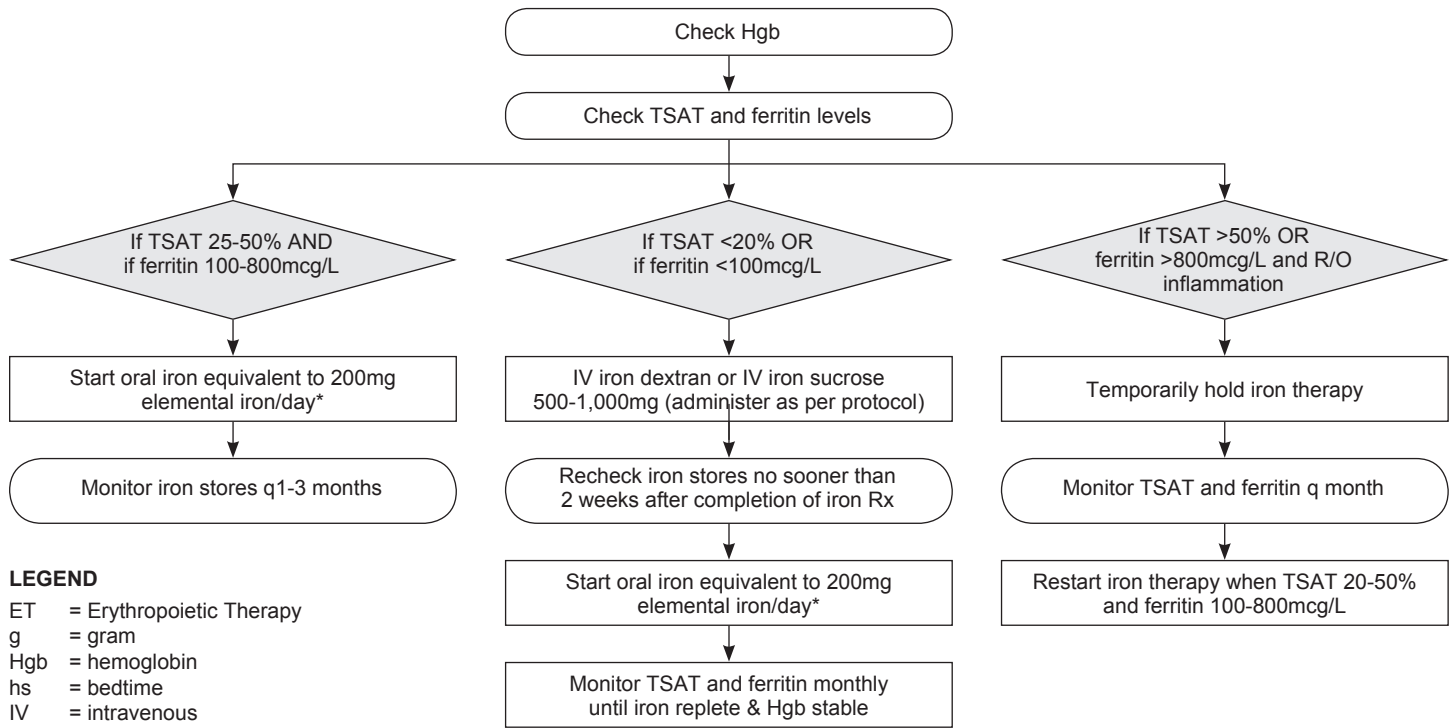




## ADULT RENAL HEALTH CLINIC STANDING ORDERS for CHRONIC KIDNEY DISEASE Stages 4 and 5

<input checked="" type="checkbox"/> Standard Orders <input type="checkbox"/> Requires a check (✓) for activation		
These orders are to be used as a minimal standard and in conjunction with other Physician ordered blood tests. Patient allergy and contraindications must be considered when completing these orders. Additional testing or modification at the physician's discretion.		
Drug Allergies	ORDER TRANSCRIBED AND ACTIVATED	Patient's Height..... Patient's Weight.....
MEDICATION and INTRAVENOUS ORDERS		TEST DONE
DATE	TIME	GENERAL ORDERS
<p>-----</p> <ul style="list-style-type: none"> <li>■ Administer Hepatitis B vaccine as per Manitoba Renal Program Protocol 60.30.04 - Adult Patient Screening and Vaccination Protocol for Hepatitis B and Hepatitis C</li> <li>■ Administer Influenza vaccine 0.5 millilitre intramuscular x 1 dose yearly (in the fall) if requested by patient &amp; not contraindicated</li> <li>■ Administer Pneumovax 23 vaccine 0.5 millilitre intramuscular x 1 dose and repeat x 1 at 5 years (in the fall). Dose can be given same day as Influenza vaccine</li> </ul>		<p><b>Diagnostic Tests</b></p> <ul style="list-style-type: none"> <li>■ Urinalysis within one week prior to or following clinic visit</li> <li><input type="checkbox"/> Quantitative urinary protein and creatinine for urinary protein/creatinine ratio within one week prior to