

Filling Out the In-Center Hemodialysis Admission Form and Initial Orders



- 1 Navigate to https://northwestkidneycenters.my.salesforce-sites.com//apex/VisualAntidote_HostedFastForm?h=2UHEK

- 2 Select the "In-Center Hemodialysis" option.

NORTHWEST Kidney Centers

Patient Referral Form

Referral For *****

Modality *****

Requested NKC Start Date

Type *****

Patient Demographic Information

First Name *****

Last Name *****

3 Select the "In-center Hemo" option.

RTHWEST dney Centers

Referral Form

* Hemodialysis

Modality*

In-center Hemo

IKC Start Date

Type*

New

Demographic Information

Last Name*

4 For Type select from the list.

.....

Referral Form

Hemodialysis

Modality*

In-center Hemo

IKC Start Date

Type*

New

Demographic Information

Last Name*

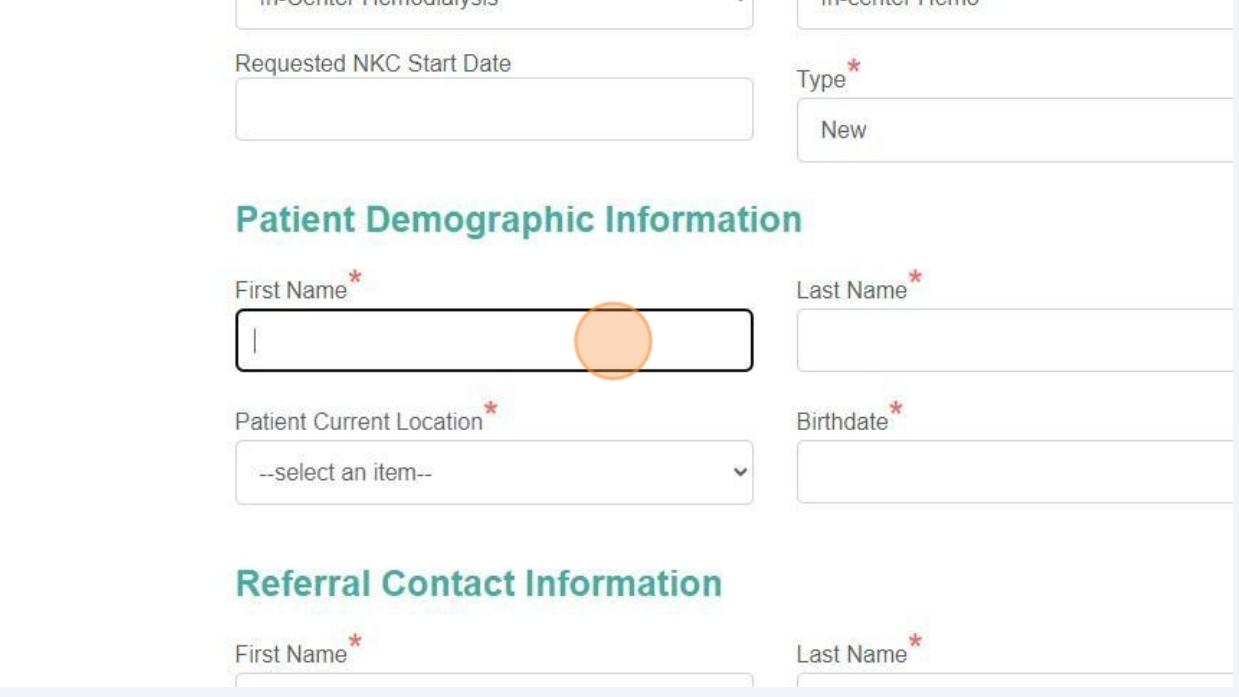
--select an item--

New

Transfer

Readmit > 30 days

5 Click the "First Name" field and enter patient's first and last name



In-Center Hemodialysis

Requested NKC Start Date

Type *

New

Patient Demographic Information

