PUGET SOUND kidney centers

Initial Home Hemodialysis Orders NxStage

Patient Name:_____ **DOB:** _____

Facility: _____ **Height (cm):**_____

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:

Diagnosis: ☒ ESRD (N18.6)

☐ 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

Dialysate:
Ca 3.0 mEq/L
Na 140 mEq/L

☐ K1.0 Lactate 45
☐ K2.0 Lactate 45

☐ K1.0 Lactate 40

Access:
☐ AV Fistula
☐ Graft
☐ Central Venous Catheter

In-Center Backup Dialysis Orders:

☒ **Initiate PSKC In-Center Hemodialysis Standing Orders**

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

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 _____

Admissions Coordinator: Phone: 425-259-2003 **Fax: 425-403-4008** **Email:** admissions@pskc.net

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