

AKI (Acute Kidney Injury) In-Center Hemodialysis Standing Orders

1. Target Weight

All new patients will have an initial assessment.

2. Access (note – rarely an AKI patient may have an AV Fistula or Graft):

a. Cannulation of AV Fistulas

In order to initiate cannulation of a new AV Fistula, the access must meet the following criteria as assessed by a Registered Nurse:

- At least six weeks from date of creation
- Greater than 1" total palpable length
- 6mm or greater diameter
- 6mm or less depth

b. Cannulation of AV Grafts

In order to initiate cannulation of new AV Grafts, the access must meet the following criteria as assessed by a Registered Nurse:

- At least two weeks from date of installation
- 6mm or less depth

c. If cannulation criteria not met contact surgeon and nephrologist for intervention.

d. Guidelines for Cannulation as follows:

- Only experienced staff may cannulate new accesses for at least the first six runs. If no experienced staff is available, fistula cannulation will be deferred.
- Refer to nephrologist for CVC removal after three consecutive treatments with x2 needles
- Adjust blood flow rates to needle gauge per table below or as ordered by MD.:

Blood Flow rates to Needle Gauge	
200-250ml/min	17 gauge
>250-350ml/min	16 gauge
>350-450ml/min	15 gauge

- AV Fistula week one – use 17g needle for arterial, CVC for venous return OR 17g needles for both A&V if approved by Registered Nurse
- AV Fistula weeks two and three – 16g needles for both A&V if approved by Registered Nurse
- AV Fistula weeks four and ongoing – advance to 15g needles if approved by Registered Nurse
- AV Graft week one – 16g needles for both A&V
- AV Graft weeks two and ongoing – 15g needles

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e. Access Infiltration

- i. Apply cold pack per policy for infiltrations related to access punctures.
- ii. Refer to access dysfunction algorithm.

3. Laboratory Tests: Routine (Annually = Jan; Semi-annually = Jan, Jul; Quarterly = Jan, Apr, Jul, Oct)

- a. Chemistry panel: weekly (ICD10 = N17.9)
- b. CBC with platelets: weekly (x 8 weeks), then monthly (ICD10 = N17.9)
- c. HBsAg: (ICD10 = N17.9)
 - i. If the patient is HBsAg negative and Anti-HBs negative (or anti-HBs is <10 mIU/mL): draw HBsAg monthly
 - ii. Draw HBsAg annually in January on all patients
 - iii. While patients are receiving the Hepatitis vaccination series, draw HbsAg at least 14 days after each vaccine.
- d. Anti-HBs: (ICD10 = N17.9)
 - i. Per vaccination protocol
 - ii. Draw annually on all patients
- e. Anti-HBc: (ICD10 = N17.9) On admission (if not previously obtained)
- f. Hepatitis C Antibody: (ICD10 = N17.9) On admission (if not previously obtained) and semi-annually.
For those new patients with a positive HCV Ab redraw HCV Ab and Hepatitis C RNA by PCR. (Refer to HCV surveillance policy.)
- g. iPTH: Hyperparathyroidism (ICD10 = N25.81) Hypoparathyroidism (ICD10 = E20.8)
 - i. For patients not on IV vitamin D replacement protocol: draw quarterly
 - ii. For patients on Vitamin D replacement protocol: see paricalcitol orders
- h. Aluminum:
 - i. On admission for all patients. (ICD10 = N17.9)
 - ii. Draw quarterly for:
 1. Patients with aluminum levels greater than 30 (ICD10 = N17.9 initial and subsequent draws)
 2. Or those on aluminum containing phosphate binders (ICD10 = N17.9 initial and subsequent draws)
 - iii. Annually in January for all patients (ICD10 = N17.9)
- i. Hemoglobin A1C: (ICD10 = Refer to Patients Problem List for diabetic diagnosis) Quarterly on patients with the diagnosis of diabetes mellitus
- j. TSH: (ICD10 = E03.9) Annually on patients who have the diagnosis of hypothyroidism.
- k. Magnesium: quarterly (ICD10 = N17.9)
- l. Glucose: quarterly for non-diabetics (ICD10 = R73.09) and monthly for diabetics (ICD10 = Refer to Patients Problem List for diabetic

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diagnosis)

4. Laboratory Tests PRN

- a. Blood Cultures: (ICD10 = R50.9 fever)
 - i. Patients with a CVC and a temperature greater than 100.0 F degrees (37.8C) draw TWO sets of blood cultures from the access/bloodlines at least 5 minutes apart. Notify MD by phone.
 - ii. Patients without a CVC with a temperature greater than 100.0 F (37.8C) Call MD for orders.
- b. Water and Dialysate Cultures/LAL and colony counts: Obtain these from the machine and treatment station when clinical suspicion warrants. (This is in addition to the routine scheduled cultures).
- c. Access Site Cultures: (ICD10 = T82.7.XXA for the initial culture; T82.7XXD if subsequent culture for same infection) Obtain if clinical signs of infection. Notify MD by phone.
- d. COVID-19 PCR testing: Obtain for patients with signs and/or symptoms consistent with COVID-19, when appropriate. Notify MD by fax or phone.

5. Lab Requests for Patients Who Travel: These may be drawn prior to the scheduled travel, at the discretion and request of the accepting unit.

6. Medications/ Routine

- a. Heparin – Systemic Anticoagulant (Follow In-Center Hemodialysis Standing Orders - Heparin Protocol)
- b. Heparin-Catheter Anticoagulant/Post Dialysis Lumen Instillation
 - i. Fill each lumen with 1,000 units/ml heparin post dialysis. Draw up 0.2 ml more than the fill volume of the catheter and instill using positive pressure technique. If no fill volume is specified, use 1.5 ml/lumen.
 - ii. After filling catheter, clamp while applying positive pressure.
 - iii. Use of 5,000 units/ml heparin requires special physician orders. Dialysis technicians may not instill 5,000 units/ml heparin.

