Hemodialysis (1242)

Version: 22 **Gen:** 11/3/2026

Location: _____

General

☐ **Hemodialysis**

☐ **Hemodialysis** **Frequency:** Once **Phase of Care:** Scheduling/ADT **Priority:** Routine **Comments:** Recommended BFR ranges for AVF/AVG cannulation: - BFR <250 for 17G - BFR 250-350 for 16G - BFR >350 for 15G
Question(s):
Duration of Treatment:
Fluid removal (L):
K+/CA++:
K+/CA++:
K+/CA++:
K+/CA++:
K+/CA++:
K+/CA++:
K+/CA++:
K+/CA++:
Dialysate K+ Sliding Scale:
Bicarb:
Na+:
Na+ Modeling:
Dialyzer:
Dialyzer:
Dialyzer:
Dialyzer:
Dialyzer:
Dialyzer:
Dialyzer:
Dialyzer:
Dialysate Temperature (C):
Hypothermic:
Blood Flow Rate-As tolerated to a maximum of:
Dialysate Flow Rate:
Access Site:
Process Instructions:
Dialysate K+ Sliding Scale Instructions:

Adjust dialysate potassium composition based on the potassium level drawn on date of treatment (only if available):

- Less than 3.5 mEq/L: use 4 mEq/L K dialysate
- 3.5 - 4.5 mEq/L: use 3 mEq/L K dialysate
- Greater than 4.5 mEq/L: use 2 mEq/L K dialysate

Notify ordering provider for potassium level less than 3 mEq/L or greater than 6.5 mEq/L.

☐ **Ultrafiltration** **Frequency:** Once **Phase of Care:** Scheduling/ADT **Priority:** Routine
Question(s):
Duration of Treatment:
Fluid removal (L):
Blood Flow Rate-As tolerated to a maximum of:
Dialyzer:
Dialyzer:
Dialyzer:
Dialyzer:
Dialyzer:
Dialyzer:
Dialyzer:
Dialyzer:
Access Site:

Sign:_____ **Printed Name:**_____
Date/Time:_____

☑ **Complete consent for hemodialysis (if not completed)** **Frequency:** Once **Phase of Care:** Dialysis **Priority:** Routine
Comments: If not completed.
Question(s):
Procedure: ○ Hemodialysis
Diagnosis/Condition:
Physician:
Risks and Hazards:
Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate?

Notify

Notify

☐ **Notify Physician (Specify)** **Frequency:** Until discontinued **Phase of Care:** Dialysis **Priority:** Routine **Comments:** ***

IV Fluids

Prime

☑ **sodium chloride 0.9 % bolus** **Dose:** 1000 mL **Route:** extracorporeal **Frequency:** once **Frequency Limit:** 1 Occurrences **Phase of Care:** Dialysis **Minimum Infusion Duration:** 3.000 Minutes
Question(s):
Indication(s) for Once Reason:
Admin Instructions:
For circuit priming

☐ **Catheter Anticoagulation**

Anticoagulation must be ordered if using a central line.

○ **Heparin**

☑ **HEParin (porcine) injection** **Dose:** 2000 Units **Route:** intra-catheter **Frequency:** once **Frequency Limit:** 1 Occurrences **Phase of Care:** Dialysis
Admin Instructions:
Per Treatment. Pack Port 1; For Dialysis

☑ **HEParin (porcine) injection** **Dose:** 2000 Units **Route:** intra-catheter **Frequency:** once **Frequency Limit:** 1 Occurrences **Phase of Care:** Dialysis
Admin Instructions:
Per Treatment. Pack Port 2; For Dialysis.

○ **ACD (heparin allergy)**

☑ **anticoagulant citrate dextrose (ACD-A) syringe** **Dose:** 3 mL **Route:** intra-catheter **Frequency:** once **Frequency Limit:** 1 Occurrences **Phase of Care:** Dialysis
Admin Instructions:
Indicated for Per Treatment. Pack Port 1; For Dialysis.

☑ **anticoagulant citrate dextrose (ACD-A) syringe** **Dose:** 3 mL **Route:** intra-catheter **Frequency:** once **Frequency Limit:** 1 Occurrences **Phase of Care:** Dialysis
Admin Instructions:
Indicated for Per Treatment. Pack Port 2; For Dialysis.

○ **Alteplase**

☑ **alteplase (CATHFLO) for Quinton and Hemodialysis Catheters 2 mg** **Dose:** 2 mg **Route:** intra-catheter **Frequency:** once **Frequency Limit:** 1 Occurrences **Phase of Care:** Dialysis
Admin Instructions:
Instill 1 mg per lumen then instill saline to fill the internal volume; retain in hemodialysis catheter for 30 min to 2 hours, then withdraw and attempt a forceful saline flush.

