CCPD Prescription:
- Total Therapy Time ________ hours
- Total Therapy Volume ________ L
- Fill Volume ________ L of ________ % dextrose
- Last fill of ________ L of ________ % dextrose
- Other _______________________

Peritoneal Dialysis Unit Nurses, Deer Lodge Centre
Peritoneal Dialysis Trained Nurses, and Peritoneal Dialysis Community Care Nurses:
- May adjust the dextrose-based dialysate solution strength based upon patient assessment.
- Hold Icodextran based on patient assessment x 2 and notify Nephrologist for further assessment.
- All other personnel must have a physician’s order signed by the Nephrologist to adjust the dialysate solution strength.

VACCINES

- Administer Hepatitis B vaccine, as per Manitoba Renal Program Protocol 60.30.04 - Adult Patient Screening and Vaccination Protocol for Hepatitis B and Hepatitis C. Separate orders required.
- Administer Influenza vaccine 0.5 millilitre intramuscular x 1 dose yearly (in the fall) if not contraindicated (e.g. severe allergic reaction/anaphylaxis to egg protein). Consult MD, if allergic or prior reactions.
- Administer Pneumovax 23 vaccine 0.5 millilitre intramuscular x 1 dose. Repeat x 1 dose ONLY at 5 years (in the fall). Dose can be given same day as Influenza vaccine.

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(M.D.)

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