



PRESCRIBER'S ORDERS

UNSAFE ABBREVIATIONS

Unsafe Abbreviation/Practice:	Use Instead:
"OD" or "QD"	Write out "daily"
"QOD"	Write out "every other day"
"U" or "Ū" or "IU"	Write out "units"
Abbreviated drug names	Write out name in full
Lack of leading zero e.g. .25 mg	Use leading zero e.g. 0.25 mg
Trailing zero e.g. 5.0 mg	Avoid trailing zero e.g. 5 mg

Orders containing these abbreviations may be delayed until clarified with the prescriber

NO DRUG WILL BE DISPENSED OR ADMINISTERED WITHOUT A COMPLETED DRUG CONTRAINDICATION FORM

DATE AND TIME

PRURITUS IN CHRONIC HEMODIALYSIS PATIENTS TREATMENT ORDERS

(Items with check boxes must be selected to be ordered)

(Page 1 of 1)

Refer to Pruritus Algorithm on reverse

RN to advise patient re self-care practices on reverse

MEDICATIONS: UC to fax prescription to patient's community pharmacy:

Pharmacy: _____ Fax: _____

Emollient (do not use lotion):

- NIVEA Cream GLAXAL base VASELINE cream CETAPHIL cream AVEENO cream

Apply to whole body BID and PRN immediately after bathing

Topical medications:

- SCHLAPPNOVATE cream – Apply to affected areas TID PRN
(hydrocortisone 1%, salicylic acid 3%, propylene glycol 5%, urea 10% in GLAXAL base)

- hydrocortisone 1% cream – Apply to affected areas TID PRN

- betamethasone 0.05% cream – Apply to affected areas TID PRN

- betamethasone 0.1% cream – Apply to affected areas TID PRN

Supply: 50 g 100 g Other: _____ g

- capsaicin 0.025% cream - Apply to affected areas QID

Supply x _____ tubes of 85 g

Systemic medications:

- hydrOXYzine 10 mg PO QID PRN hydrOXYzine _____ mg PO _____ PRN Supply 100 capsules

- doxepin 10 mg PO TID PRN doxepin _____ mg PO _____ PRN Supply 100 capsules

- gabapentin 100 mg PO 3 times weekly (after dialysis) Supply 30 capsules

Other:

Printed Name

Signature

College ID

Pager

Pruritus Algorithm

ASSESSMENT

General History:

- Generalized vs localized pruritus
- Duration of pruritus
- Character of pruritus (e.g paroxysmal, continuous)
- Exacerbating and relieving factors
- Detailed drug history

Physical Examination
(check for signs of severe pruritus):

- Physical findings of other primary skin eruptions (see possible etiologies)
- Excoriation marks
- Prurigo nodularis
- Lichenification of the skin

CONSIDER ETIOLOGY

Uremia Related:

- Xerosis
- HD adequacy
- Anemia (CKD or iron-deficiency)
- Secondary hyperparathyroidism

Uremia Unrelated:

- Infestations (scabies, lice, etc)
- Allergy
- Drug hypersensitivity
- Contact dermatitis (e.g. adhesive)
- Hypercalcemia
- Inflammation
- Neoplasm
- Hepatitis
- Hypothyroidism