First Name *

Last Name *

Patient Current Location *

--select an item--

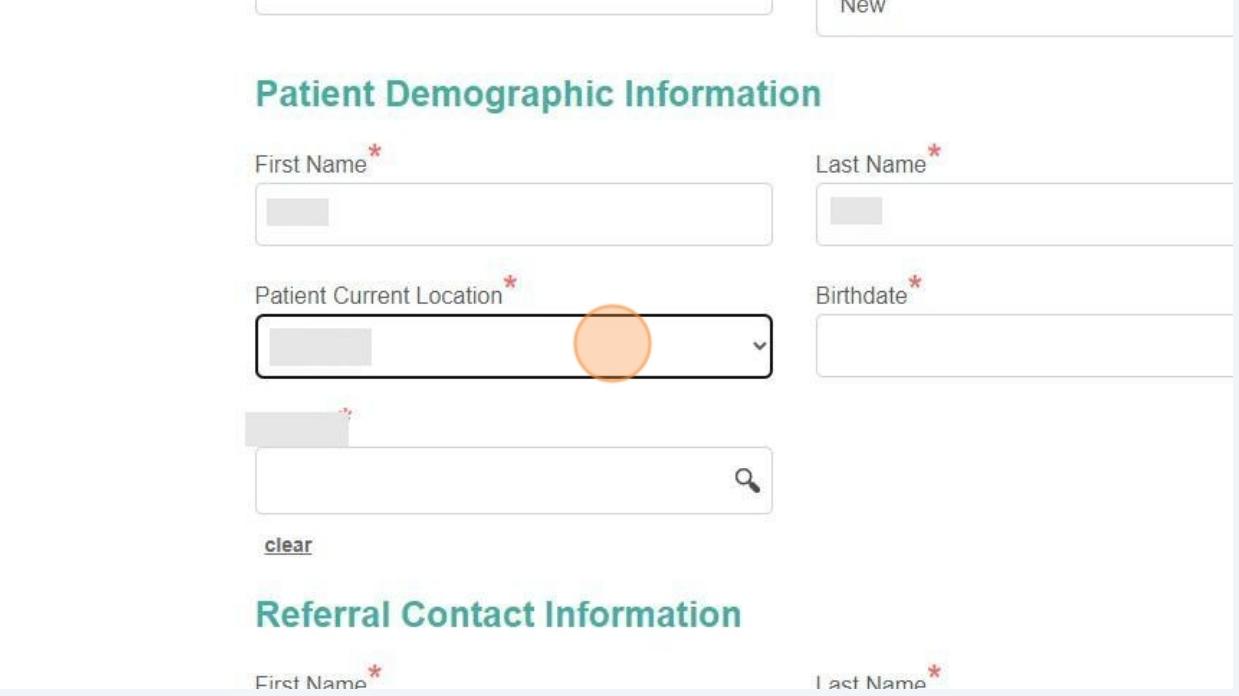
Birthdate *

Referral Contact Information

First Name *

Last Name *

6 Select the patient's current location from the drop-down menu.



New

Patient Demographic Information

First Name *

Last Name *

Patient Current Location *

--select an item--

Birthdate *

clear

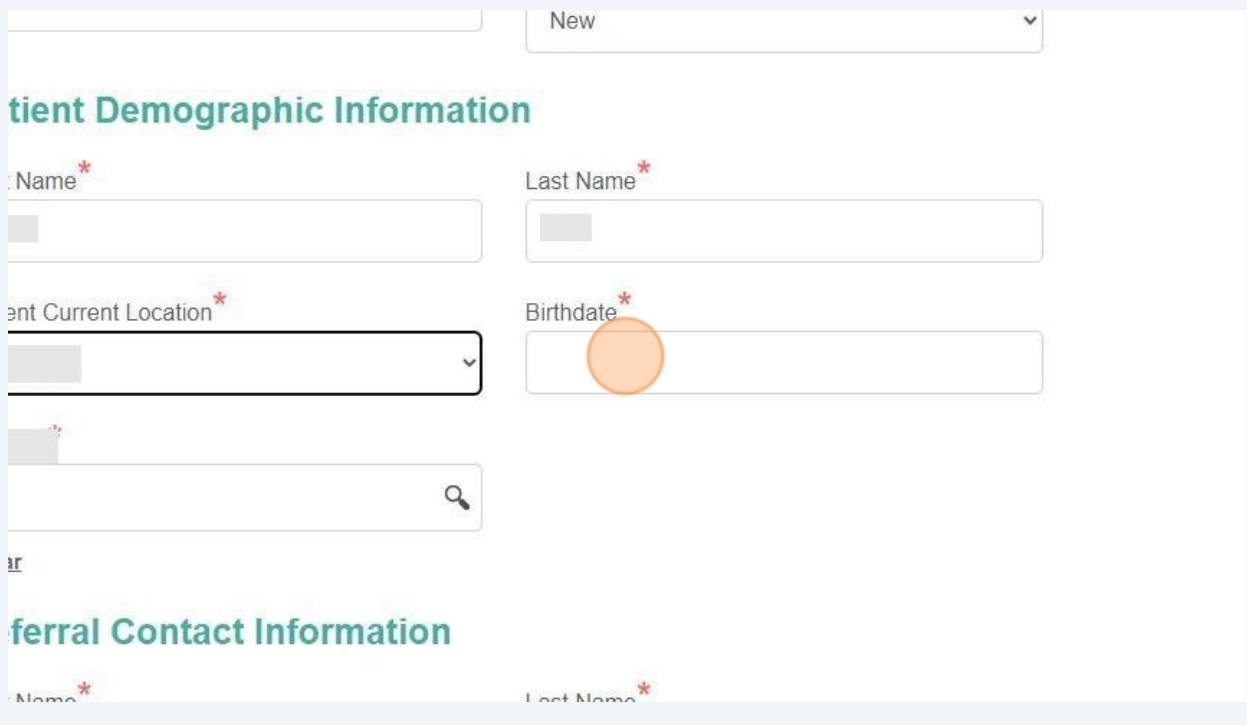
Referral Contact Information

First Name *

Last Name *

7

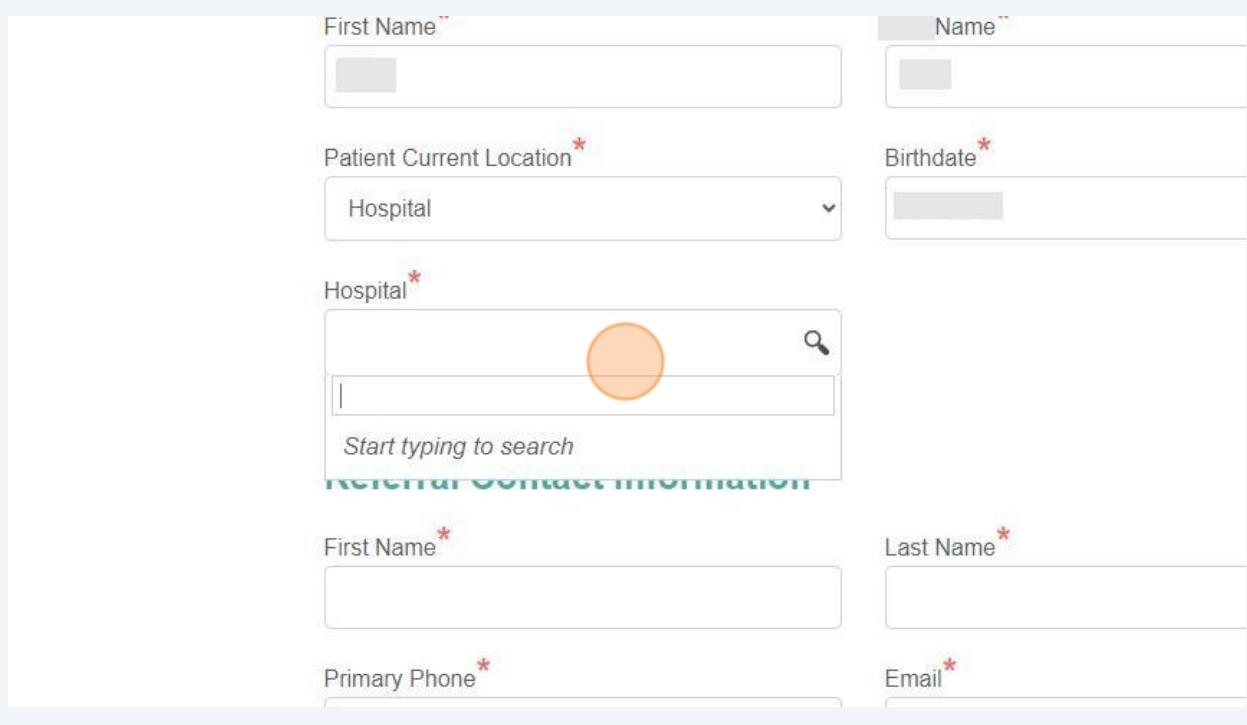
Click the "Birthdate" field and enter the patient's birthdate or use the calendar function.



The screenshot shows the 'Patient Demographic Information' section of a software interface. At the top, there is a 'New' button with a dropdown arrow. Below it, the section title is 'Patient Demographic Information'. There are two text input fields: 'First Name*' and 'Last Name*'. Under 'First Name*', there is a dropdown menu with a single item. Under 'Last Name*', there is a birthdate input field, which is highlighted with an orange circle. Below these fields is a search bar with a magnifying glass icon. At the bottom of the section, there is a 'Referral Contact Information' heading and two empty text input fields: 'First Name*' and 'Last Name*'. The entire screenshot is enclosed in a light gray border.

8

If the patient's current location is the hospital, start typing the name and the choices will populate.



The screenshot shows the 'Patient Demographic Information' section. At the top, there are fields for 'First Name*' and 'Last Name*'. Below these is a dropdown menu for 'Patient Current Location*' with 'Hospital' selected. To the right, there is a birthdate input field. Below the dropdown is a search bar with the placeholder 'Start typing to search', which is highlighted with an orange circle. At the bottom of the section, there is a 'Referral Contact Information' heading and two empty text input fields: 'First Name*' and 'Last Name*'. The entire screenshot is enclosed in a light gray border.

