Add Patient Information label

Add HA logo

**Standing Orders – ADPKD: After 18 months on Tolvaptan**

**Kidney Care Clinic**

**Bill to:** [ ]  **MSP** [ ]  **Patient** [ ]  **Other**

|  |
| --- |
| **Kidney Care Clinic**Address: Click here to enter text. Address: Click here to enter text.Ph: Click here to enter text. Fax: Click here to enter text. |

|  |
| --- |
| Patient’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   |
|  |
|  |
|  |
|  |  |
|  |  |
|  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ordering Practitioner:** See checked box in table below.

|  |
| --- |
| **Practitioners working in Kidney Care Clinic** (KCCs: Include name, MSP #, address & phone # for each ordering practitioner. May use address & phone # of KCC if results to go to KCC). |
|  | **Practitioner Name** | **MSP#** | **Address** | **Phone** |  | **Practitioner Name** | **MSP#** | **Address** | **Phone** |
| [ ]  | Click here to enter text. |  |  |  | [ ]  |  |  |  |  |
| [ ]  |  |  |  |  | [ ]  |  |  |  |  |
| [ ]  |  |  |  |  | [ ]  |  |  |  |  |
| [ ]  |  |  |  |  | [ ]  |  |  |  |  |

 |

**Additional copies to:**

Kidney Care Clinic (KCCs: Remove from template if copy not desired)

FP/NP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MSP #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MSP #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MSP #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Automatic copy will be sent to PROMIS if ordering physician = nephrologist*

[ ]  **Affirma** (Please fax to Affirma Health Solutions Inc.: 1-844-227-6418)

**CHRONIC Kidney Disease Patient. NO blood draws on 🞏 RIGHT/ 🞏 LEFT arm. Use hand veins or other arm.**

**This is a new standing order. It replaces the previous orders from the Kidney Care Clinic.**

**The duration of these orders is 2 years unless replaced by new orders.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  **Laboratory Work** **(✓applicable boxes)** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** |
| CBC |  |  |  |  |  |  |  |  |  |  |  |  |
| Retic Count |  |  |  |  |  |  |  |  |  |  |  |  |
| Ferritin, Serum Iron, TIBC,Iron Saturation |  |  |  |  |  |  |  |  |  |  |  |  |
| NA+, K+, Cl-, Bicarbonate |  |  |  |  |  |  |  |  |  |  |  |  |
| Urea, Creatinine |  |  |  |  |  |  |  |  |  |  |  |  |
| Albumin, Ca2+, PO4 |  |  |  |  |  |  |  |  |  |  |  |  |
| iPTH |  |  |  |  |  |  |  |  |  |  |  |  |
| AST, ALT, ALP, GGT, bilirubin |  |  |  |  |  |  |  |  |  |  |  |  |
| Uric Acid |  |  |  |  |  |  |  |  |  |  |  |  |
| Diabetes: Hgb A1c |  |  |  |  |  |  |  |  |  |  |  |  |
| Urine Albumin to Creatinine Ratio (ACR) |  |  |  |  |  |  |  |  |  |  |  |  |
| Urine Osmolality |  |  |  |  |  |  |  |  |  |  |  |  |
| 24-hour urine for sodium, protein, creatinine, urea, osmolality. NOTE: Provide containers up to 6 L |  |  |  |  |  |  |  |  |  |  |  |  |
| **Date Referring:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Practitioner's Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Guidelines for Kidney Care Clinics:**

**Frequency of lab work in adults with Autosomal Dominant Polycystic Kidney Disease (on Tolvaptan): After 18 months**

Extracted from BC Renal guideline on Ordering, Reviewing & Follow-Up of Lab Work at [www.bcrenalagency.ca](http://www.bcrenalagency.ca/resource-gallery/Documents/Ordering%20Reviewing%20and%20Follow%20Up%20of%20Lab%20Work.pdf)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **GFR (mL/min/1.73m2)** | **≥G3a****≥45**  | **G3b****30-44** | **G4****15-29** | **G5 (<15)****&/or Unstable** |
| **On ESA** |  |  |  |  |
| CBC, Retic Count (**On** ESA) | Monthly | Monthly | Monthly | Monthly |
| Ferritin, Serum Iron, TIBC, Iron Saturation (**On** ESA) | Q3 mos | Q3 mos | Q4 mos | Q3 mos |
| **Not on ESA** |  |  |  |  |
| CBC (**No** ESA) | Q6 mos | Q3 mos | Q2 mos | Monthly |
| Ferritin, Serum Iron, TIBC, Iron Saturation (**No** ESA) | Q6 mos | Q3 mos | Q4 mos | Q3 mos |
| **Other Tests** |  |  |  |  |
| NA+, K+, Cl-, Bicarbonate | Q3 mos | Q3 mos | Monthly | Monthly |
| Urea, Creatinine | Q3 mos | Q3 mos | Monthly | Monthly |
| Albumin, Ca2+, PO4 | Q3 mos | Q3 mos | Monthly | Monthly |
| iPTH | Q12 mos | Q12 mos | Q6 mos | Q3 mos |
| **AST, ALT, ALP, GGT, bilirubin\*\*** | Q3 mos | Q3 mos | Q3 mos | Q3 mos |
| Uric acid | Q3 mos | Q3 mos | Q3 mos | Q3 mos |
| Diabetes: Hgb A1c | Q3 mos | Q3 mos | Q3 mos | Q3 mos |
| Urine Albumin to Creatinine Ratio (ACR) | Q6 mos | Q3 mos | Q3 mos | Q3 mos |
| Urine Osmolality | Q3 mos | Q3 mos | Q3 mos | Q3 mos |
| 24-hour urine for sodium, protein, creatinine, urea, osmolality.  NOTE: Provide containers up to 6 L  | Q6 mos |  Q6 mos |  Q6 mos | Q6 mos |
| *These are general guidelines for lab monitoring that can be modified when appropriate for individual patients. The exception are the tests marked with \*\*. These hepatic monitoring tests are mandatory and as such the frequency cannot be modified; for patients on tolvaptan they must be performed monthly for the first 18 months on treatment and every 3 months thereafter.* |