Initial Orders: Home Hemodialysis-Conventional

Patient Name:	DOB:
Resuscitate Order	
□ Do Resuscitate □ Do Not Resuscitate (Patien	t remains full code until POLST form received.)
HBs Ag positive 🗆 Yes 🛛 🗆 No	
Prescription	
Target Weight kg	
Dialysate (mEq/L)	Dose
□ Standard □ Variation	Durationhrs/treatment
Na+ 135	Frequencyper week Blood Flowml/min
HCO ₃ ⁻ 33 K 3.0/Ca 2.5	Blood Flow Start @, increase as
\Box K 2.0/Ca 2.0	tolerated up to ml/min
Dialyzer	In-Center Backup Dialysis Orders:
□ Fresenius 180NR □ Fresenius 160NR	Dialysate:
Access (check to initiate)	Na+ 135 mEq/L ormEq/L Bicarb 33 mEq/L ormEq/L
□ AVF/AVG algorithm □ Catheter protocol	Calcium 2.5 mEq/L ormEq/L
	QD 600 ml/min orml/min 2 K+
Heparin 🗆 Yes 🗆 No Prime units (50-75 u/kg)	Hours: hrs; Freq: Days/Wk
Prime units (50-75 u/kg) Hourly units/hr (not <1000 units/hr)	Heparin: Prime:units Hourly:units/hour
Stop mins prior to end of tx	Time Off:minutes
Medication Standing Orders	QB 400 ml/min as tolerated
YES - Initiate per Standing Orders the following medications (unless otherwise indicated below) rHuEPO Venofer	
If patient on ESA prior to NKC admit, provide starting in	n-center EPO dose (units/wk subq)
Vaccinations	
YES - Initiate per Standing Orders the following	vaccinations (unless otherwise indicated below)
Annual Flu Hep B	
	tions and vaccinate per protocol.)
Allergies 🗆 NKDA	
Additional Orders	
Co-morbid Conditions (currently present) \Box Nor	ne
□ Hereditary hemolytic & sickle cell anemia □ My	elodysplastic syndrome 🛛 🗆 Pericarditis
Note: Physician signature initiates NKC Chronic Standing Orders (except for Acute patients). Standing Orders function as defaults and remain in effect in the case of a single off protocol adjustment, unless the MD indicates otherwise.	
Referring Nephrologist's Name Signature	Date
□ I am completing these initial orders for nephrolo	ogist:
Name	
PHONE: 206-292-3090 FAX TO: 206-343-4124	

Kidney Centers