

(place patient label here)

Patient

Name: _____



PROVIDER ORDERS

Order Set Directions:

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Diagnosis: _____

Allergies with reaction type: _____

PERITONEAL DIALYSIS ORDERS

Version 15 01/21/2013

1. TREATMENT ORDERS:

CAPD:

_____ ml exchanges
 _____ exchanges per day

CCPD:

_____ ml exchanges
 _____ hours per night
 _____ ml last fill
 _____ Total volume

- A. Weight and blood pressure (sitting and standing) every morning
- B. Dry weight of _____kg
- C. Add heparin 500 units/liter to peritoneal dialysis fluid as needed for fibrin and notify provider
- D. Instill heparin 7000 units in peritoneal dialysis catheter to dwell over night as needed for sluggish drain and notify provider
- E. Notify provider for symptoms of cloudy bags, and/or abdominal pain
- F. If patient presents with signs/symptoms of peritonitis, obtain peritoneal dialysis fluid sample for cell count, gram stain, culture and sensitivity and notify provider
- G. If patient presents with questionable peritoneal dialysis exit site infection, culture exit site exudate send for culture and sensitivity, and notify provider

2. PERITONEAL EQUILIBRIATION: Test within 90 days of initiation of peritoneal dialysis

3. LABORATORY ROUTINE

A. On admission (before first dialysis treatment):

- 1) Dialysis renal panel
- 2) CBC w/o differential
- 3) Hepatitis B surface antigen
- 4) Hepatitis C antibody
- 5) Hepatitis B surface antibody
- 6) Hepatitis B core antibody
- 7) HIV (after consent)
- 8) Iron profile
- 9) Ferritin
- 10) PTH Intact
- 11) ALT

B. Monthly

- 1) CBC w/o differential
- 2) Dialysis renal panel
- 3) Iron profile
- 4) ALT
- 5) Hepatitis B surface antigen unless positive
- 6) Glucose (on all diabetic Patients)

C. Quarterly

- 1) PTH Intact
- 2) Ferritin
- 3) 24 hour urine for volume urea and creatinine
- 4) 24 hour dialysate sample for urea and creatinine
- 5)

Initials _____

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D. Semi-Annually:

- 1) HgbA1C (if diabetic)
- 2) Vitamin D 25 Hydroxy

E. Annually:

- 1) Hepatitis B surface antigen if antibody positive
- 2) Hepatitis B surface antibody if vaccination series completed (If no response after booster, do not recheck)
- 3) Hepatitis C antibody

4. ROUTINE MISCELLANEOUS

A. On admission:

- 1) Initiate hepatitis B Recombiant Vaccine (unless positive or allergic)
- 2) PPD if no recent chest x-ray. If PPD positive obtain chest X-ray (reason for exam: positive TB skin test)

B. Annually:

- 1) TB questionnaire yearly. Notify Provider changes in results. TB test if traveling and receiving unit requires test. If positive TB test in past, CXR for possible TB.
- 2) Influenza vaccine 0.5 ml IM

C. Pneumovax 0.5 ml IM if has not had, or if > 5 years since last given; MAX 2 doses

D. Renal Diet:

- 1) greater than 1.2 grams protein/kg/day, 2 grams Sodium, less than 1 gram phosphorus, less than 2 grams potassium, Fluid restriction of _____ ml/day

E. Transfer Set changes every six months (January and July if possible)

F. If patient presents with low drains problems, obtain KUB to check catheter placement.

5. DIALYSIS HEPATITIS B ORDERS:

A. On all non-immunized patients, after obtaining consent, give 40 mcg Hepatitis B vaccine IM at month 0, 1,2,6.

B. One month after 4th dose (month 7) draw Hepatitis B surface antibody. If antibody negative administer one additional dose of Hepatitis B vaccine at month 12.

C. If previously vaccinated patient who was antibody positive converts to antibody negative repeat vaccine series once.

D.

6. MEDICATION ORDERS:

A. Aranesp _____mcg sq every _____ weeks Adjust dose monthly using following Aranesp Protocol

- 1) Aranesp is available in the following syringe sizes:
25 mcg, 40 mcg, 60 mcg, 100 mcg, 150 mcg, 200 mcg and 300 mcg
- 2) Target hemoglobin is 10-11.5 g/dL unless otherwise ordered
- 3) Maximum Aranesp dose is 300mcg/week or 1200 mcg/month. Notify provider if dose increase would be greater than maximum
- 4) Monthly Aranesp dose adjustments:
 - a. Dose changes for Hgb 8-9.5 gm/dL

Current Dose	New dose
25 mcg	60 mcg
40 mcg	100 mcg
60 mcg	150 mcg
100 mcg	200 mcg
150 mcg	300 mcg
200 mcg	300 mcg

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b. Dose changes for Hgb 9.6-10 gm/dL OR Hgb decreases by greater than 0.5 gm/dL

