

Initial Orders: Home Hemodialysis-NxStage

Patient Name: _____ **DOB:** _____

Resuscitate Order

Do Resuscitate Do Not Resuscitate (Patient remains full code until POLST form received.)

HBs Ag positive Yes No

Prescription

Target Weight _____ kg

Access AVF/AVG Algorithm Catheter protocol
Surgeon: _____

Dialysate (mEq/L)

- Ca++ 3.0 mEq/L
- Na+ 140 mEq/l
- 1K+ 40 Lactate
- 1K+ 45 Lactate
- 2K+ 45 Lactate

- Short Daily prescription based on dosing calculator and reviewed with MD and Medical Director
- Candidate for Nocturnal Dialysis based on dosing calculator and reviewed with MD and Medical Director

Dialyzer

CAR 170

Anticoagulation

Heparin Yes Per protocol
 No

Medication Standing Orders

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-center EPO dose _____ (units/wk subq)

Vaccinations

YES - Initiate per Standing Orders the following vaccinations (unless otherwise indicated below)
Annual Flu _____
Hep B _____
Pneumococcal _____ (RN will check on past vaccinations and vaccinate per protocol.)

Allergies NKDA _____

Additional Orders

Co-morbid Conditions (currently present) None

Hereditary hemolytic & sickle cell anemia Myelodysplastic 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.

In-Center Backup Dialysis Orders:

Dialysate:
Na+ 135 mEq/L or _____ mEq/L
Bicarb 33 mEq/L or _____ mEq/L
Calcium 2.5 mEq/L or _____ mEq/L
QD 600 ml/min or _____ ml/min
2 K+

Hours: _____ hrs; Freq: _____ Days/Wk
Heparin: Prime: _____ units
Hourly: _____ units/hour
Time Off: _____ minutes
QB 400 ml/min as tolerated

Referring Nephrologist's Name _____ Signature _____ Date _____

I am completing these initial orders for nephrologist: _____
Name

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