clinic visit</li> <li>■ Blood Work (sodium, potassium, chloride, carbon dioxide, glucose, urea, creatinine, calcium, phosphate, total bilirubin, albumin, alkaline phosphatase, alanine aminotransferase, aspartate aminotransferase, gamma glutamyl transpeptidase, lactate dehydrogenase, uric acid, complete blood count, reticulocyte, differential) within one week prior to clinic visit</li> <li><input type="checkbox"/> 24 hour urine for creatinine clearance, sodium, urea and protein yearly</li> <li>■ Parathyroid hormone every 6 months</li> <li><input type="checkbox"/> Hemoglobin A1C every 3 months if patient has diabetes</li> <li><input type="checkbox"/> Fasting lipid profile yearly</li> <li><input type="checkbox"/> Thyroid stimulating hormone yearly if patient has diabetes</li> <li>■ Testing for Erythropoietic Therapy as per Manitoba Renal Program Anemia Management Guidelines (see reverse side)</li> <li>■ Hepatitis B and Hepatitis C testing as per Manitoba Renal Program Protocol 60.30.04 - Adult Patient Screening and Vaccination Protocol for Hepatitis B and Hepatitis C</li> <li>■ Baseline electrocardiogram and chest x-ray. Repeat electrocardiogram and chest x-ray preoperatively for any surgical procedures. Electrocardiogram must be done within 3 months and chest x-ray within 6 months of surgery provided there has been no change in the patient's condition in the interim.</li> </ul>
PHYSICIAN'S SIGNATURE _____  PRINTED NAME _____		GENERIC EQUIVALENT AUTHORIZED  <b>PAGE 1 OF 1</b>