7. Medications/PRN

a. Adverse Reactions

NOTIFY:

- **MD by phone of any dialyzer or drug reaction**
- **Pharmacy of any drug reactions**

TREATMENT:

Benadryl; Epinephrine; Solumedrol may be given for Blood Transfusion Reaction (ICD10 = T80.89XA), Dialyzer Reaction (ICD10 = T78.40XA) or Drug Reaction (ICD10 = T50.995A) as follows:

- i. Diphenhydramine (Benadryl) 25 mg may be given IV and repeated x 1 prn (if the patient is not hypotensive) for chills, fever, rash, itching, and backache related to any of the above noted reactions.

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- ii. Epinephrine 0.3 mg **IM**
 - iii. Solumedrol 125 mg IV push over 5-10 minutes
- b. **Lidocaine or Xylocaine 1%**: May use up to 1cc per puncture of subcutaneous anesthetic for access cannulation. (Recommended dose = 0.2-0.5cc)
- c. **Tylenol/Acetaminophen** (for Pain (ICD10 = R52) or Fever (ICD10 = R50.9) greater than 100.0 F): Give 325 mg 1-2 tablets every 4 hours prn during dialysis. (Check patient's temperature before administration)
- d. **Nitroglycerin** (for Anginal Chest Pain) (ICD10 = I20.9): Give 0.4 mg (gr 1/150) SL. May Repeat every 5 minutes x 2. **Do not give if systolic BP is less than 100 mmHg.** Notify MD by phone.
- e. **Oxygen** (for dyspnea, Chest Pain, Hypotension, Arrhythmia etc.) (ICD10 = R09.02 Hypoxemia): Before administering oxygen, check O₂ sat. If patient has symptoms such as: dyspnea, chest pain, hypotension, arrhythmia or O₂ < 90%, administer at 2 L/min per nasal cannula or 5 L/min per mask. For patients with COPD use no more than 2 L/min and only by nasal cannula.
- f. **Glucose Paste** (for hypoglycemia/insulin reactions) (ICD10 = E16.2): Obtain chemstrip. For symptomatic hypoglycemia (cs greater than 50, less than 80) administer ½ to 1 tube (12-24 grams) paste po if patient is alert.
- g. **Dextrose 50% IV** (for severe symptomatic hypoglycemia/insulin reaction, cs below 50) (ICD10 = E16.2): administer Dextrose 50% 50 ml i.e. 25 grams IV x 1 dose. Notify MD by phone.
- h. **Normal Saline** (for muscle cramps or hypotension): Normal Saline (0.9%) IV may be given in 100-200 cc boluses up to 1000 cc.
- i. **Antihypertensives (for Hypertension)**: If systolic BP is greater than 200 or if diastolic BP is greater than 120, Notify MD by phone and **DO NOT INITIATE DIALYSIS.**
- j. **Seizures**: Initiate Seizure Management protocol and call MD.
- k. **Naloxone**: Please follow assessment for Naloxone use and administration. If the assessment is to administer naloxone, it can be administered as follows (per NKC procedure):
Naloxone 0.4mg IV/IM once, followed by contacting emergency response team, if not already done so. May repeat once after 3 minutes, if appropriate.

8. Vaccinations

- a. Hepatitis B Vaccine (ICD10 = Z23): per protocol
- b. Influenza Vaccine (ICD10 = Z23): Should be administered to all patients during the flu season (Oct-April). Exceptions include-contraindications as stated by the physician, or patient refusal.
- c. Pneumococcal Vaccine (ICD10 = Z23): per Pneumococcal Vaccination protocol

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9. Miscellaneous

- a. Unstable Medical Conditions: If nursing assessment deems the patient unsafe for dialysis, the hemodialysis treatment may be postponed or terminated at the discretion of the RN (with documentation in the EMR) and the MD notified by phone.
- b. Initiate Bowel Protocol, as needed.
- c. Initiate TB Screening per TB Testing Surveillance for Patients policy.

10. Emergency dialysis Orders

Provision of dialysis services in an emergency depends on the degree of social isolation of both patients and staff, availability of patient transportation for access to care, and the reserve of caregivers to provide care.

During emergencies (earthquake, fire, flood, power-outage, pandemic, etc.), the following procedure will be implemented:

- In a declared emergency in which the NKC Emergency Operations Center (EOC) is convened, standing orders specific to the emergency at hand will be communicated to facilities, staff and medical staff.
- They are subject to change depending on changes in conditions.
- They may vary from facility to facility.
- Nursing services may exercise discretion and clinical judgment in their application.
- Baseline provision of care should include:
 - i. Dialyzer: any single use dialyzer
 - ii. Dialysate: [Ca⁺⁺] and [K⁺] per patient prescription: if emergency obligates decreased frequency or shortened time call physician for K⁺ orders if normal bath is < or > 2K⁺.
 - iii. Heparinization: 3.0 cc (3000 units) bolus.
 - iv. Time: provision of maximum dialysis time feasible given the nature of the emergency, in conjunction with instructions from the EOC.
 - v. Kayexalate (Hyperkalemia ICD10 = E87.5) provide patient with Kayexalate as needed from disaster supplies (30 gm).

Suzanne Watnick, MD

Physician Name (Please Print)

Physician signature
(see Initial Orders)

Date

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