

AKI (Acute Kidney Injury) In-Center Hemodialysis Standing Orders

1. Target Weight Management

- a. All new patients will have an initial assessment within the first 4 weeks of starting dialysis and as needed thereafter.
- b. For hospitalizations of >1 week, reassess target weight upon return to outpatient dialysis

2. Vascular Access Management:

a. Cannulation of surgically created AV Fistulas

In order to initiate cannulation of a new surgically created AV Fistula, the access must meet the following criteria as assessed by a Registered Nurse and with the use of the on-site ultrasound machine:

- At least six weeks from date of creation
- Greater than 1" total palpable length
- 6mm or greater diameter
- 6mm or less depth

b. Cannulation of AV Grafts

In order to initiate cannulation of new AV Grafts, the access must meet the following criteria as assessed by a Registered Nurse and with the use of the on-site ultrasound machine:

- At least two weeks from date of installation unless otherwise directed by MD
- 6mm or less depth

c. If cannulation criteria are met, proceed with access cannulation

d. If cannulation criteria are not met, contact surgeon or nephrologist for intervention.

e. For **percutaneous AVFs** (e.g. Ellipsys or WavelinQ), contact nephrologist for orders for use prior to cannulation

f. Guidelines for Cannulation as follows:

- i. Only expert cannulator staff to cannulate new accesses for the first six runs. If no expert cannulator staff available, defer cannulation until next treatment
- ii. Refer to nephrologist or surgeon for CVC removal after three consecutive treatments with x2 needles
- iii. Adjust blood flow rates to needle gauge per table below or as ordered by MD.:

Blood Flow rates to Needle Gauge	
200-250ml/min	17 gauge
>250-350ml/min	16 gauge
>350-450ml/min	15 gauge

- iv. AV Fistula week one – use 17g needle for arterial, CVC for venous return OR 17g needles for both A&V if approved by Registered Nurse
- v. AV Fistula weeks two and three – 16g needles for both A&V if approved by Registered Nurse
- vi. AV Fistula weeks four and ongoing – advance to 15g needles if approved by Registered Nurse
- vii. AV Graft week one – 16g needles for both A&V
- viii. AV Graft weeks two and ongoing – 15g needles

g. Access Infiltration

- i. Apply cold pack per policy for infiltrations related to access punctures.
- ii. Notify nephrologist if infiltration occurs that prevents dialysis provision that day or if infiltration occurs in new AVF (first 2 weeks of cannulation).

3. Laboratory Tests: Routine (Annually = Jan; Semi-annually = Jan, Jul; Quarterly = Jan, Apr, Jul, Oct)

- a. Chemistry panel: On admission and weekly (ICD10 = N17.9)
- b. CBC with platelets: On admission and weekly (x 8 weeks), then monthly (ICD10 = N17.9)
- c. Hepatitis B surface antigen (HBsAg): (ICD10 = N17.9)
 - i. If the patient is HBsAg negative and hepatitis B surface antibody (Anti-HBs) negative (or anti-HBs is <10 mIU/mL): draw HBsAg monthly
 - ii. Draw HBsAg on admission and annually in January on all patients
 - iii. While patients are receiving the Hepatitis vaccination series, draw HBsAg at least 14 days after each vaccine.
- d. Anti-HBs: (ICD10 = N17.9)
 - i. Per vaccination protocol
 - ii. Draw on admission and annually on all patients
- e. Total antibody to Hepatitis B core antigen (Anti-HBc): (ICD10 = N17.9)
On admission (if not previously obtained)
- f. Hepatitis C Antibody (HCV Ab): (ICD10 = N17.9) On admission (if not previously obtained) and semi-annually on patients who are HCV Ab negative.
For those new patients with a positive HCV Ab, redraw HCV Ab and Hepatitis C RNA by PCR. (Refer to HCV surveillance policy.)
- g. iPTH: Hyperparathyroidism (ICD10 = N25.81) Hypoparathyroidism (ICD10 = E20.8)
 - i. For patients not on IV vitamin D replacement protocol: draw on admission and quarterly
 - ii. For patients on Vitamin D replacement protocol: see doxercalciferol orders
- h. Aluminum: On admission and quarterly only for patients on aluminum- containing phosphate binders or sucralfate (ICD10 = N17.9 initial and subsequent draws)

- i. Hemoglobin A1C: (ICD10 = Refer to Patients Problem List for diabetic diagnosis) Quarterly on patients with the diagnosis of diabetes mellitus
- j. Glucose: quarterly for non-diabetics (ICD10 = R73.09) and monthly for diabetics (ICD10 = Refer to Patients Problem List for diabetic diagnosis)

