

Adult Peritoneal Dialysis Patients

Standing Orders

1. Dry Weight

Dry Weight Evaluations to be performed before patient completes peritoneal home dialysis training and four times yearly with Peritoneal Adequacy Testing and as needed.

2. Peritoneal Access

a. NEW PERITONEAL ACCESS CARE

Begin 7 to 10 days post PD access placement or externalization.

i. PERITONEAL ACCESS FLUSH

1. Access flush and dressing change predialysis at the nurse's discretion. Outcome to be faxed to MD.
2. Flush access with 1.5% Dextrose dialysis fluid, leave 300 cc in peritoneal cavity. (Refer to Peritoneal Catheter Irrigation procedure).
3. If effluent is bloody, flush access with 1.5% dextrose, 1000 ml up to 3 times until clear. Notify MD if fluid does not clear after 3 flushes.
4. Fill access with 6 cc heparin (1:1000 u/cc.) if fibrin present or effluent is bloody.

b. ESTABLISHED PD EXIT SITE CARE

Nurse to inspect exit site at each monthly clinic visit and perform exit site care procedure if indicated.

c. PERITONEAL ACCESS OUTFLOW PROBLEMS

In the absence of signs and symptoms of peritonitis; i.e., abdominal pain, fever, cloudy outflow, absent bowel sounds:

- i. Irrigate catheter to check patency and function.
- ii. Administer Lactulose 15-30 cc orally as needed for constipation.
- iii. For slow drains or fibrin present, add heparin 500 units /liter to overnight CAPD bag or to each CCPD bag – until drain problem resolves or fibrin no longer present. (Always use 1:1000 u/ml heparin.)
- iv. As indicated , request an order from the attending physician's office for a standing upright abdominal X-ray to evaluate for constipation and catheter position .
- v. Initiate TPA Protocol as indicated in established PD patients who have started PD treatments. (TPA is **not** to be used at

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NKC in patients who are having catheters flushed prior to beginning PD treatments. Refer to TPA protocol.)

3. Peritoneal Dialysis Orders

- a. Low calcium dialysate (2.5 mEq/L) bath is the NKC standard unless otherwise specified by the nephrologist.
- b. Icodextrin use is per protocol only.
- c. PD is performed daily.

4. Infection

Follow peritonitis & access exit site infection protocols.

5. Routine Diet (daily allowance)

- a. 1500 - 2000 mg sodium.
- b. 3-4 gm potassium.
- c. 0.8 – 1.2 gm phosphorus.
- d. 1.2 – 1.5 gm/kg protein.

6. Laboratory Tests

a. New Patient Lab Draws

- i. NKC Special Profile (ICD9 = 585.6)
- ii. CBC with platelets (ICD9 = 585.6)
- iii. PTH Intact (ICD9 = 588.81)
- iv. Ferritin, Iron, TIBC, % Saturation (ICD9 = 275.09)
- v. Aluminum (ICD9 = 268.2)
- vi. Hemoglobin A1c (ICD9 = 250.00) values will be obtained on patients who have a diagnosis of diabetes mellitus.
- vii. Initial adequacy of dialysis testing is done within the first 30 days following initiation of treatment.
- viii. Anti-HBc (ICD9 = 585.6) on admission if not previously obtained.
- ix. Hepatitis C Antibody (ICD9 = 585.6) on admit to NKC if not previously obtained.
- x. Initial PET (ICD9 = 585.6) is done within first 4 to 6 weeks following completion of training.

b. Routine Draws:

- i. Chemistries (NKC Special Profile): monthly (ICD9 = 585.6)
- ii. CBC with platelets: monthly (ICD9 = 585.6)
- iii. HBsAg: (ICD9 = 585.6)
 1. Monthly if patient is HBsAg negative and Anti-HBs negative unless patient is receiving the Hepatitis vaccination series. If receiving the vaccination series draw HBsAg one month after series complete.
 2. Annually (Jan) if patient is Anti HBs positive or if HBsAg positive.
- iv. Anti HBs: (ICD9 = 585.6)
 1. Annually (Jan) if patient is HBsAg negative and Anti HBs negative.

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2. Annually (Jan) if patient is Anti-HBs positive.
 3. These intervals do not include patients who are in process of immunization with hepatitis vaccine.
 - v. Fast PET: annually (ICD9 = 585.6)
 - vi. Hepatitis C Antibody: annually (Jan.) (ICD9 = 585.6)
 - vii. Ferritin, TSAT, Fe, TIBC: quarterly (ICD9 = 275.09) Jan–Apr–July–Oct.
 - viii. iPTH: quarterly
Hyperparathyroidism (ICD9 = 588.81)
Hypoparathyroidism (ICD9 = 252.1)
 - ix. Aluminum: (ICD9 = 268.2)
 1. Quarterly for patients with aluminums >30 or on aluminum binders (Jan–Apr–July–Oct.)
 2. No repeat aluminum level required if initial level is <=30 and the patient is not on an aluminum binder.
 - x. Hemoglobin A1c: values will be obtained quarterly on patients who have a diagnosis of diabetes mellitus in cyberREN (ICD9 = 250.00).
- c. Adequacy Testing
Routine adequacy testing is performed quarterly. (ICD9 = 585.6)
- d. PRN Draws
Potassium (Hyperkalemia-ICD9=276.7, or Hypokalemia-ICD9=276.8).
- i. If K+ is <3/0 notify MD, notify RD, repeat K+ weekly until result is >3.0
 - ii. For K+ 3.0 to 3.4 notify MD, notify RD, repeat K+ q 2 wks until >3.4
 - iii. For K+ 3.5 to 3.9 notify MD, notify RD
 - iv. For K+ >6.0, repeat K+ level and notify MD

