

Urgent Start Standing Orders for AKI - PD

1. Peritoneal Dialysis for AKI will follow urgent start protocol for the 1st 2 weeks and then will be trained to CAPD unless otherwise ordered. Urgent starts are In-Center Intermittent Peritoneal Dialysis treatments meant for patients who have required urgent initiation of dialysis in the hospital setting. These patients are ready for hospital discharge but are still within 2 weeks of catheter placement requiring supine dialysis.
2. Initiate PD Urgent Start-All treatments to take place at the dialysis facility and will be limited to a maximum of 5 days per week. Patients should have their catheter used in the hospital post-placement for a minimum of 3 treatments. Exceptions will require Medical Director Approval
 - a. First treatment: 750 ml x 4-6 exchanges over 6-8 hours with no last fill; dextrose 1.5% (4 exchanges over 6 hours, 5 exchanges over 7 hours and 6 exchanges over 8 hours)
 - b. Subsequent treatments: 1000 ml x 4-6 exchanges over 6-8 hours with no last fill
3. Duration of Urgent Start Protocol will be for a total of 2 weeks or until training spot available unless otherwise specified by MD.
4. Laboratory Testing
 - a. New patient lab draws will be performed on the first day of urgent start.
 - b. Routine draws during urgent start.
 - i. NKC profile weekly
 - c. 24 hour urine collection for volume to be completed weekly
5. Patient will be evaluated each treatment for signs or symptoms of effluent leak.
 - a. Exit site/Incision site.
 - b. Subcutaneous
 - c. Scrotal/labial
6. Patient will remain supine **at all times** while PD fluid is in the abdomen. Patient must be fully drained to be in any other position. Patient will be in a dialysis chair supine if bed is not available.
7. All other Adult Peritoneal Dialysis Standing Orders with the exception of Iron and Mircera protocols are in effect during Urgent Start.
8. Physicians will be contacted within the first 48 hours of initiation of AKI outpatient peritoneal start with patient update via fax and phone call to ensure fax received.

Patient Name _____ NKC# _____

Northwest Kidney Centers
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Matthew Rivara, MD
Physician Name (Please Print)

RN Name (Please Print)

(see Initial Orders)

Patient Name _____ **NKC#** _____