## Iron Therapy in Patients also Receiving Erythropoietic Therapy (ET)

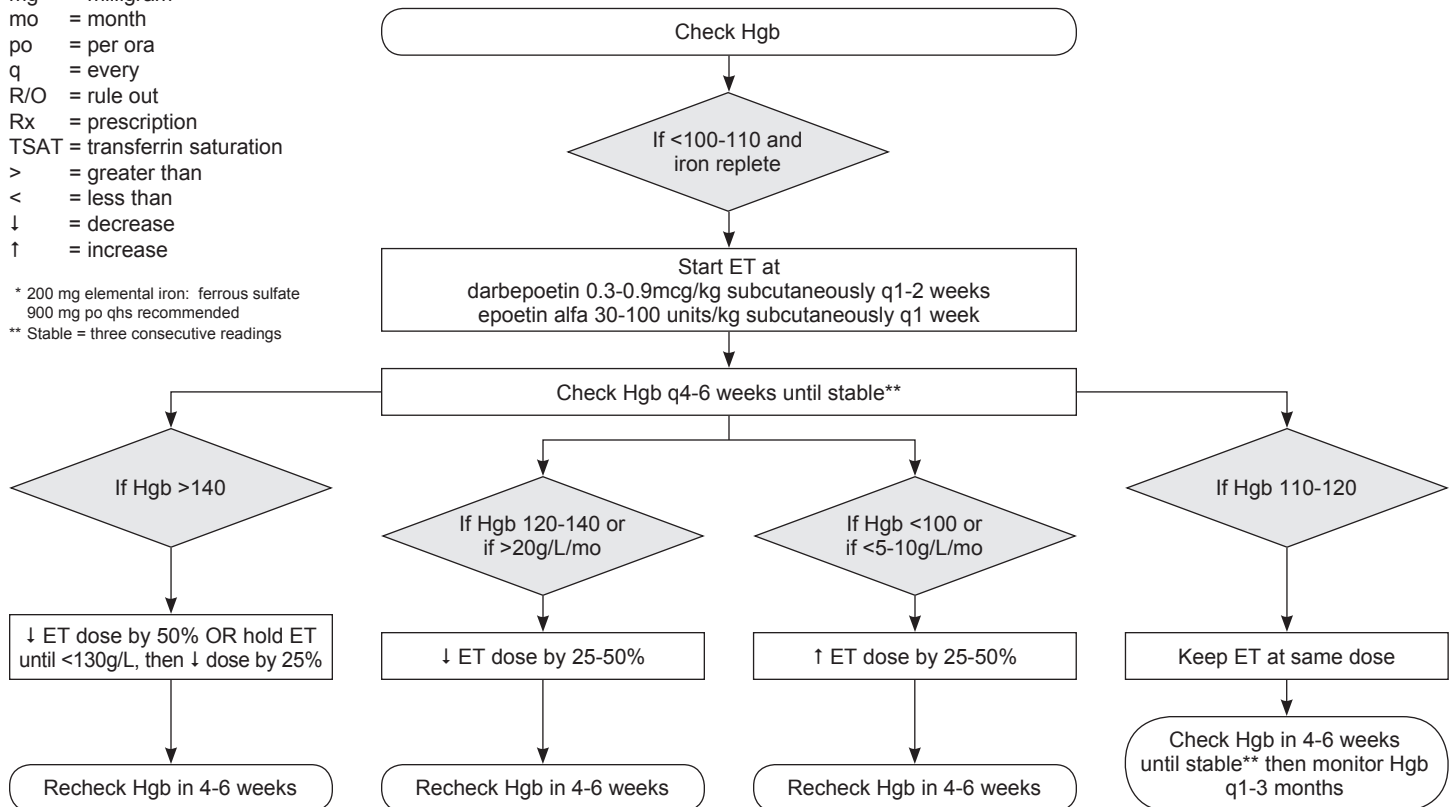


### LEGEND

ET = Erythropoietic Therapy  
 g = gram  
 Hgb = hemoglobin  
 hs = bedtime  
 IV = intravenous  
 kg = kilogram  
 L = litre  
 mcg = microgram  
 mg = milligram  
 mo = month  
 po = per ora  
 q = every  
 R/O = rule out  
 Rx = prescription  
 TSAT = transferrin saturation  
 > = greater than  
 < = less than  
 ↓ = decrease  
 ↑ = increase

\* 200 mg elemental iron: ferrous sulfate  
 900 mg po qhs recommended  
 \*\* Stable = three consecutive readings

## Erythropoietic Therapy (ET)



The following guidelines are recommended for patients that require iron/darbeopoietic therapy. These guidelines are based on the Canadian Society of Nephrology Guidelines for Anemia Management (J Am Soc Neph 1999;10:S287-S231) as follows:

1. Erythropoietic Therapy: Target Hgb 110-120g/L, levels should not plateau below 100g/L or above 130g/L.  
 Iron Therapy: TSAT 20-50% and ferritin 100-800g/L recommend iron supplementation when: TSAT (Iron sat) <20% and/or ferritin <100g/L.
2. Assess for other causes of anemia.

- Note:
1. When changing doses, the dosing frequency may be adjusted to allow patient to use up their current strength before changing to the higher or lower dose.
  2. For patients on darbepoetin, the patient may be changed to longer dosing intervals (e.g. q2-4 weeks) once Hgb has stabilized.