

2021 Initial Home Hemodialysis Orders NxStage

Patient Name: _____ **DOB:** _____

Facility:

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Everett | <input type="checkbox"/> Smokey Point | <input type="checkbox"/> Anacortes |
| <input type="checkbox"/> Mountlake Terrace | <input type="checkbox"/> Monroe | |
| <input type="checkbox"/> Lakewood | <input type="checkbox"/> Whidbey Island | |

Allergies:

NKDA: _____

CODE STATUS: FULL CODE NO CODE

NO CODE requires a copy of the POLST form

New Patients: Primary Cause of ESRD
(See attached code list): _____

Prescription:

Dry Weight: _____

Short Daily:

- Flow Fraction: 35%
- Qb 350-450 as tolerated
- Dialysate: 25-40 liters/session – to be adjusted during training
- Dialyzer Car 170
- Duration will be determined by liters/session*
- Frequency per week: 5 days/weekly

Diagnosis: ESRD (N18.6)

Dialysate:

- | | |
|--------------|--|
| Ca 3.0 mEq/L | <input type="checkbox"/> K1.0 Lactate 40 |
| Na 140 mEq/L | <input type="checkbox"/> K1.0 Lactate 45 |
| | <input type="checkbox"/> K2.0 Lactate 45 |

Access:

- AV Fistula
- Graft
- Central Venous Catheter

In-Center Backup Dialysis Orders:

Dialysate: Na 135, Bicarb 33, Ca 2.5, K 2.0
 BFR 400 ml/min as tolerated
 Hours: _____
 Frequency: 3 days per week

Initiate PSKC In-Center Hemodialysis Standing Orders

Dialyzer: F160NR
 Heparin: Per Anticoagulation Protocol

Initiate PSKC Home Hemodialysis Standing Orders

Additional Orders/Comments:

Nephrologist Name

Signature

Date

Nurse Name if verbal order _____ Signature _____ Date _____

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