

Renal Precaution Orders

Qualified to Use
Nephrologists

Page 1 of 1

Key

Key: **Req** – Requisition **MAR** – Medication Administration Record **K** – Kardex **Dis** – Discontinued **P** – Drug Profile

Please fax this page to Pharmacy

Patient Population

- Patients being seen in hospital by a nephrologist

Patient:

- Has advanced renal impairment (low eGFR) not currently on dialysis
- Is on HEMODIALYSIS - draw all routine bloodwork during hemodialysis
- Is on PERITONEAL dialysis
- Has a kidney transplant

Diet

- Refer to a Registered Dietitian
 - Apply the following restriction(s) to diet (Check all that apply):
- LOW protein HIGH Protein
 Low Sodium Low Potassium Low Phosphorus Diabetes Diet
 Fluid restriction _____ mL per 24h

Other: _____

Vitals/Monitoring

Vein Preservation

- Avoid PICC. Nephrologist approval required for PICC insertion
- Post Vein Protection Reminder at the head of the bed
- May need future AV Fistula / Graft. No IV in planned (_____) access arm. May do bloodwork from both hands, but not from planned access arm
- AV Fistula / Graft. No BP, bloodwork or IV in Fistula/Graft arm
- Tunnelled Catheter to be accessed ONLY by dialysis RN

IV Fluids

- Patient on Hemodialysis or Peritoneal Dialysis. RN to confirm all IV fluid and blood product orders from non-renal physicians with the consulting nephrologist

Medication Monitoring

- Renal Unit Unit Clerk to print PROMIS Hospital **Admission** Medication Orders for chart
- Renal Unit Unit Clerk to print PROMIS Hospital **Discharge** Medication Orders for chart
- Pharmacist to review dosing of all medications for eGFR _____ mL/min **AND**
 - Medications affected by dialysis timing eg IV antibiotics
 - Immunosuppression medications for transplant patients who are NPO
- Nephrologist must approve all orders for:
 - NSAIDS, Aminoglycosides
 - ACE inhibitors, ARBs
 - IV contrast (Iodinated / Gadolinium)

Bowel Management:

- Patient not to receive Sodium Phosphate enema (Fleet) preparations
- Patient not to receive fruit laxative
- Initiate Prevention and Treatment of Constipation clinical order set – MRP to complete

Signature, Designation

College License #

Date

Time

Page 1/1