

INITIAL ORDERS: In-Center Hemodialysis

Patient name: _____
(Last) (First) (Initial) (Suffix)

Date of birth: _____ **Order type:** Chronic (ESRD) Acute (AKI)
(ICD10: N18.6)

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:

		[x] Default	Modifications? (enter below)	Notes
Dose	Dialyzer	Optiflux 160		consider F160 dialyzer for patients <100kg, F180 for ≥ 100kg
	Duration	4.0 hours		
	Frequency	3x per week		
	Blood flow (ml/min)	350 - 400		
	Dialysate Flow (ml/min)	600		
Dialysate	Temp	37°C		
	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

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

Additional Orders:

for AKI patients only:

a) AKI dialysis standing orders will be initiated

b) Medications:

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

c) Labs and Monitoring:

- Chemistry panel on admission and weekly; *(call MD if creatinine <2.5 mg/dl)*
 CBC with diff on admission and weekly (x8 weeks)
 measure 24 hour U/O once, then repeat if patient reports increased urine output

d) Diet:

Protein:
 Potassium:
 Phosphorus:
 Sodium:
 Fluid:

Attending Nephrologist of Record:

(will be following patient at NKC)

_____ name _____ signature _____ date

Referring Provider:

(if different from above)

_____ name _____ signature _____ date