PUGET SOUND kidney centers

Initial Peritoneal Dialysis Orders

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: _____

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