

Patient Name: _____ **DOB:** _____

Facility:

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

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: _____

Diagnosis: ESRD (N18.6)

Treatment Options:

- Urgent Start*
(Starting PD immediately following catheter placement)
Initiate PD Urgent Start Protocol
- Standard Start*
(Final modality will be APD)
CAPD for 2-4 weeks: 1.0-2.0 liters, 3-4 exchanges/day
Then APD: 1.0-2.5 liters, 3-4 exchanges/9 hours
- Other:*
CAPD: _____ Liters x _____ exchanges/day
APD: _____ Liters x _____ exchanges/night
 _____ Liters last fill + _____ Liters daytime exchange

Access:

- Abdominal
 - Presternal
 - Buried Catheter
- Date of Externalization: _____

Initiate PSKC Home Peritoneal 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