1. **ALLERGIES/REACTIONS:**

2. **Outpatient**

3. **DIAGNOSIS:**

4. **DIALYSIS PRESCRIPTION:**

<table>
<thead>
<tr>
<th>Initiate home CAPD with the following orders and continue after training:</th>
<th>Dialysate Calcium:</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Exchanges/24 Hours</td>
<td>□ 2.5 mEq/L</td>
</tr>
<tr>
<td>Fill Volume (Liters)</td>
<td>Other:</td>
</tr>
<tr>
<td>Estimated Dry Weight</td>
<td></td>
</tr>
<tr>
<td>Dialysate Dextrose:</td>
<td>Medications in Dialysate:</td>
</tr>
<tr>
<td>Adjust dextrose concentration 1.5%, 2.5%, 4.25% to achieve Dry Weight</td>
<td>□ Heparin □ units/L PRN</td>
</tr>
<tr>
<td>Icodextrin (7.5%) once daily for longest dwell as needed</td>
<td>Other:</td>
</tr>
</tbody>
</table>

5. **MEDICATIONS:**

- **Daily catheter exit site care:** □ Apply gentamicin cream dispense 30 GM tube □ Other: -------------------------

- **Vitamin D Therapy:**
  □ Doxercalciferol (Hectorol) ___________ mcg PO three times/week. (Start/Adjust per protocol)
  Other: -------------------------

- **Anemia:**
  □ Darbepoetin (Aranesp) ___________ mcg subcutaneously
  □ Weekly (start/adjust per protocol) Other: -------------------------
  Other: ___________ units subcutaneously Frequency: ________

- **Iron Therapy:**
  □ Sodium ferric gluconate complex (Nulecit, Ferlecit) ___________ mg IV
  □ Start/adjust per protocol
  □ Proferrin forte 12 mg PO twice daily for 1 year
  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.

**Physician initial:**

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**Franciscan Health System**

St. Joseph Medical Center, Tacoma, WA
St. Francis Hospital, Federal Way, WA
St. Clare Hospital, Lakewood, WA
St. Elizabeth Hospital, Enumclaw, WA
St. Anthony Hospital, Gig Harbor, WA

**PHYSICIAN ORDERS**

**CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD)**
5. **MEDICATIONS:** (Continued)

**Other Medications:** The following medications may be administered for the conditions listed unless modified by the physician:

**Peritonitis:**
1. Cell count, C&S, gram stain of peritoneal dialysis effluent
2. Add to a CAPD bag once daily, and administer intraperitoneally (IP). Minimum dwell time is 6 hours.
   a. Cefazolin- Dose per patient weight as follows:
      - 60 kg and under = 1 gram
      - 61-100 kg = 1.5 grams
      - 101 kg and over = 2 grams
   b. Gentamicin 20 mg/liter to dwell at least 6 hours, then daily in overnight dialysate bag
   c. Heparin 500 units/liter in each dialysate bag until effluent is clear
3. Reevaluate therapy when C&S, gram stain results are available per protocol
4. See protocol for duration of therapy

**Exit Site/Tunnel Infection:**
- C&S, gram stain if drainage present. Cephalexin (Keflex) 500 mg PO twice daily until C&S results are available.
- If no drainage, cephalexin (Keflex) 500 mg PO twice daily times 7 days. Reevaluate. If improvement, continue for total of 14 days. If no improvement, see protocol.

**Touch Contamination And/Or Break In Sterile System:**
- Cephalexin (Keflex) 500 mg PO twice daily times 2 days

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.

7. **DIAGNOSTICS:**

**Initial Treatment:** Renal Panel, RCBC, Retic Count, B₁₂, Folate, Intact PTH, Vitamin D₂₅, Magnesium, Ferritin, Iron Panel, Tuberculin skin test (TST). Include Hgb A₁C if patient is diabetic and Chronic Hepatitis Panel if the current result is over 30 days old.

**Four to six weeks after training:** Peritoneal Equilibration Test (PET), Peritoneal Clearances/Kinetic Modeling

**Monthly:** Renal Panel, RCBC. For Hepatitis B susceptible patients include HBsAG.

**Every other month:** Iron Panel, Ferritin

**Every three months:** Intact PTH.

**Every six months:** Vitamin D₂₅

**Every four months:** Peritoneal Clearances/Kinetic Modeling

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

**Diabetic:**
- Glycohemoglobin (A₁C) quarterly
- Home glucose monitoring as ordered

**Other Diagnostics:**
- Other:

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.

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>PHYSICIAN’S SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Another brand of drug, identical in form and content, may be dispensed unless checked. ☐</td>
</tr>
</tbody>
</table>