

### 1. Nutrition Standards of Care:

- A. Follow P&P *Nutrition Standards of Care*

### 2. Laboratory Tests:

- A. Drawn On Admission If Incident Patient:

1. Renal Function Panel (BMP, PO<sub>4</sub> and Albumin) (ICD10 N18.6 & Diabetics E08.21 or Non-Diabetics R73.09)
2. Total Protein, Alkaline Phosphatase, ALT (ICD10 N18.6)
3. CBC with differential and platelets (ICD10 N18.6)
4. HBsAg, HBsAb, HBcAb, HCVAb (ICD10 N18.6)
5. Serum Aluminum (ICD10 N18.6)
6. Iron Studies (ICD10 N18.6)
7. Vitamin D-25 (ICD10 N18.6)
8. Intact PTH (ICD10 N18.6)

- B. Renal Function Panel within first 2 weeks of initial training date

- C. Initial Kt/V within first 30 days

- D. Monthly Draws:

1. Renal Function Panel: monthly (ICD10 N18.6 & Diabetics E08.21 or Non-Diabetics R73.09)
2. Total Protein, Alkaline Phosphatase, ALT (ICD10 N18.6)
3. CBC with differential and platelets (ICD10 N18.6)
4. HBsAg (ICD10 N18.6)
5. Intact PTH (ICD10 N25.81) if patient is on Sensipar

- E. Quarterly Labs:

1. Iron Studies (Jan, Apr, Jul, Oct) (ICD10 N18.6)
2. Intact PTH (Feb, May, Aug, Nov) (ICD10 N18.6)
3. Kt/V (with 24-Hour Urine as needed) (ICD10 Z49.32)
4. Aluminum for patients with most recent aluminum levels > 30 or on aluminum containing phosphate binders (Feb, May, Aug, Nov) (ICD10 M83.9)

- F. Annual Labs:

1. HBsAb, HCVAb (Jan) (ICD10 N18.6)
2. Vitamin D-25 (Jan) (ICD10 N18.6)
3. Standard - PET yearly (ICD10 N18.6)
4. Magnesium (Jan) (ICD10 N18.6)

- G. Initial PET is done within the first 4-6 weeks following completion of initial training then annually (ICD10 N18.6).

- H. PRN Lab Draws:

1. Potassium for hyperkalemia (ICD10 E87.5) or hypokalemia (ICD10 E87.6)
2. Calcium if > 10.2 recheck calcium before the end of the month
3. Phosphorus PRN Dietitian/RN discretion
4. Effluent culture and sensitivity as needed (ICD10 K65.9)
5. Access site wound cultures as needed (ICD10 T82.7XXA (initial), D (subsequent) or S (sequela))
6. HBsAb titer recheck 30 days after completion of Hepatitis B vaccination series (ICD10 N18.6)
7. Recheck labs and notify MD per P&P *Critical Lab Notification to Nephrologist*

### 3. Dialysis Adequacy:

- A. Adequacy testing is performed quarterly and PRN at nurse's discretion (ICD10 Z49.32)
  - 1. PSKC Minimum: Kt/V 1.7
- B. If Kt/V < 1.7, make adjustments to prescription and re-draw post correction

### 4. Bowel Protocol:

- A. *Follow bowel protocol PRN constipation*

### 5. Medications:

- A. Gentamicin 0.1% cream topical to peritoneal exit site daily (ICD10 N18.6). *Mupirocin Cream will be substituted if gentamycin cream is not available.*
- B. Epinephrine Auto Injector per P&P *Anaphylaxis*
- C. Benadryl 25 mg IV:
  - 1. **FOR ALLERGIC REACTIONS ONLY**
  - 2. **Patients should be instructed to not drive after dialysis after receiving these medications as their abilities may be hampered**
- D. Acetaminophen 325 mg 1-2 PO every four (4) hours as needed for pain
- E. Nitroglycerin 0.4 mg SL PRN chest pain:
  - 1. May repeat every five (5) minutes for up to 3 doses
  - 2. *Page MD* after the first dose is given
  - 3. **DO NOT GIVE IF BP SYSTOLIC IS < 100**
- F. Glucose Tabs for Insulin Reaction (ICD10 E16.1): See P&P *Hypoglycemia Management*
- G. Dextrose 50% for Insulin Reaction (ICD10 E16.1): See P&P *Hypoglycemia Management*
- H. Alteplase (tPA, cathflo activase) for clotted PD catheter:
  - 1. Follow P&P *Using Alteplase for Peritoneal Dialysis Catheter Obstruction*
- I. Oxygen 2 L/min nasal cannula PRN dyspnea, chest pain or hypotension per P&P *Administration of Oxygen*
- J. Oseltamivir (Tamiflu) 30 mg PO (ICD10 J06.9):
  - 1. This is **ONLY** to be given during flu season (October-April)
  - 2. *Page MD* if a patient presents during flu season with a fever (>100.4°F or >38°C) **AND** a cough or sore throat
  - 3. Obtain order to give Oseltamivir 30 mg PO post dialysis for one (1) treatment
  - 4. Puget Sound Kidney Centers will only provide the initial dose of Oseltamivir
  - 5. Remind MD to call in an order for subsequent doses to patient's local pharmacy *and request recommendations for testing for SARS-CoV-2 and Influenza A and B.*
  - 6. Standard dosing is 30 mg PO post dialysis for a total of 5 days

