PUGET SOUND kidney centers

VISITOR Initial In-Center Hemodialysis Orders

Patient Name:_____**DOB:** _____

Visiting Facility: _____ **Height (ft/in):**_____

Visiting treatment day(s): _____ **Time:** _____

Allergies:_____ ☐ NKDA

CODE STATUS: ☐ **FULL CODE** ☐ **NO CODE** (NO CODE requires a copy of the POLST form)

Prescription:

Dry Weight: _____

TB:
☐ No Active TB ☐ Active TB

Diagnosis: ☒ ESRD (N18.6 and Z992)

☐ Standard
Duration: 4 hours/treatment or_____
Frequency: 3 days per week
Machine Temperature 36.0°C
Blood Flow Rate (BFR): Start @ 200ml/min
Increase as tolerated up to 400ml/min

Dialysate Flow Rate (DFR): 600ml/min (1.5x BFR)

Dialyzer: (single-use only)
F160NR

Medications as approved by Finance Dept.:
ESA: _____
Paricalcitol: _____

Dialysate:

☐ Standard	Variation
Na 135	_____
HCO3 33	_____
K 3.0/Ca 2.5 (Citrasate)	☐ K2.0/Ca2.5 (Citrasate) ☐ K1.0/Ca2.5 (Citrasate)

Access:
☐ AV Fistula: ☐ 15g ☐ 16g ☐ 17g
☐ Graft: Arterial ☐ Pinky ☐ Thumb
☐ Central Venous Catheter:
Follow Central Venous Catheter Protocols

☐ **Anticoagulation:**
Heparin per Anticoagulation Protocol
Other:
Prime: _____ units (50-75 units/kg)
Hourly: _____ units/hour
Stop: _____ min prior to end of treatment

☒ **Initiate Visitor PSKC In-Center Hemodialysis Standing Orders**
Additional Orders/Comments:

_____

_____ _____ _____
Nephrologist Name Signature Date

Nurse Name if verbal order _____ Signature _____ Date _____

Admission Coordinator: **Phone:** 425-259-2003 **Fax: 425-403-4008**