

Patient Name: _____ **DOB:** _____

Facility:

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

Preferred Treatment Days (if known):

- MWF TTHS

Primary Cause of ESRD (See attached code list):

Allergies:

NKDA _____

CODE STATUS: FULL CODE NO CODE

NO CODE requires a copy of the POLST form

Diagnosis: ESRD (N18.6) –OR–

- Acute kidney failure w/ tubular necrosis (N17.0)
- Acute kidney failure w/ acute cortical necrosis (N17.1)
- Acute kidney failure w/ medullary necrosis (N17.2)
- Other acute kidney failure (N17.8)
- Acute kidney failure, unspecified (N17.9)

Prescription:

Dry Weight: _____

Dose:

- Standard
- Duration: 4 hours/treatment or _____
- Frequency: 3 days per week
- Machine Temperature 36.0°C
- Blood Flow Rate (BFR): Start @ 200ml/min
- Increase as tolerated up to 400ml/min

Initial 3 Treatments Variation

- 1st Treatment: Time _____ BFR _____
- Adjust heparin bolus per Anticoagulation P&P
- 2nd Treatment: Time _____ BFR _____
- Adjust heparin bolus per Anticoagulation P&P
- 3rd Treatment: Time _____ BFR _____
- Adjust heparin bolus per Anticoagulation P&P

Dialyzer:

F160NRe

TB:

- No Active TB Active TB

Access:

Vascular Surgeon: _____

- AV Fistula-Follow AV Fistula/Graft Protocols
- Graft-Follow AV Fistula/Graft Protocols
- Central Venous Catheter
- Follow Central Venous Catheter Protocols
- If no fistula/graft present, vascular access appointment date or referral date
- (REQUIRED)** __/__/__

Dialysate:

- Standard Variation
- Na 135 _____
- HCO3 33 _____

Citrasate Baths:

- K3.0/Ca 2.5 K2.0/Ca2.5 K1.0/Ca2.5

Anticoagulation:

- Heparin per Anticoagulation Protocol

Medication:

Current ESA dose (if initiated prior to admit):

Initiate PSKC In-Center Hemodialysis Standing Orders

Additional Orders/Comments:

Nephrologist Name

Signature

Date

Nurse Name if verbal order

Signature

Date

Admissions Coordinator – PHONE: 425-259-2003 FAX: 425-403-4008 EMAIL: admissions@pskc.net