1. **ALLERGIES/REACTIONS:**

2. ☑ Outpatient

3. **Diagnosis:**

4. **Nx Stage Hemodialysis Prescription:**

   - **Dialyzer:** CAR-170
   - ☐ Other: ____________________
   - **EDW:** _________ kg
   - **Lactate:**
     - ☐ 40 mEq/L
     - ☐ 45 mEq/L
   - **Volume:**
     - ☐ 25 L
     - ☐ 30 L
   - **Flow Fraction:** _____ %
   - **Blood Flow Rate:** ______ ml/minute
   - **Heparin:** 1,000 units/ml
   - **Bolus:** ______ units
   - **Frequency of Dialysis:** __________________________

   **Justification Diagnosis For Daily Dialysis Treatments (Circle All That Apply):**
   - Fluid Overload
   - Edema
   - Oxalosis
   - Acute Pericarditis
   - Hyperpotassemia
   - Pulmonary Congestion and Hypostasis
   - Congestive Heart Failure
   - Left Heart Failure
   - Inadequate Dialysis
   - Complications of Pregnancy

   **PRIMARY ACCESS:**
   - ☐ Fistula
   - ☐ Graft
   - ☐ Central Line
   - **Location:** ____________________________
   - ☑ Fistula: Establish Buttonhole

5. **MEDICATIONS:**

   - The following medications may be administered for the conditions listed unless modified by the physician:

   - **Dialysis Catheter Heparin Block:**
     - ☐ 1,000 units/ml
     - ☐ 5,000 units/ml
     - ☐ Fill volume of catheter Art: ______ ml
     - Ven: ______ ml

   - **Catheter Declot:**
     - Notify Physician
   - ☐ Reteplase (Retavase): Instill 0.4 units/2 ml in amount to fill volume of affected limbs as per procedure
   - ☐ Alteplase (Activase): Instill 1 mg/ml in amounts to fill volume of affected limbs as per procedure

   - **Diarrhea:**
     - ☐ Loperamide (Imodium) 2-4 mg PO every 4 hours PRN for diarrhea

   - **Hypotension/Muscle Cramps:**
     - ☑ 0.9% sodium chloride (Normal Saline) IV PRN up to 500 ml for hypotension or cramping

   - **Prolonged Insertion Site Bleeding:**
     - ☑ May use Sureseal Bandaids. If insertion site bleeding greater than 30 minutes, may apply topical Thrombin 5,000 units/ml directly to site.

   - **Pain:**
     - ☐ Acetaminophen (Tylenol) 325-650 mg PO every 4 hours PRN pain

     **LIMIT THE TOTAL DOSE OF ACETAMINOPHEN CONTAINING PRODUCTS TO 3,000 MG PER DAY**

   - **Vitamin D Therapy:**
     - ☐ Doxercalciferol (Hectorol) _________ mcg PO every hemodialysis (start/adjust per protocol)
   - **Other:** ____________________________

   **Physician Initial:__________________________**

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**PHYSICIAN ORDERS**

**HOME HEMODIALYSIS: NX STAGE**
5. MEDICATIONS: (Continued)

Anemia:
- Darbepoetin (Aranesp) _________ mcg  □ Subcutaneously  □ Weekly (start/adjust per protocol) □ Other: __________________________
  Other: __________________________ units □ Subcutaneously  □ Frequency: __________________________

IV Iron Therapy:
- Sodium ferric gluconate complex (Ferrlecit, Nulecit) _________ mg IV
  □ Start/adjust per protocol
  Other: __________________________

Hepatitis B Vaccine:
Hepatitis B vaccine per CDC recommendations after consent received from patient: Primary Hepatitis B vaccine (Recombivax HB) 40 mcg/1 ml IM initial, month one, and month six. Draw HBsAB 45 days after month six dose. If HBsAB is negative, re-vaccinate with second series Hepatitis B vaccine (Recombivax HB) 40 mcg/1 ml IM initial, month one, and month six. Recheck HBsAB 45 days after month six dose. If HBsAB remains negative after second vaccine series, no further doses of vaccine are warranted per CDC guidelines. If annual HBsAB negative, which was previously positive, administer booster (Recombivax HB 40 mcg/1 ml IM) times one dose.

Pneumococcal Vaccine:
Pneumococcal vaccine per CDC recommendations after assessment of indication for vaccine and patient consent received. Give Pneumococcal vaccine 0.5 ml subcutaneously or intramuscularly. Vaccine is indicated for anyone 65 years of age or older or anyone over 2 years of age who has a disease/condition which lowers the body's resistance to infection (i.e. kidney failure or organ transplant). If prior vaccination status is unknown, immunization is indicated. A second vaccine dose is recommended for patients aged 65 and older who received the first dose when they were under 65, if 5 or more years have passed since that dose. A second vaccine dose is recommended 5 years after the initial dose for renal failure patients over 10 years of age. Revaccination following a second dose is not routinely recommended.

Other Medications:

6. OUTPATIENT PRESCRIPTIONS THAT CAN BE DISPENSED:

Dental Work:
- Amoxicillin 2 g PO 1 hour prior to dental appointment. If allergic to Penicillin, may give Clindamycin 600 mg PO 1 hour prior to dental appointment. No doses after appointment.

Alternative Anesthetic Agents:
(CHOICE ONE. MAY USE TWO AGENTS FOR PATIENTS UNRESPONSIVE TO ONE AGENT ONLY.)
- Lidocaine 1% intradermal
- Topical anesthetic cream: LMX4 or EMLA (lidocaine/prilocaine). Apply thin layer directly over access 1 – 1-1/2 hours prior to hemodialysis. Dispense #1 tube PRN.
- Ethyl Chloride Spray: Apply spray to access immediately prior to needle insertion. Dispense #1 bottle PRN.

Physician Initial:
7. **DIAGNOSTICS:**

**Initial Hemodialysis:**
Renal panel, RCBC, Retic Count, B₁₂, Folate, Intact PTH, Magnesium, Ferritin, Iron Panel, URR, Vitamin D₂₅, and Tuberculin skin test (TST). Include HgbA1C if patient is diabetic and Chronic Hepatitis Panel if the current result is over 30 days old.

**Monthly (To Be Drawn On Mid Week Treatment):**
Renal panel, RCBC, URR, Kt/V. For Hepatitis B susceptible patients include HBsAG.

**Every Other Month:**
Iron Panel, Ferritin

**Every Three Months:**
Kt/V, Intact PTH

**Every Six Months:**
Vitamin D₂₅

**Annually:**
Chronic Hepatitis Panel, Folate, B₁₂

**Scheduled Vacation:**
HBsAG, TST

**Diabetic:**
☐ Glycohemoglobin quarterly
☐ Other:

**Drug Level Labs:**

**Patient Is Taking:** ☐ Digoxin ☐ Phenytoin (Dilantin) ☐ Amiodarone

**DIAGNOSIS/ICD-CM CODE(S):** _______________

☐ Draw corresponding blood level every month
☐ Other: _______________________________________

**Other Diagnostics:**

8. **NUTRITION:**

☐ Renal diet per ESRD Nutrition Protocol

**Other:** _______________________________________

**NOTE:** These orders should be reviewed by the attending physician, appropriately modified for the individual patient, dated, timed and signed below.

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<tr>
<th>DATE</th>
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Another brand of drug, identical in form and content, may be dispensed unless checked. ☐