Draw back alteplase after dwell time before assessing catheter function.

Product Admin Instructions:
2 mg dose of Cathflo is for Quinton and Hemodialysis Catheter Clearance.

Sign:_____ **Printed Name:**_____
Date/Time:_____

☑ **alteplase (CATHFLO) for Quinton and Hemodialysis Catheters 2 mg** **Dose:** 2 mg **Route:** intra-catheter **Frequency:** once **Frequency Limit:** 1 Occurrences **Phase of Care:** Dialysis
Admin Instructions:
Instill 1 mg per lumen then instill saline to fill the internal volume; retain in hemodialysis catheter for 30 min to 2 hours, then withdraw and attempt a forceful saline flush.

Draw back alteplase after dwell time before assessing catheter function.

Product Admin Instructions:
2 mg dose of Cathflo is for Quinton and Hemodialysis Catheter Clearance.

Medications

☐ **Hypotension Control** (Required)

☑ **sodium chloride 0.9% bolus** **Dose:** 250 mL **Route:** intravenous **Frequency:** PRN **Frequency Limit:** 2 Occurrences **Phase of Care:** Dialysis **Minimum Infusion Duration:** 15.000 Minutes **PRN Reasons:** low blood pressure
dialysis use
Question(s):
Indication(s) for Once Reason:
Admin Instructions:
Administer the minimum volume required of NS bolus to achieve responsiveness (a blood pressure above what triggered treatment for intradialytic hypotension)

☑ **albumin human 25 % bottle** **Dose:** 50 mL **Route:** intravenous **Frequency:** every 15 min PRN **Frequency Limit:** 2 Occurrences **Phase of Care:** Dialysis **Minimum Infusion Rate:** 200.000 mL/hr **Minimum Infusion Duration:** 15.000 Minutes **PRN Reasons:** low blood pressure
dialysis use
Question(s):
Indication: ○ Other
Specify: hypotension control during dialysis
Admin Instructions:
Use albumin after 1 trial dose of low volume NS. If NS is contraindicated or is not selected as a treatment option for intradialytic hypotension, patient may receive up to 2 doses of albumin. Contraindications to NS: severe volume overload, heart failure, cirrhosis, or SBP less than or equal to 80 mmHg. Notify MD if systolic BP persists LESS than 90 mmHg after the trial of albumin.

☐ **mannitol 25 % injection** **Dose:** 12.5 g **Route:** intravenous **Frequency:** once PRN **Frequency Limit:** 2 Occurrences **Phase of Care:** Dialysis **Minimum Infusion Duration:** 3.000 Minutes **PRN Reasons:** low blood pressure
dialysis use
Admin Instructions:
Give after albumin has been given.
Discontinue after 24 hours; For Dialysis

Product Admin Instructions:
Administer via < or = 5 micron disc filter

☐ **Active hypotension treatment orders already available** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** Routine

Anticoagulation

○ **HEParin (porcine) injection** **Dose:** 500 Units **Route:** extracorporeal **Frequency:** every 1 hour **Frequency Limit:** 3 Occurrences **Phase of Care:** Dialysis
Admin Instructions:
For administration DURING DIALYSIS. Administer every 1 hour dialysis. Do not administer in last hour of dialysis session.

○ **HEParin (porcine) injection** **Dose:** 1000 Units **Route:** extracorporeal **Frequency:** every 1 hour **Frequency Limit:** 3 Occurrences **Phase of Care:** Dialysis
Admin Instructions:
For administration DURING DIALYSIS. Administer every 1 hour dialysis. Do not administer in last hour of dialysis session.

VTE

Labs

Urea Reduction Ratio

☐ **BUN level** **Frequency:** Once **Phase of Care:** Dialysis **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
Comments: Collect before dialysis

Sign:_____ **Printed Name:**_____
Date/Time:_____

☐ **BUN level** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Phase of Care:** Dialysis **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Collect after dialysis

Labs Pre-Hemodialysis

☐ **CBC with differential** **Frequency:** Once **Phase of Care:** Dialysis **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Collect before dialysis

☐ **Hemoglobin** **Frequency:** Once **Phase of Care:** Dialysis **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Collect before dialysis

☐ **Basic metabolic panel** **Frequency:** Once **Phase of Care:** Dialysis **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Collect before dialysis

☐ **Potassium level** **Frequency:** Once **Phase of Care:** Dialysis **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Collect before dialysis

☐ **CBC** **Frequency:** Once **Phase of Care:** Dialysis **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Collect before dialysis
Primary Ordering Comments:
CBC only; Does not include a differential

☐ **Creatinine** **Frequency:** Once **Phase of Care:** Dialysis **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Collect before dialysis

☐ **Hepatitis B surface antigen** **Frequency:** Once **Phase of Care:** Dialysis **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Collect before dialysis

☐ **Ionized calcium** **Frequency:** Once **Phase of Care:** Dialysis **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Collect before dialysis
Primary Ordering Comments:
Deliver specimen immediately to the Core Laboratory.

