NORTHWEST
Kidney Centers

## Auburn Computer Instructions

1) **Logging and getting started**
   a) Enter User ID and Password

   b) Department is---AMC DIALYSIS [1901535…

   Department: AMC DIALYSIS [1901535]

   i) Go to Dialysis….   Dialysis
   ii) Find patient and select  (Double click)
      (1) Chart opens

2) **Getting Orders**

   a) Go to "Manage Orders" Tab…….   Manage Orders

   b) Select "Active" Tab……   Active
   i) Sort by "Order Set" and go to "Nephrology Hemodialysis"

   Sort by: Order Set     Go to: NEPHROLOGY HEMODIALYSIS ORD...

   ii) Orders will sort for your review

**NEPHROLOGY HEMODIALYSIS ORDER SET**

**0.9 % NaCl (NS) bolus solution 100-200 mL**
100-200 mL, Intravenous, at 400 mL/hr   for 15 Minutes, Q15MIN PRN   contact provider, Starting Sun 7/27/14 at 1230   Until Discontin

**0.9 % NaCl (NS) bolus solution 250-500 mL**
250-500 mL, Intravenous, at 1,000 mL/hr   for 15 Minutes, PRN   FOR HEMODIALYSIS, Starting Sun 7/27/14 at 1229   Until Discontinue

**albumin 25% (human) 250 mg/mL IV solution 50 mL**
50 mL, Intravenous   Q15MIN PRN   contact provider, Starting Sun 7/27/14 at 1230   Until Discontinued, 50 mL

**doxercalciferol (HECTOROL) 2 mcg/mL inj 2 mcg**
2 mcg, Intravenous   TTHSU PM   First dose on Sun 7/27/14 at 1800   Until Discontinued, 1 mL

**HEMODIALYSIS**
Routine, CONTINUOUS, Starting Sun 7/27/14 at 1230, Until Specified, Total treatment time: 4 hours UF Only time: 0 hours Target goal we
Access: Fistula Access site : Left upper arm Needle size : 15g BFR = 350 mL/min DFR = 600 mL/min Dialysate: Na = 140, K = Use Slidin
modeling: none UF modeling: none Other meds: none Labs during dialysis (Dialysis RN to place orders): none

**HEMODIALYSIS TREATMENT SCHEDULE**
STAT, CONTINUOUS, Starting Sun 7/27/14 at 1230, Until Specified, Hemodialysis Treatment Schedule: Daily

**heparin 1000 units/mL inj**
500 Units/hr = 0.5 mL/hr, Other, PRN   line maintenance, FOR HEMODIALYSIS, Starting Sun 7/27/14 at 1231   Until Discontinued

**heparin 1000 units/mL inj 1,000 Units**
1,000 Units, Other, PRN   line maintenance, FOR HEMODIALYSIS, Starting Sun 7/27/14 at 1230   Until Discontinued

**NOTIFY DIALYSIS NURSE**
Routine, ONCE, Sun 7/27/14 at 1230, For 1 occurrence, Contact dialysis nurse and call pharmacy to prepare for hemodialysis

   (1) **Verify Treatment Schedule**

**HEMODIALYSIS TREATMENT SCHEDULE**
STAT, CONTINUOUS, Starting Sun 7/27/14 at 1230, Until Specified, Hemodialysis Treatment Schedule: Daily

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**3) Treatment/Therapy Documentation**

    **a)** Go to Doc Flowsheets…..

        Doc Flowsheets
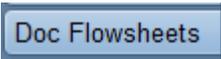
        i) Document treatment information in the following sections

            (1) *HD treatments*: (see example on pages 6-8 for HD)

                **(a) Hemodialysis**

            (2) *PUF:*

                **(a) Ultrafiltration Dialysis**

            (3) *PD treatments*:

                **(a) Peritoneal Dialysis**

            (4) *CRRT treatments*:

                **(a) Acute Dialysis CRRT**

            (5) *Plasmapheresis/TPE*:

                **(a) Plasmapheresis**

**4) MAR**

    a) Document all Medications and Saline boluses given during treatment in the MAR...

