

# Chronic Maintenance In-Center Hemodialysis Standing Orders – IV Vitamin D

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## Paricalcitol (ICD9- 588.81)

### 1. Criteria to Start Paricalcitol:

- a. Serum calcium <10.2 mg/dL
- b. Calcium x phosphorus product <65.
- c. iPTH >300 pg/mL.
- d. Stop oral Calcitriol or other equivalent.
- e. Change dialysate calcium to 2.5 mEq/L if [Ca<sup>++</sup>] >8.5 mg/dL.
- f. If Alb <3.0 g/dL – notify MD for CA<sup>++</sup> bath adjustment

### 2. Paricalcitol Dosing:

#### a. Paricalcitol Dose Adjustment:

Intact PTH pg/mL	Zemplar dose (3x/week) mcg		Intact PTH pg/mL	Zemplar dose (3x/week) mcg
0-300	None		900-1099	12
301-399	2		1100-1299	14
400-499	4		1300-1499	16
500-599	6		1500-1699	18
600-699	8		1700-1799	20
700-899	10		>1800 consult physician	

- b. If iPTH decreases from last PTH adjust dose according to the above table based on the current PTH value
- c. If iPTH is 150-300 pg/mL maintain current dose.
- d. If iPTH increases adjust dose to the current level of iPTH based on the above chart.
- e. If after 3 months the iPTH fails to decrease or the iPTH has increased from the last iPTH within the same iPTH range increase the current dose by 2 mcg.
- f. Maximum dose is 30 mcg three times a week.
- g. Only even-numbered integral doses are acceptable.

### 3. Criteria to Hold Paricalcitol:

- a. iPTH < 150 pg/mL

**Patient Name** \_\_\_\_\_

**NKC#** \_\_\_\_\_

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- b. Serum calcium  $\geq 10.2$  mg/dL.
- c. Calcium x phosphorus product  $\geq 65$ .

**4. Criteria to Resume Paricalcitol:**

- a. iPTH > 300 pg/mL and
- b. Serum calcium is <10.2 mg/dL and
- c. Calcium x phosphorus product <65
- d. Resume paricalcitol..(See table below.)
- e. If remains on hold for more than 3 months, notify MD.

Zemplar dose (3x/week) mcg before HOLD	Resume Zemplar at (3x/week) mcg		Zemplar dose (3x/week) mcg before HOLD	Resume Zemplar at (3x/week) mcg
2	2 mcg 2x/week			
4	2		18	14
6	4		20	16
8	6		22	16
10	8		24	18
12	10		26	20
14	12		28	20
16	12		30	22

**5. Lab Work for Paricalcitol treated patients:**

- a. iPTH (ICD9 = 588.81) When initially starting Zemplar for iPTH > 300 pg/mL monitor iPTH monthly for the first three months then quarterly thereafter. Jan–Apr–July–Oct.
- b. If iPTH is in the 150-300 pg/mL range monitor iPTH quarterly. Jan-Apr-July-Oct.
- c. If iPTH is <150 pg/mL monitor monthly for 3 months then quarterly thereafter. Jan-Apr-July-Oct.
- d. If iPTH remains <150 pg/mL for > 6 months monitor iPTH semi-annually. Jan-July.
- e. If Zemplar is on HOLD for either elevated calcium or calcium x phosphorus product, check Ca<sup>++</sup>, (ICD9 = 275.42) and PO<sub>4</sub> (ICD9 = 275.3) weekly x 4 weeks. Monthly thereafter.

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Physician Name (Please Print)

\_\_\_\_\_  
RN Name (Please Print)

\_\_\_\_\_  
Physician signature  
(see referral sheet)

\_\_\_\_\_  
RN signature

\_\_\_\_\_  
Date

**Patient Name** \_\_\_\_\_

**NKC#** \_\_\_\_\_