4. Lab Testing for Dialysis Adequacy: spKt/V, eKT/V, URR: on admission and monthly (ICD10 = N17.9)

5. Laboratory Tests PRN

- a. Blood Cultures: (ICD10 = R50.9 fever)
 - i. Patients with a CVC and a temperature greater than 100.0 F degrees (37.8C) draw TWO sets of blood cultures from the access/bloodlines at least 5 minutes apart. Notify MD by phone.
 - ii. Patients without a CVC with a temperature greater than 100.0 F (37.8C) Call MD for orders.
- b. Water and Dialysate Cultures/LAL and colony counts: Obtain these from the machine and treatment station when clinical suspicion warrants. (This is in addition to the routine scheduled cultures).
- c. Access Site Cultures: (ICD10 = T82.7.XXA for the initial culture; T82.7XXD if subsequent culture for same infection) Obtain if clinical signs of infection. Notify MD by phone.
- d. COVID-19 testing: Perform testing (COVID-19 Antigen or COVID-19 PCR) for patients displaying signs and/or symptoms consistent with COVID-19. Notify the physician via fax or phone if the test result is positive or if patient reports a positive result. When administering a COVID PCR test, use ICD10 = Z11.52.

6. Lab Requests for Patients Who Travel: These may be drawn prior to the scheduled travel, at the discretion and request of the accepting unit.

7. Medications/ Routine

- a. Heparin – Systemic Anticoagulant (Follow In-Center Hemodialysis Standing Orders - Heparin Protocol)
- b. Heparin-Catheter Anticoagulant/Post Dialysis Lumen Instillation
 - i. Fill each lumen with 1,000 units/ml heparin post dialysis.
- c. Use of 5,000 units/ml heparin requires special physician orders.

8. Medications/PRN

a. **Adverse Reactions**

NOTIFY:

- o **MD by phone of any dialyzer or drug reaction**
- o **Pharmacy of any drug reactions**

o **TREATMENT:**

Benadryl; Epinephrine; Solumedrol may be given for Dialyzer Reaction (ICD10 = T78.40XA) or Drug Reaction (ICD10 = T50.995A) as follows:

- i. Diphenhydramine (Benadryl) 25 mg may be given IV and repeated x 1 prn (if the patient is not hypotensive) for chills, fever, rash, itching, and backache related to any of the above noted reactions.
- ii. Epinephrine 0.3 mg **IM**
- iii. Solumedrol 125 mg IV push over 5-10 minutes

b. Topical Anesthetic (ICD10 = R20.0): for patients with AV fistula or graft

Staff Application

Apply a moderate layer of lidocaine 2.5% / prilocaine 2.5% cream (or other generic equivalent) at the site of needle placement 15-60 minutes (preferably 30 or greater minutes) prior to start of hemodialysis.

Patient Application

Dispense to patient: One 30-gram tube of lidocaine 2.5%/prilocaine 2.5%. Directions for use: Apply a moderate layer (approximately 2.5 grams) of cream at site of needle placement 15-60 minutes (preferably 30 minutes or greater) prior to start of hemodialysis. Cover area with occlusive dressing (plastic wrap).

Refills: As needed. Not to exceed one 30-gram tube per 12 dialysis treatments.

c. Tylenol/Acetaminophen (for Pain (ICD10 = R52) or Fever (ICD10 = R50.9) greater than 100.0 F): Give 325 mg 1-2 tablets every 4 hours prn during dialysis. (Check patient's temperature before administration)

d. Nitroglycerin (for Anginal Chest Pain) (ICD10 = I20.9): Give 0.4 mg (gr 1/150) SL. May Repeat every 5 minutes x 2. **Do not give if systolic BP is less than 100 mmHg.** Notify MD by phone.

e. Oxygen (O₂) (for O₂ saturation <90%) (ICD10 = R09.02

Hypoxemia): If a patient has symptoms of hypotension, dyspnea, or chest pain, assess for a medical emergency. Before administering O₂, obtain pulse oximeter reading. If O₂ saturation is less than 90%, administer O₂ at 2-5 L/min per nasal cannula or 6-10 L/min per face mask. Titrate O₂ for O₂ saturation of ≥90%.