    MAR

        i)   Scan NS bag for every bolus given

        ii)  Scan all other medications

**5) Access Documentation**

                    Add LDA

    a)  Select Add LDA to document Catheters and Accesses….

    b)  Type in "Hemo" in the search box.

        i)   Select Hemodialysis Access

            (1) Complete information

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**6)  Documenting Blood Transfusions**

a)  Document blood transfusions per Auburn policy-under Blood Administration  Tab

Blood Administration
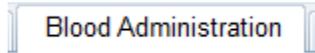
**7)  Documenting Progress note**

a)  Select Notes …..    Notes

i)  New Note….    New Note

ii)  Type—Progress…..   Type: 🔴 🔍

iii)  Complete blank progress note

(a)  No Template available

(2)  Sign off note after completing

**8)  Placing orders**

a)  Select Manage Orders…….    Manage Orders

b)  *LOOK TO RIGHT SIDE OF SCREEN*

**i)**  Go to Place new order located under Manage Orders and select New

Manage Orders | Order Sets                    Options ▼
Place new order                              ➕ New
Select order mode                          ▼ ⓘ Next
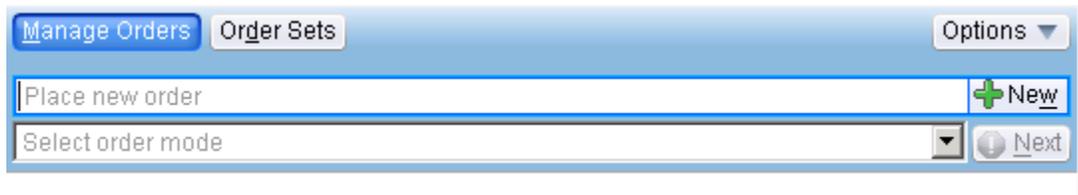
ii)  Place new order

**9)  Modifying orders**

a)  Select Manage Orders…….    Manage Orders

**b)**  Select Active….    Active

i)  Sort by "Order Set" and go to "Nephrology Hemodialysis"

Sort by: Order Set  ▼   Go to: NEPHROLOGY HEMODIALYSIS ORD… ▼
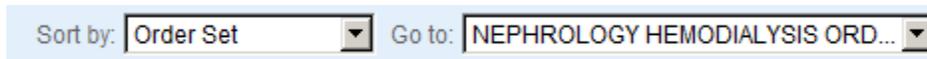
c)  Modify Orders by Selecting "Modify"…..    Modify

i)  Modify each order related to dialysis treatment that needs to be modified

d)  Afterwards go to "Patient Summary" tab…..    Patient Summary

i)  Acknowledge Orders that were modified by you

**10) Discontinuing orders**

a)  Select Manage Orders…….    Manage Orders

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**b)** Select Active….  Active

    i) Sort by "Order Set" and go to "Nephrology Hemodialysis"

Sort by: Order Set ▼  Go to: NEPHROLOGY HEMODIALYSIS ORD... ▼
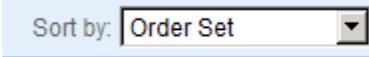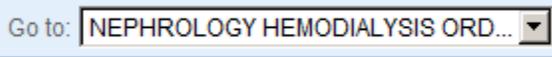
Discontinue 📋

**c)** Discontinue Orders by Selecting "Discontinue"…..

    i) Discontinue each order related to dialysis treatment

**d)** Afterwards go to "Patient Summary" tab…..  Patient Summary

    i) Acknowledge Orders that were discontinued by you

**11) Patient Charges**

    i) All Charges are done via paper charges

    ii) Check with unit secretary to verify if patient is inpatient or outpatient

## Auburn Pre-Hemo

Document pre treatment information as follows:
Under Treatment document:
- Nurse providing treatment
- Nephrologist
- Patient ID verified

Under Weight document:
- Pre-Treatment Weight

| Treatment | |
|---|---|
| Nurse providing treatment (First Last) | |
| Nephrologist | |
| Patient ID verified | |
| **Weight** | |
| Pre-Treatment Weight | |
| Target Fluid Removal (kg) | |

