PUGET SOUND kidney centers

2026 Peritoneal Dialysis Standing Orders

1. Laboratory Tests:

Drawn on Admissions	• CMP w/ Adjusted Calcium *#90283* • *Phosphorus #718* • CBC (H/H, RBC, Indices, WBC, PLT) *#1759* • HBsAg *#498*, HBsAb *#8475*, HBcAb *#501*, HCVAb *#8472* • Iron & TIBC (%Sat) *#7573*, Ferritin *#457* • Intact PTH without calcium *#35202*
Initial 30 days	• Renal Function Panel *#10314* w/in first 2 wks of initial training date • Kt/V *#12168 with Urine or #12167 without Urine* within first 30 days
Monthly	• CMP w/ Adjusted Calcium *#90283* • *Phosphorus #718* • CBC (H/H, RBC, Indices, WBC, PLT) *#1759* • HBsAg *#498 if HBsAb titer less than 10*
Quarterly	• Iron &TIBC (%Sat) *#7573*, Ferritin *#457* • Kt/V Peritoneal Adequacy w/urine *#12168* as needed
Quadrimester	• Intact PTH without calcium *#35202*
Annual	• HBsAb *#8475*, HCVAb *#8472*

PRN	• Potassium *#733*
	• Calcium *#303*
	• If clinical concerns for infection, send effluent per peritonitis protocol
	  ◦ Culture and sensitivity #4446, and
	  ◦ WBC and differential #12168
	• Access site wound cultures *#4550* as needed
	• HBsAb *#8475* titer recheck 30 days after completion of Hepatitis B vaccination series
	• Phosphorus *#718* per dietitian/Care Coordinator discretion if not meeting goal.
	• Intact PTH *#35202* as indicated per Mineral and Bone Disorder Management P&P.
	• Recheck labs and notify MD per Critical Lab Notification to Nephrologist P&P
	• Vitamin D-25 *#17306*
	• Serum Aluminum *#6021*
	• Magnesium *#622*
	• Reticulocyte count *#793*

Note: Recheck labs and notify MD per Critical Lab Notification to Nephrologist P&P

2. Nutrition Standards of Care:

A. Follow Nutrition Standards of Care P&P

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, consult with nephrologist regarding adjustments to prescription (goal being to increase dose of dialysis)
C. C. If Kt/V < 1.7, refer to section 9 PD orders for parameters of allowable adjustments & notify nephrologist. Consult with nephrologist regarding adjustments to prescription outside of the parameters. (goal being to increase dose of dialysis)
   1. Re-draw post correction Kt/V within the same month

4. Medications: For patient safety, oxygen, subcutaneous medications, and IV medications must be administered by a nurse. Patient or caregiver self-administration is not permitted. Administration is limited to Home Department visits or in-center treatments.

A. Gentamicin (0.1%) cream applied topically to peritoneal exit site daily (ICD10 N18.6).
   1. If patient is allergic or gentamicin cream is not available, may substitute with mupirocin cream.
B. Epinephrine Auto Injector per Anaphylaxis P&P
C. Benadryl 25 mg IV:
   1. FOR ALLERGIC REACTIONS ONLY
   2. CAUTION: Known sedative that may impair driving performance. If patient treated with Benadryl, they should be instructed not to drive after dialysis.
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 Hypoglycemia Management P&P
G. Dextrose 50% for Insulin Reaction (ICD10 E16.1): See Hypoglycemia Management P&P
H. Alteplase (tPA, Cathflo Activase) for clotted PD catheter:
   1. Follow Using Alteplase for Peritoneal Dialysis Catheter Obstruction P&P
I. Oxygen 2 L/min nasal cannula PRN dyspnea, chest pain or hypotension per Administration of Oxygen P&P

5. Vaccinations:

A. Hepatitis B Vaccination (ICD10 Z23) per Hepatitis B Prevention Program P&P
B. Seasonal Flu Vaccination (ICD10 Z23) per Administration of the Seasonal Influenza Vaccine P&P
   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. Contraindicated per MD
      c. Patient refuses

C. Pneumococcal Vaccination (ICD10 Z23) per Administration of the Pneumococcal Vaccines P&P.

6. Bone Disease Management Protocol:

A. Consult with patient's nephrologist for dosing and titration of oral calcium medications, vitamin D analogs, and calcimimetics.
B. For dosing of phosphate binders follow "Calcium and Phosphorus Management" P&P

7. Anemia Management:

A. For dosing of ESA (ICD10 D63.1) and IV Iron (ICD10 D50.9) see Administration and Anemia Management with Mircera P&P and Administration of IV iron sucrose (Venofer) for Home Patient P&P

8. 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 once a week for 3-4 weeks unless urgent start.
      a. Refer to Flushing a Peritoneal Dialysis Catheter with an Extension Set P&P
   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
   2. Perform exit site care, as detailed in the PD Exit Site Care for a Well Healed Exit Site P&P
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 Using Alteplase for Peritoneal Dialysis Catheter Obstruction P&P 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).

9. 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. May use heparin (1:1000 units/ml) 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. An individual treatment may be postponed or terminated at the discretion of the Home Department Nurse. Nephrologist must be notified.
H. Any consideration to terminating PD therapy altogether must first involve discussion between the Home Department clinical team and the nephrologist.

10. Infection:

A. Follow Peritonitis and Access Exit site infection protocols

11. 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

See Electronic Signature in the EMR system