

# Sodium Thiosulfate (STS) Order Form

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Prior to initiating STS therapy the nephrologist should review the following:

## Criteria

1. What is the indication for STS therapy?
2. If other, provide diagnosis and rationale

Rationale: \_\_\_\_\_

## Criteria Checklist

- Calciphylaxis biopsy proven
- Calciphylaxis based on clinical grounds
- Other

ICD-10: \_\_\_\_\_

- |   |     |    |
|---|-----|----|
| 3. Have all calcium-based binders been stopped?               | Yes | No |
| 4. Have vitamin D analogs been stopped?                       | Yes | No |
| 5. Has dialysis therapy reached conventional adequacy levels? | Yes | No |
| 6. Is the patient on warfarin (Coumadin)?                     | Yes | No |
| 7. Has Palliative Care been consulted?                        | Yes | No |

Sodium Thiosulfate orders will have an automatic stop date after 3 months

**Please fax completed form to NKC Pharmacy: 206-343-4884**

Initial Order

Order Continuation (*indicate response to therapy*)

- Complete Resolution
- Marked Improvement
- Some Improvement
- No Improvement

**12.5 grams** IV three times per week with dialysis for **body weight ≤ 70kg**

**25 grams** IV three times per week with dialysis for **body weight > 70kg**

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

**Patient Name:** \_\_\_\_\_ **NKC#** \_\_\_\_\_