Under Hemodialysis Orders document
Complete all sections/cells as applicable to treatment orders

| Hemodialysis Orders | |
|---|---|
| Dialyzer | |
| Duration | |
| Blood Flow Rate (mL/min) | |
| 📊 SVS Program | |
| UF Profile | SVS Program |
| Dialysate K (mEq/L) | |
| Dialysate Ca (mEq/L) | |
| Dialysate HCO3 (mEq/L) | |
| Dialysate Na (mEq/L) | |
| Sequential Ultrafiltration | |
| Transfusion during dialysis | |

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Under <u>Machine Check and Set Up</u> document
Complete all sections/cells except Lot #'s—circuit tested—look for tubing is intact

| Machine Check and Set Up | |
| --- | --- |
| Dialyzer Lot # | |
| Tubing Lot # | |
| Extracorporal circuit tested for integrity? | |
| Machine pH | |
| Machine number | |
| RO Number | |
| Auto Alarm Test | |
| Independent Meter Conductivity | |
| Machine Conductivity | |
| Chloramine/Chlorine <0.1 | |
| Residual Sterilant Negative | |
| Logs completed | |

Under <u>Pre-Hemodialysis and Vitals</u> document
Complete all sections/cells as applicable

| Pre-Hemodialysis | |
| --- | --- |
| 📊 Floor Nurse Called For Report | |
| Name of nurse and time report given to | |
| Prescribed Heparin Programmed/Pump Primed | |
| Labs Reviewed | |
| Pre Dialysis Thrill | |
| Pre Dialysis Bruit | |
| Initiation safety checks | |
| Comments | |
| **Vitals** | |
| BP | |
| MAP (mmHg) | |
| Temp | |
| Temp src | |
| Pulse | |
| Resp | |
| SpO2 | |
| ETCO2 (mmHg) | |

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## Auburn Intra/During Hemo Treatment

Under <u>Vitals and During Hemodialysis Assessment</u> document
Complete all sections/cells as applicable

| Vitals | |
|---|---|
| BP | |
| MAP (mmHg) | |
| Temp | |
| Temp src | |
| Pulse | |
| Resp | |
| SpO2 | |
| ETCO2 (mmHg) | |
| **During Hemodialysis Assessment** | |
| Blood Flow Rate (ml/min) | |
| Dialysate Flow Rate | |
| Transmembrane Pressure (mmHg) | |
| Ultrafiltration Rate (ml/min) | |
| Arterial Pressure (mmHg) | |
| Venous Pressure (mmHg) | |
| heparin 1,000 units/mL (mLs) | |
| UF Removed (mL) | |
| Machine Alarm | |
| Safety Checks | |
| Comments | |

## Access Documentation

Add LDA

Need Select **Add LDA** to document Catheter and Accesses for the first time….
Afterwards go to <u>Hemodialysis Treatment</u>
Under <u>Hemodialysis Access</u> to document access care

| Hemodialysis Access | |
|---|---|
| Hemodialysis Access Properties | **Placement** |
| Placement Data Obtained From | |
| Site Assessment | |
| Thrill | |
| Bruit | |
| Status | |
| Needle | |
| Reaccess due date | |
| Intervention | |
| Dressing Status | |
| Dressing Change Due Date | |

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## Auburn Hemo Post-Treatment

Document pre treatment information as follows:
Under Post Hemodialysis Assessment document:
Complete all sections/cells as applicable *except for fill volume information*.

| Post Hemodialysis Assessment | | |
|---|---|---|
| Rinseback Volume (mL) | | |
| Total Blood Volume Processed (l/min) | | |
| Dialyzer Clearance | | |
| Duration of Treatment (hours) | | |
| Treatment Weight Change | | |
| Arterial Fill Volume (mL) | | |
| Venous Fill Volume (mL) | | |
| Post Hemodialysis Thrill | | |
| Post Hemodialysis Bruit | | |
| Patient Response to Treatment | | |
| Comments | | |
| Hemodialysis Net Loss (mL) | | |

Under Weight document:

- Post-Treatment Weight

| Weight | |
|---|---|
| Pre-Treatment Weight | |
| Target Fluid Removal (kg) | |
| Post-Treatment Weight | |
| Weight Method | |

Under Intake/Output document  Intake/Output :

- Post Hemodialysis Assessment

| Post Hemodialysis Assessment | |
|---|---|
| Hemodialysis Net Loss (mL) | |