

Doctor's Order Sheet for Acute Hemodialysis

Name _____

HN _____ AN _____

Age _____ Ward _____

Date _____

1.	Diagnosis		
2.	Underlying disease		
3.	Indication		
4.	Precaution and special equipment	<input type="checkbox"/> Monitor EKG and O ₂ saturation <input type="checkbox"/> Oxygen therapy <input type="checkbox"/> Record V/S <input type="checkbox"/> Other _____	
5.	Order	<input type="checkbox"/> One day	<input type="checkbox"/> Continue _____ Times/wk
6.	Mode of HD	<input type="checkbox"/> HD	<input type="checkbox"/> HDF
7.	Vascular access	AVF / AVG / PC / DLC	
8.	Site	<input type="checkbox"/> Right	<input type="checkbox"/> Left
9.	Dialyzer	<input type="checkbox"/> Low flux	<input type="checkbox"/> High flux
10.	Duration	_____ hours	
11.	Blood flow rate	_____ mL/min	
12.	Dialysate flow rate	_____ mL/min	
13.	Dialysate	Temp _____ °C	
		Na _____ <input type="checkbox"/> Na profile	
		Ca _____ K _____ HCO ₃ _____	
14.	UF	<input type="checkbox"/> _____ lits	
		<input type="checkbox"/> Isolate UF	
15.	Substitution fluid	<input type="checkbox"/> Predilution _____ mL/min	<input type="checkbox"/> Post dilution _____ mL/min
16.	Anticoagulant	<input type="checkbox"/> No heparin	
		<input type="checkbox"/> Heparin _____ unit loading then _____ unit/hour	
17.	Intradialytic medication		

_____, nephrologist

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