

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 _____ ml/kg/hr (max =13 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
Initial Bolus 3000 units Other _____ units
(do **not** order <500 units/hr, max 8000 unit bolus)

Medications

Mircera _____ mcg IV q 2 weeks
(suggested initial dose = 0.6 mcg/kg or 75 mcg, whichever is lower)

Saline flushes Yes No

Labs

AKI 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)

Additional Orders: _____

Attending Nephrologist's Name

Signature

Date

Phone: 206-292-3090

FAX TO: 206-343-4124