

INITIAL ORDERS: In-Center Hemodialysis

Patient name: _____

Order type:
☐ chronic (ESRD)

Date of birth: _____

☐ acute (AKI)

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
☐ NO: anticoagulation not needed

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

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