

Acute (AKI/Non-ESRD) Orders: In-Center Hemodialysis

Patient Name: _____ DOB: _____

Resuscitate Order

Do Resuscitate Do Not Resuscitate

HBs Ag positive Yes No

Allergies NKDA _____

Access Tunneled CVC site R _____ L _____ Use catheter protocol
 Other _____

Dialysis Prescription

Target Weight _____ kg
Max UF 13 ml/kg/hr _____ ml/kg/hr
If SBP ≤ _____ give NS 200cc x3 prn & notify physician
Duration 4 hours _____ hours
Frequency _____ per week
Blood Flow _____ ml/min
Dialysate Flow 600 ml/min

Dialyzer: Revaclear

Dialysate (mEq/L)

Standard Variation
Na⁺ 135 Na⁺ _____
HCO₃⁻ 33 HCO₃⁻ _____
 K+3.0/Ca2.5 K+2.0/Ca2.5 K+2.0/Ca3.0
(If corrected Ca⁺ <8mg/dl, suggest 3 Ca⁺ bath)

Anticoagulation

Is patient on oral AC? Yes No
Heparin _____ Yes No
Prime _____ units
Hourly _____ units/hr
D/C _____ minutes prior to end of treatment
OR
Saline flushes Yes No

Medications

Darbepoetin _____ mcg IV q week
(suggested initial dose = 0.3 mcg/kg)
(max dose 1.5 mcg/kg/week or
100 mcg, whichever is lower)

Labs

- NKC Profile on admission and every week – call MD if Creatinine ≤ 2.5 mg/dL
- CBC with differential & platelet on admission and every week
- Patient to measure u/o daily (nursing staff to provide supplies)

Dietary Management

- 1.2 – 1.5 gm protein/kg/day / 20-30Kcal/kg/day
- ODPS

Additional Orders: _____

Attending Nephrologist's Name

Signature

Date

Phone: 206-292-3090

FAX TO: 206-343-4124