

I. Dialysis Prescription	Date:	Date:	Date:	Date:	Date:	Date:
Treatments per Week						
Hours per Treatment						
Dialysate Temperature						
Dialysate K+						
Dialysate Ca+						
Dialyzer						
Blood Flow						
Dialysate Flow						
Dry Weight						
Heparin Bolus						
Heparin Hourly Dose if on Pump						
Heparin Prime						
SIGNATURE						

II. DIET: Protein _____ Gm Na+ _____ gm K+ _____ mEq. Fluids _____ ml/24 hrs

III. HEPARIN:

- A. Heparin Dialyzer prime to be diluted in 1000ml 0.9% normal saline.
- B. Heparin bolus to be given through the venous line 1-3 minutes before Dialysis with initial dose of 3000units unless otherwise indicated. Maximum dose will be 100units/Kg/BW unless specifically ordered by patient's physician.
- C. Catheter: 5000units/ml Heparin to fill volume of catheter
- D. INTERVENTIONAL RADIOLOGY or ACCESS SURGERY Patients:
 - 1. FOR CATHETERS: **Do not** give Heparin on the day of placement, replacement and/or revision
 - 2. FOR VASCULAR ACCESSES: **DO** give regular dose of Heparin on the day of procedure unless otherwise notified by radiology or surgery staff.

IV. VITAL SIGNS:

- A. Pre and post Dialysis: Temperature, B/P (sitting and standing) and pulse
- B. Monitor B/P AND pulse a minimum of q 1 h.

V. LABORATORY:

- A. ADMISSION: Pre-dialysis CBC (Anemia, unspecified), CCP and P04 (CKD-End stage renal disease), Hepatitis Panel inclusive of HbsAB, HbsAg and Anti-HCV with Reflex to Immunoblot Assay (RIBA) (Assess for Hepatitis status due to CKD- End stage renal disease), Ferritin, Serum Iron, TIBC, Transferrin Saturation NOTE: CHr may be ordered at physician discretion. (Iron deficiency, Anemia, unspecified), Intact PTH (secondary hyperparathyroidism of renal origin)
- B. WITHIN 1 WEEK OF ADMISSION: Pre/Post BUN for URR (CKD-End stage renal disease)
- C. MONTHLY: Pre-Dialysis CBC, CCP, P04 HbsAG if HbsAB negative, Post BUN
- D. QUARTERLY: Intact PTH; Hgb A1c (diabetes with renal manifestations) on all diabetics); Ferritin, Serum Iron, TIBC, Transferrin Saturation
- E. BI-MONTHLY: Hemoglobin
- F. SEMI-ANNUALLY: Anti-HCV with Reflex to Immunoblot Assay (RIBA) if previous test is negative (NOTE: Patients who have been confirmed positive with RIBA do not need any further testing for hepatitis C status); HbsAB if status is negative
- G. ANNUALLY: HbsAB if antibody status is positive
- H. PRN: Ferritin, Serum Iron, TIBC, Transferrin Saturation if Hgb less than 11 and it has been at least three months since last test; CRP for ferritins greater than or equal to 800 at individual physician discretion.

Patient Identification

VI. HOME MEDICATIONS:

- A. Tylenol 650mg po q 4hrs. prn for pain
- B. Benadryl 25mg po q 6hrs. prn for itching
- C. Periacin 4mg po q 8hrs. prn for itching
- D. Pericolace 100mg 1 po BID prn for constipation
- E. Immodium 1 po TID prn for diarrhea

VII. PRN MEDICATIONS:

A. Hypotension:

- 1. 100ml bolus 0.9%NaCl IV. May Repeat as indicated if patient remains symptomatic
- 2. Albumin 25 gm IV for severe hypotension. May repeat X1 in 15minutes if patient remains hypotensive.

B. Muscle Cramps:

- 1. Concentrated Dextrose (50%) 50ml IVP for Nondiabetics.
- 2. Sodium profiling as indicated per extracorporeal system.

C. Seizure Activity:

- 1. Valium 2.5mg IV. May Repeat in 5 minutes if seizure activity persists.
- 2. Ativan 1mg IV. May repeat x2 every two minutes if seizure activity persists.

NOTE: NOTIFY M.D. IF ANY SEIZURE ACTIVITY OCCURS.

D. Nausea/Vomiting:

- 1. Phenergan 12.5mg IVP. May Repeat x 1 in 15 minutes if nausea or vomiting persists.

E. Hypoglycemia:

- 1. Dextrose 50% 25ml Bolus IVP. May repeat x 1 in 30 minutes if sugar remains below 60.

F. Chest Pain:

- 1. NTG 0.4mg SUBLINGUAL, may repeat every 5mins x 3, if chest pain persists. If no relief, call MD.

G. Misc:

- 1. Benadryl 25mg IVP prn for itching or suspected drug reaction.
- 2. Acetaminophen 650mg po q 4hr prn pain.

H. Vaccines

- 1. Pneumonia Vaccine q 5 years.
- 2. Flu Vaccine annually
- 3. Hepatitis B Vaccine per protocol if antibody negative (Hepatitis status due to CKD- End stage renal disease)
Note: Documentation of patient refusal for any of the above should be noted on the flu vaccination form and placed on the patient's chart.

VIII. MISC:

- A. Oxygen @2L/min PRN for Chest Pain or dyspnea.
- B. Culture all wound/catheter site drainage PRN and notify MD for orders.
- C. Glucoscans as indicated.
- D. Epogen / Procrit / Aranesp per protocol (Anemia, unspecified).
- E. Ferlecit per protocol (Iron deficiency, Anemia, unspecified).
- F. Blood Cultures X 2 PRN temperature greater than 101 degrees F, obtaining one from access and one peripherally (NOTIFY M.D. FOR FURTHER ORDERS).
- G. CXR as indicated for Estimated Dry Weight adjustment per charge nurse (Fluid overload).
- H. Hectoral / Zemplar per protocol (secondary hyperparathyroidism of renal origin).
- I. TPA 2mg to each limb to dwell 30-45 min. for catheter clearance.
- J. Transplant Coordinator evaluate for patient's interest in transplant, refer to appropriate agencies, and document.
- K. Transplant Coordinator evaluate for permanent access placement, refer to appropriate agencies, and document.
- L. Reprocessing of dialyzer if patient consents.
- M. Tuberculosis skin test, if not allergic, as needed for travel.

PHYSICIAN SIGNATURE	R.N. SIGNATURE	DATE