7. Medications

- a. ROUTINE:
- i. Colace or equivalent, 100 mg., p.o. BID as indicated.
 - ii. Gentamicin 0.1% cream to PD catheter exit site daily.
 - iii. Water soluble vitamin one p.o. daily.
- b. PRN:
- i. Benadryl: only for Drug Reaction (ICD9 995.29)
 1. Diphenhydramine (Benadryl) 25 mg may be given IV and repeated x 1 if necessary (if patient is not hypotensive) for chills, fever, rash, itching and backache as relates to drug reaction.
 2. Notify Pharmacy of any drug reactions.
 3. Notify MD of any drug reaction.
 - ii. Epinephrine; related to Anaphylaxis (ICD9 995.29):
 1. Epinephrine 0.3mg IM via EPI pen auto-injector.

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2. Notify Pharmacy of any drug reactions.
 3. Notify MD of any drug reaction.
 - iii. Glucose Paste – Insulin Reactions (ICD9- 251.1)
For symptomatic hypoglycemia (chemstrip below 80), administer approximately ½ to 1 tube (12 – 24gm) glucose paste PO.
 - iv. Dextrose 50% Insulin Reactions in patients nonresponsive to Glucose Paste (ICD9- 251.1)
For severe symptoms of hypoglycemia or chemstrip <50, give Dextrose 50%, 50 ml (25 gm), IV x 1 dose. Notify MD.
 - v. Heparin – Use in presence of fibrin or bloody effluent (ICD9 286.9)
Add Heparin 500 units/liter to overnight CAPD bag or to each CCPD bag until effluent is clear or fibrin is resolved. (Always use 1:1000 u/ml heparin.)
 - vi. Nitroglycerin – Anginal Chest Pain (ICD9- 786.50)
 1. Give Nitroglycerin 0.4 mg (gr 1/150) SL.
 2. May repeat every 5 minutes x 2.
 3. Notify MD.
 4. Do not give if systolic BP is <100 mmHg.
 - vii. Normal Saline – Hypotension
Normal Saline (0.9%) IV may be given in 200ml boluses up to 1000 ml and notify MD.
 - viii. Oxygen – Dyspnea, Chest Pain, Hypotension, Arrhythmia, etc. (ICD9- 799.02 Hypoxemia)
 1. Oxygen may be administered per nasal cannula at 2 L/min. or mask at 5 L/min.
 2. Do not exceed 2L/min in patient with COPD.
 - ix. tPA – Clotted PD access
Administer per protocol.
 - x. Tylenol – Pain (ICD9- 780.96) & Fever (ICD9- 780.60)
Give Acetaminophen (Tylenol) 325 mg., 1 to 2 tablets every 4 hours PRN during dialysis for mild pain or headache, joint and muscle ache, discomfort related to access, and for fever >101.0F.
- c. OTHER:
- i. Hepatitis B Vaccine (ICD9- V05.3)
Per protocol.
 - ii. Influenza vaccine (ICD9- V04.81):
Influenza vaccine should be administered to all patients during the flu season (October - April) except those with egg allergy, those for whom the patient's physician has stated it is contraindicated, and those who refuse.
 - iii. Pneumococcal vaccine (ICD9- V03.82):

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1. Pneumococcal vaccine should be administered to all patients who have not received vaccination previously, except for those for whom the patient’s physician has stated it is contraindicated, have known allergy, and those who refuse. Date for subsequent five-year booster should be noted in the electronic medical record.
2. For patients who have already received initial vaccination and date is known, boost 5 years from date.
3. For patients who have received initial vaccination but its date is uncertain, treat as initial vaccination.

8. Miscellaneous

Emergency Dialysis Orders

Provision of dialysis services in an emergency depends on the degree of social isolation of both patients and staff, availability of patient transportation for access to care, and the availability of caregivers to provide care.

During emergencies (earthquake, fire, flood, power outage, pandemic, etc.), the following procedure will be implemented:

- a. In a declared emergency in which the NKC Emergency Operations Center (EOC) is convened, standing orders specific to the emergency at hand will be communicated to facilities, staff and medical staff.
 - i. They are subject to change depending on changes in conditions.
 - ii. Nursing services may exercise discretion and clinical judgment in their application.
- b. Baseline provision of care should include:
 - i. Kayexalate (ICD9- 276.7): provide patient with Kayexalate as needed from disaster supplies (30 gm).
 - ii. Implementation of emergency diet plan.

Physician Name (Please Print)

RN Name (Please Print)

Physician signature
(see referral sheet)

RN signature

Date

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