

# Sodium Thiosulfate (STS) Order Form

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Prior to initiating STS therapy the nephrologist should review the following:

## Criteria

1. Have all calcium-based binders been stopped?
2. Have vitamin D analogs been stopped?
3. Has dialysis therapy been intensified?
4. Is the patient on Coumadin (warfarin)

## Criteria Checklist

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Sodium Thiosulfate orders will have an automatic stop date after 3 months.

**Please fax completed form to NKC Pharmacy: 206-343-4884**

☐ Initial Order

☐ Order Continuation (*indicate response to therapy*)

- ☐ Complete Resolution
- ☐ Marked Improvement
- ☐ Some Improvement
- ☐ No Improvement

☐ Give Sodium Thiosulfate **12.5 grams** IV three times per week with dialysis

☐ Give Sodium Thiosulfate **25 grams** IV three times per week with dialysis

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

**Patient Name:** \_\_\_\_\_ **NKC#** \_\_\_\_\_