Current Dose	New dose
25 mcg	40 mcg
40 mcg	60 mcg
60 mcg	100 mcg
100 mcg	150 mcg
150 mcg	200 mcg
200 mcg	300 mcg

c. Dose changes for Hgb 10.1-11 gm/dL: NO CHANGES

d. Dose changes for Hgb 11.1-12 gm/dL OR increases is Hgb by greater than 0.5 mg/dL

Current Dose	New dose
25 mcg	↑dosing interval by 1 week (ie if every 2 weeks change to every 3 weeks)
40 mcg	25 mcg
60 mcg	40mcg
100 mcg	60 mcg
150 mcg	100 mcg
200 mcg	150 mcg
300 mcg	200mcg

e. If Hgb is greater than 12 gm/dL

- 1) Hold dose and notify provider.
- 2) Repeat Hgb in 2 weeks

5) Aranesp dose adjustments for restarting after holding doses:

a. If Hgb is greater than 11.1-11.5 gm/dL

Current Dose	New dose
25 mcg	↑dosing interval by 1 week (ie if every 2 weeks change to every 3 weeks)
40 mcg	25 mcg
60 mcg	40mcg
100 mcg	60 mcg
150 mcg	100 mcg
200 mcg	150 mcg
300 mcg	200mcg

b. If Hgb is 10.5-11 gm/dL: Restart at the same dose as before

c. If Hgb is less than 10.4 gm/dL

Current Dose	New dose
25 mcg	40 mcg
40 mcg	60 mcg
60 mcg	100 mcg
100 mcg	150 mcg
150 mcg	200 mcg
200 mcg	300 mcg

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- B. Gentamycin 0.1% cream to peritoneal dialysis catheter exit site daily.
- C. Docusate Sodium 100 mg oral twice a day PRN for constipation
- D. Venofer Administration Protocol:
 - 1) Iron studies monthly. Ferritin levels quarterly unless >1200 then monthly.
 - 2) If T-SAT <20, Ferritin <1200 ng/ml and Hgb <12.5 g/dL, give IV Venofer 300mg IV in 250ml NS over 1.5 hours on day 1 and day 14.
 - 3) On day 28, give Venofer 400 mg IV in 250ml NS over 2.5 hours
 - 4) Hold Venofer for T-sat > 50% and Ferritin >1200 ng/ml.
- E. Vitamin D therapy
 - 1) Begin therapy only if these criteria are met:
 - a) Intact PTH >400 pg/ml
 - b) Serum calcium < 10.2 mg/dl
 - c) Serum phosphorus < 6.5 mg/dl

Suggested starting dose: Target PTH 150-600 pg/ml

Intact PTH (pg/ml)	< 400	401-600	601-800	801-1000	> 1000
Calcitriol oral dose DAILY	N/A	0.5 mcg	0.75 mcg	1.0 mcg	1.5 mcg

% PTH CHANGES =((Prior PTH – Current PTH)/ Prior PTH) X 100

Laboratory Trend	Dose Adjustment/Titration
cCa 9.8 -10.2 Or If cCa increasing by 1 mg/dl from previous value	Decrease calcitriol dose by 0.25 mcg (if not already indicated to decrease based on PTH change) Consider: -reducing or discontinuing calcium based binder. Replace with a non- calcium based binder -additional education on low phosphorus and low calcium diet
cCa >10.2	Hold calcitriol Once cCa < 10.2 restart calcitriol dose at 0.25 mcg less than previous dose daily
Phosphorus > 6.5	1 st time – Decrease calcitriol by 0.25 mcg daily 2 nd time – Hold calcitriol, then restart at previous dose.
PTH < 150	1 st time – Decrease calcitriol by 0.25mcg daily 2 nd time – Hold calcitriol, then restart once PTH > 200 at 0.25 mcg less than previous dose. -Evaluate binder, if on calcium based binder consider replacing with non-calcium based binder -Evaluate calcimimetic therapy. Consider reducing dose
PTH 150-600 (Target)	If PTH >400 and increased > 25% from last value: Increase Calcitriol dose by 0.25 mcg daily If PTH decreased ≤25% from last value and previous PTH > 600. Maintain current calcitriol dose If PTH decreased >25% from last value and previous PTH > 600: Decrease current calcitriol dose by 0.25 mcg 3x week If PTH fluctuates within target range (150-600), maintain current calcitriol dose
PTH > 600	If PTH increased or decreased < 25% from last value: Increase calcitriol dose by 0.5 mcg dai;y If PTH decreased 25-50% from last value: Maintain current calcitriol dose If PTH decreased > 50% from last value: Decrease calcitriol dose by 0.25 mcg daily

ALL DOSE CHANGES MUST BE DOCUMENTED IN THE PROVIDER ORDERS

Provider Signature: _____ Date: _____ Time: _____