

## Initial Orders: Peritoneal Dialysis

Patient Name:	DOB:
Resuscitate Order	
☐ Do Resuscitate ☐ Do Not Resuscitate (Patient rem	nains full code until POLST form received.)
HBs Ag positive ☐ Yes ☐ No	
Prescription	
Dry Weight kg Access ☐ Externalized abdom	ninal 🗆 Presternal
☐ <b>Urgent Start</b> (starting PD immediately following catheter p Initiate PD Urgent Start Standing Orders	lacement)
$\square$ Standard Start (with final modality of APD)	
CAPD for 2 to 4 wks 1.0 to 2.0L x 4 exchanges/day	
Then APD	
1.0 to 2.5L x 3 to 5 exchanges/9 hrs	
☐ Other:	
CAPDL x exchanges/day (Ex: 2-3L X 4 exchanges/day)	<del></del>
APDL x exchanges/9hrs	
L last fill +L x daytime exchanges	
Medication Standing Orders	
☐ YES - Initiate per Standing Orders the following medicat rHuEPO Venofer	
If patient on ESA prior to NKC admit, provide starting in-center	EPO dose (units/wk suba)
Vaccinations	(aa, susq)
☐ YES - Initiate per Standing Orders the following vaccinate	ions (unless otherwise indicated below)
Annual Flu	cons (armoss error mass marcarea solom)
Hep B	
Pneumococcal (RN will check on past vaccinations and vaccinate per protocol.)	
Allergies UNKDA	
Additional Orders	
Co-morbid Conditions (currently present)  None	
	olastic syndrome
<b>Note:</b> Physician signature initiates NKC Chronic Standing Orders ( <b>except for Acute patients</b> ). 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 nephrologist:	
	Name

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