### 6. Vaccinations:

- A. Hepatitis B Vaccination (ICD10 Z23) per P&P *Hepatitis B Prevention Program*
- B. Seasonal Flu Vaccination (ICD10 Z23) per P&P *Administration of the Seasonal Influenza Vaccine*
  - 1. Should be administered to all patients 18 years or older during the flu season (October-April)
  - 2. Exceptions:
    - a. Check package insert for contraindications
    - b. MD stated contraindicated
    - c. Patient refuses

- C. Pneumococcal Vaccination (ICD10 Z23) per P&P *Administration of the Pneumococcal Vaccines PCV13 and PPSV23*

**7. Bone Disease Management Protocol:**

- A. For dosing of oral calcium medications and phosphate binders follow P&P *Calcium and Phosphorus Management*

**8. Anemia Management:**

- A. For dosing of ESA (ICD10 D63.1) and IV Iron (ICD10 D50.9) see *Home Anemia Management* P&P

**9. Peritoneal Dialysis Access:**

- A. NEW PERITONEAL ACCESS CARE: Begin 7-10 days post PD access placement or externalization:
  - 1. Access assessment, PD flush and dressing change pre-dialysis as scheduled by Home RN. Outcome to be faxed to MD.
  - 2. Flush access with 1.5% Dextrose dialysis fluid; may leave up to 300 ml in peritoneal cavity. Refer to P&P *Flushing a Peritoneal Dialysis Catheter to Re-establish Patency* (3X03)
  - 3. If effluent is bloody, flush access with 1.5% dextrose, 1000 ml up to 3 times until clear. Notify MD if fluid does not clear after 3 flushes
  - 4. Fill access with 6 ml heparin (1:1000 units/ml) in last fill (300 ml) if fibrin present or effluent is bloody
- B. ESTABLISHED PERITONEAL ACCESS CARE:
  - 1. Nurse to inspect exit site at each monthly clinic visit and perform exit site care if indicated
- C. PERITONEAL ACCESS OUTFLOW PROBLEMS:
  - 1. In the absence of signs and symptoms of peritonitis, i.e., abdominal pain, fever, cloudy outflow, absent bowel sounds;
    - a. Flush/irrigate access to check patency and function.
    - b. Request prescription for lactulose 15-30 ml orally as needed for constipation
    - c. For slow drains or fibrin present, add heparin 500 units/liter to overnight CAPD bag or to each APD bag until drain problem resolves or fibrin no longer present. (Always use 1:1000 units/ml heparin.)
    - d. As indicated, request an order from the attending physician's office for a standing PA and Lateral X-ray to evaluate for constipation and catheter position.
    - e. Initiate P&P *Using Alteplase for Peritoneal Dialysis Catheter Obstruction* for the administration of alteplase as indicated in established PD patients who have started PD treatments. (Alteplase is NOT to be used in patients who are having accesses flushed prior to beginning PD treatments.)

**10. Peritoneal Dialysis Orders:**

- A. Low calcium dialysate (2.5 mEq/L) solution is the PSKC standard unless otherwise specified by the nephrologist
- B. PD is performed daily
- C. Adjust PD prescription to maintain DW and PD adequacy:
  - 1. Fill volume 1.5 - 3 L
  - 2. Exchanges 3 - 7/24 hours
  - 3. % Dextrose 1.5 - 4.25%
- D. Ok to use heparin (1ml:1000 units) 0.5 ml/L dialysate (500units/L dialysate) prn fibrin

- E. All patients will first be trained to CAPD prior to starting APD training unless otherwise ordered
- F. CAPD may be used as backup for APD at the nurse's discretion
- G. PD may be postponed at the discretion of the Home Department Nurse. Notify MD
- H. PD may be terminated at the discretion of the Home Department Nurse. Notify MD

**11. Infection:**

- A. Follow *Peritonitis and Access Exit site infection protocols*

**12. Emergency Dialysis Orders:**

- A. In a declared emergency (earthquake, fire, flood, power-outage, etc.) where routine dialysis treatment cannot be performed the following adjustments to the dialysis prescription may be made for patients on APD:
  - 1. Convert to CAPD:
    - a. 3 - 4 exchanges daily
    - b. 2 - 3 Liters per exchange
    - c. Adjust dextrose concentration to maintain dry weight
    - d. MD will be notified if adjustments are made to the patient's dialysate or time

Nephrologist Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**See Electronic Signature in the EMR system**