☐ **Iron** **Frequency:** Once **Phase of Care:** Dialysis **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Collect before dialysis

☐ **Phosphorus** **Frequency:** Once **Phase of Care:** Dialysis **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Collect before dialysis

☐ **Magnesium** **Frequency:** Once **Phase of Care:** Dialysis **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Collect before dialysis

☐ **Total iron binding capacity, percent transferrin saturation, and iron level** **Frequency:** Once **Phase of Care:** Dialysis **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Collect before dialysis

☐ **Ferritin level** **Frequency:** Once **Phase of Care:** Dialysis **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Collect before dialysis.

☐ **Blood culture, aerobic and anaerobic x 2**

☑ **Blood culture, aerobic and anaerobic x 2**

Most recent Blood Culture results from the past 7 days:

@LASTPROCRESULT(LAB462)@

Blood Culture Best Practices (https://formweb.com/files/houstonmethodist/documents/blood-culture-stewardship.pdf)

☑ **Blood culture, aerobic & anaerobic** **Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Comments:** Collect before antibiotics given. Blood cultures should be drawn from a peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

☑ **Blood culture, aerobic & anaerobic** **Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Comments:** Collect before antibiotics given. Blood cultures should be drawn from a peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

☐ **Gentamicin level, random** **Frequency:** Once **Phase of Care:** Dialysis **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Collect before dialysis

☐ **Tobramycin level, random** **Frequency:** Once **Phase of Care:** Dialysis **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Collect before dialysis

☐ **Amikacin level** **Frequency:** Once **Phase of Care:** Dialysis **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Collect before dialysis

Sign:_____ **Printed Name:**_____
Date/Time:_____

☐ **Vancomycin, random** **Frequency:** Once **Phase of Care:** Dialysis **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Collect before dialysis
Primary Ordering Comments:
Nursing Instructions: Do not draw level during vancomycin infusion OR within 1 hour after infusion has been completed. To reschedule vancomycin level, contact pharmacy.

Labs Post-Hemodialysis

☐ **CBC** **Frequency:** Conditional Frequency **Phase of Care:** Dialysis **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Collect after dialysis
Primary Ordering Comments:
CBC only; Does not include a differential

☐ **CBC with differential** **Frequency:** Conditional Frequency **Phase of Care:** Dialysis **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Collect after dialysis

☐ **Hemoglobin** **Frequency:** Conditional Frequency **Phase of Care:** Dialysis **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Collect after dialysis

☐ **Calcium** **Frequency:** Conditional Frequency **Phase of Care:** Dialysis **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Collect after dialysis

☐ **Creatinine** **Frequency:** Conditional Frequency **Phase of Care:** Dialysis **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Collect after dialysis

☐ **Ionized calcium** **Frequency:** Conditional Frequency **Phase of Care:** Dialysis **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Collect after dialysis
Primary Ordering Comments:
Deliver specimen immediately to the Core Laboratory.

☐ **Phosphorus** **Frequency:** Conditional Frequency **Phase of Care:** Dialysis **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Collect after dialysis

☐ **Potassium** **Frequency:** Conditional Frequency **Phase of Care:** Dialysis **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Collect after dialysis

☐ **Uric acid** **Frequency:** Conditional Frequency **Phase of Care:** Dialysis **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Collect after dialysis

☐ **Blood culture, aerobic and anaerobic x 2**

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@LASTPROCRESULT(LAB462)@

Blood Culture Best Practices (https://formweb.com/files/houstonmethodist/documents/blood-culture-stewardship.pdf)

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☑ **Blood culture, aerobic & anaerobic** **Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Comments:** Collect before antibiotics given. Blood cultures should be drawn from a peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

Blood Bank

☐ **Type and screen** **Frequency:** Once **Phase of Care:** Dialysis **Priority:** Routine **Specimen Type:** Blood

Cardiology
Imaging
Other Studies
Respiratory
Rehab
Consults
For Physician Consult orders use sidebar
Additional Orders

Sign:_____ **Printed Name:**_____
Date/Time:_____