- For patients on continuous supplemental O₂ at home, administer O₂ per home prescription (ICD10 = Z99.81).
- If patient with new O₂ saturation of <90% that does not resolve with ultrafiltration during dialysis, notify MD by phone prior to the patient leaving the clinic.

f. Glucose Paste/Gel Administration for Hypoglycemia

(ICD10 = E16.2). Initial dosing: If patient is alert and symptomatic with a blood glucose between 50 and 79 mg/dL, administer 1 tube/packet (15-24 grams) of glucose paste/gel PO. **Recheck blood glucose in 15 minutes** using the glucometer. Additional dose: If blood glucose result remains less than 80 mg/dL, administer a second dose of glucose paste/gel. Recheck blood glucose in 15 minutes after the

second dose of glucose paste/gel. If blood glucose remains less than 80 mg/dL after the second dose and the patient is still symptomatic, call or page the Nephrologist for further instructions.

- g. **Dextrose 50% IV** (for severe symptomatic hypoglycemia/insulin reaction, glucose monitor result below 50) (ICD10 = E16.2): administer Dextrose 50% 50 ml i.e. 25 grams IV x 1 dose. Notify MD by phone.
- h. **Normal Saline** (for muscle cramps or hypotension): Normal Saline (0.9%) IV may be given in 100-200 cc boluses up to 1000 cc.
- i. **Normal Saline** (to prevent or evaluate for clotting): Normal Saline (0.9%) IV may be given in 50-100 cc boluses
- j. **Seizures:** Initiate Seizure Management protocol and call MD.
- k. **Naloxone:** Please follow the assessment for Naloxone use and administration. If the assessment is to administer naloxone, it can be administered as follows (per NKC procedure): Naloxone 0.4mg IV/IM or 4mg intranasal once, followed by contacting emergency response team, if not already done so. May repeat once after 3 minutes, if appropriate.

9. Vaccinations

- a. Hepatitis B Vaccine (ICD10 = Z23): per protocol
- b. Influenza Vaccine (ICD10 = Z23): Should be administered to all patients during the flu season (Oct-April). Exceptions include- contraindications as stated by the physician, or patient refusal.
- c. Pneumococcal Vaccine (ICD10 = Z23): per Pneumococcal Vaccination protocol
- d. COVID vaccination (ICD10 = Z23): per protocol

10. Miscellaneous

- a. **Unstable Medical Conditions:** If nursing assessment deems the patient unsafe for dialysis, the hemodialysis treatment may be postponed or terminated at the discretion of the RN (with documentation in the EMR) and the MD notified by phone.
- b. **Severe elevation in blood pressure:** If systolic BP is greater than 200 or if diastolic BP is greater than 120, Notify MD by phone and DO NOT INITIATE DIALYSIS.
- c. **Pre-dialysis hypotension:** If pre-dialysis systolic BP is less than 90 mm Hg, notify MD by phone and do not initiate dialysis.
- d. Initiate Bowel Protocol, as needed.
- e. Initiate TB Screening per TB Testing Surveillance for Patients policy.

11. Emergency dialysis Orders

Provision of dialysis services in an emergency depends on the degree of social isolation of both patients and staff, availability of patient transportation for access to care, and the reserve of caregivers to provide care.

During emergencies (earthquake, fire, flood, power-outage, pandemic, etc.), the following procedure will be implemented:

Patient Name _____

NKC# _____

- In a declared emergency in which the NKC Emergency Operations Center (EOC) is convened, standing orders specific to the emergency at hand will be communicated to facilities, staff and medical staff.
- They are subject to change depending on changes in conditions.
- They may vary from facility to facility.
- Nursing services may exercise discretion and clinical judgment in their application.
- Baseline provision of care should include:
 - i. Dialyzer: any single use dialyzer
 - ii. Dialysate: $[Ca^{++}]$ and $[K^{+}]$ per patient prescription: if emergency obligates decreased frequency or shortened time call physician for K^{+} orders if normal bath is $<$ or $>$ $2K^{+}$.
 - iii. Heparinization: 3.0 cc (3000 units) bolus.
 - iv. Time: provision of maximum dialysis time feasible given the nature of the emergency, in conjunction with instructions from the EOC.
 - v. Kayexalate (Hyperkalemia ICD10 = E87.5) provide patient with Kayexalate as needed from disaster supplies (30 gm).

Matthew Rivara, MD

Physician Name (Please Print)

Matthew Rivara

Physician Signature

January 5th, 2026

Date

(see Initial Orders)

Patient Name _____

MEC reviewed date: 12.11.25

NKC# _____