NORTHWEST Kidney Centers

Initial Orders: Home Hemodialysis-Conventional

Patient Name: _____ **DOB:** _____

Resuscitate Order

☐ **Do Resuscitate** ☐ **Do Not Resuscitate** (Recommend completion of POLST form within 30 days.)

HBs Ag positive ☐ **Yes** ☐ **No**

Prescription

Target Weight _____ kg

Dialysate (mEq/L)

☐ Standard ☐ Variation

Na+ 135 _____

HCO_3^- 33 _____

K 3.0/Ca 2.5 ☐ K 2.0/Ca 2.5 ☐ K 2.0/Ca 3.0

Dose

Duration _____hrs/treatment

Frequency _____per week

Blood Flow ☐_____ ml/min

☐ Start @ _____, increase as tolerated up to _____ ml/min

Dialyzer

☐ Fresenius 180NR ☐ Fresenius 160NR

Access (check to initiate)

☐ AVF/AVG algorithm ☐ Catheter protocol

Anticoagulation

Heparin ☐ Yes ☐ No

Prime _____ units (50-75 u/kg)

Hourly _____ units/hr (**not** <1000 units/hr)

Stop _____ mins prior to end of tx

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

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.

Referring Nephrologist's Name _____ Signature _____ Date _____

☐ I am completing these initial orders for nephrologist: _____ Name

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