

INITIAL ORDERS: In-Center Hemodialysis

Patient name: _____

Order type:
 chronic (ESRD)

 acute (AKI)

Date of birth: _____

Resuscitation order:
 Do Resuscitate

 Do Not Resuscitate

Allergies:
 no known allergies

Access:
 AVF/AVG algorithm

 catheter protocol

Anticoagulation:
 YES: Heparin bolus = _____ (suggest 3,000 u; max=8,000 u)

 NO: patient on oral anticoagulation

 NO: anticoagulation contraindicated

Volume management:

target weight: _____ (kg)

max UF rate: _____ (ml/kg/hr)

(guidelines suggest < 13 ml/kg/hr)
PRESCRIPTION:

		<input checked="" type="checkbox"/> Default	Modifications? (enter below)	Notes
dose	dialyzer	Optiflux 160		
	Duration	4.0 hours		
	Frequency	3x per week		
	Blood flow (ml/min)	350 - 400		
	Dialysate Flow (ml/min)	600		
Dialysate	Na ⁺	135 (mEq/L)		
	HCO ₃ ⁻	33 (mEq/L)		
	K ⁺	2 (mEq/L)		
	Ca ⁺⁺	2.5 mg/dL		if corrected Ca ⁺⁺ < 8.0 mg/dL, suggest 3.0 Ca ⁺⁺ bath

for ESRD patients only:

a) NKC Standing Orders: standing orders will be initiated for the following unless indicated otherwise below:

Medications:

 Mircera**
 Ferrlecit
 Zemplar

Vaccinations:

 annual influenza
 Hepatitis B
 Pneumococcus

** if pt previously on ESA, provide starting in-center

Mircera dose: _____ mcg/q2 weeks IV

b) Co-morbid conditions: *check all that apply:*

 hered. hemolytic anemia/sickle cell pericarditis
 myelodysplastic syndrome GI bleed w/ hemorrhage

for AKI patients only:

a) Medications:

 Mircera: _____ mcg IV q2weeks
(suggest 0.6 mcg/kg or 75 mcg, whichever is lower)
 saline flushes

b) Labs and Monitoring:

 AKI profile on admission and weekly (x8 weeks)
(call MD if creatinine < 2.5 mg/dl)
 CBC with diff on admission and weekly (x8 weeks)
 measure U/O daily (staff provides supplies to patient)

c) Diet: _____

Additional Orders: 1.

2.

3.

Attending Nephrologist of Record: _____

(will be following patient at NKC)

name

signature

date

Referring Provider: _____

(if different from above)

name

signature

date