

Initial Orders: Chronic In-center Hemodialysis

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

Max UF _____ ml/kg/hr (max = 13 ml/kg/hr)

Dialysate (mEq/L)

Na+ 135 or Na+ _____

HCO₃ 33 or HCO₃ _____

K 3.0/Ca 2.5 or K 2.0/Ca 2.5

Dialysate Flow 600 ml/min

Dialyzer

Optiflux 160

Access (check to initiate)

AVF/AVG algorithm Catheter protocol

Medication Standing Orders

YES - Initiate per Standing Orders the following medications (unless otherwise indicated below)

Mircera * _____

Ferrlecit _____

Zemplar _____

*If patient on ESA prior to NKC admit, provide starting in-center Mircera dose _____ (mcg/q 2wks IV)

Dose

Duration 4.0 4.5 5.0 hrs/treatment

Frequency 3 x per week

Blood Flow 350 - 400

Start @ 200 ml/min and increase as tolerated up to 400 ml/min

Anticoagulation

Is the patient on oral anticoagulation? Yes No

Heparin Yes No

Initial bolus 3000 units or

other _____ units

(do **not** order <500 units/hr, maximum 8000 unit bolus)

Allergies NKDA

Vaccinations

YES - Initiate per Standing Orders the following vaccinations

Annual Flu _____

Hep B _____

Pneumococcal per protocol

Additional Orders _____

Co-morbid Conditions (currently present) None

- Hereditary hemolytic & sickle cell anemia Myelodysplastic syndrome Pericarditis
- Monoclonal gammopathy (in absence of MM) GI Bleed with Hemorrhage

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 _____ and have spoken with this physician regarding the orders Name

PHONE: 206-292-3090 **FAX TO:** 206-343-4124

Approved by Medical Executive Committee on December 14, 2018