9 Enter the information of the person filling out the referral form.

clear

Referral Contact Information

First Name * 

Last Name *

Primary Phone *

Email *

Patient Clinical Information

Kidney Failure Diagnosis * --select an item--

Hep B Surface Antigen Status * --select an item--

10 Click the "Primary Phone" field. Please enter a direct line and not a main clinic number. Enter your email as well.

clear

Referral Contact Information

First Name *

Last Name *

Primary Phone * 

Email *

Patient Clinical Information

Kidney Failure Diagnosis * --select an item--

Hep B Surface Antigen Status * --select an item--

TB Testing Status * --select an item--

Primary Cause of Kidney Failure *

11 Select the Kidney Failure Diagnosis from the drop-down menu.

Primary Phone * Email *

Primary Phone * Email *

Patient Clinical Information

Kidney Failure Diagnosis *

ESRD

Hep B Surface Antigen Status *

--select an item--

TB Testing Status *

--select an item--

Primary Cause of Kidney Failure *

clear

Accepted tests: Chest x-ray, 2-Step PPD, or QuantiFERON

12 Select the Hep B Surface Antigen Status from the drop-down menu.

Primary Phone * Email *

Primary Phone * Email *

Patient Clinical Information

Kidney Failure Diagnosis *

ESRD

Hep B Surface Antigen Status *

Test in-Progress

TB Testing Status *

--select an item--

Primary Cause of Kidney Failure *

clear

Accepted tests: Chest x-ray, 2-Step PPD, or QuantiFERON

13 Select the TB Testing Status from the drop-down menu.

Primary Phone ^{*} Email ^{*}

Primary Clinical Information

Kidney Failure Diagnosis ^{*}
ESRD

Hep B Surface Antigen Status ^{*}
Test in-Progress

TB Testing Status ^{*}
Test in-Progress

Primary Cause of Kidney Failure ^{*}
[clear](#)

Accepted tests: Chest x-ray, 2-Step PPD, or QuantiFERON

Additional Comments/Requirements

14 Start typing the Primary Cause of Kidney Failure and the choices will populate.

Primary Phone ^{*} Email ^{*}

Clinical Information

Diagnosis ^{*}
ESRD

Hep B Surface Antigen Status ^{*}
Test in-Progress

TB Testing Status ^{*}
Test in-Progress

Primary Cause of Kidney Failure ^{*}
 
Start typing to search

Additional Comments/Requirements

15 Here's an example.

The screenshot shows a medical software interface. On the left, there is a sidebar with the text "Medical Information" and a dropdown menu with the asterisk symbol (*). On the right, there is a search interface for ICD-10 codes. The search bar contains the text "hyper". Below the search bar, a dropdown menu shows two results: "I12.0" and "I12.9". The "I12.9" entry is highlighted with a orange oval. The description for "I12.9" is: "Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease I12.9". At the bottom of the search interface, there is a "clear" button.

16 Choose if you would like to complete the Patient History Form. Choose if you would like to complete the Initial Dialysis Orders. Once you click Next it will take you to what you've selected.

An empty rectangular box for selecting the completion of the Patient History Form.

Note: Please include requirement for a bed, active C-Diff, history of MDRO including C. Auris, or other complex requirements.

Complete Patient History Form? *

A dropdown menu with the option "No" selected.

Complete Initial Dialysis Orders? *

A dropdown menu with the option "Yes" selected, highlighted with an orange oval.

* - required

Next

17

Next we'll show how to fill out the initial orders. Select the Resuscitate Order from the drop-down menu.



Initial Order Form

In-Center Hemo

Resuscitate Order

Full Code

▼

Anticoagulation

--select an item--

▼

Allergies

--select an item--

▼

Access

--select an item--

▼

Access Location

--select an item--

▼

Volume Management

18

Select Anticoagulation from the drop-down menu.

Initial Order Form

In-Center Hemo

Resuscitate Order

Full Code

▼

Anticoagulation

Yes (heparin per protocol)

▼

Allergies

--select an item--

▼

If Yes, Heparin bolus

(suggest 3,000 u; max=8,000 u)

▼

Access

--select an item--

▼

Access Location

--select an item--

▼

19

If you chose yes in the previous step, then click the "If Yes, Heparin bolus (suggest 3,000 u; max=8,000 u)" field and type your order.

Resuscitate Order

Full Code

Anticoagulation

Yes (heparin per protocol)

Allergies

--select an item--

If Yes, Heparin bolus

(suggest 3,000 u; max=8,000 u)

|

Access

--select an item--

Access Location

--select an item--

Volume Management

Target Weight (kg)

Max UF rate (ml/kg/hr)

13

20

Select the Allergies from the drop-down menu.

All Order Form

Order Memo

Resuscitate Order

Code

Anticoagulation

Yes (heparin per protocol)

Allergies

No known allergies

If Yes, Heparin bolus

(suggest 3,000 u; max=8,000 u)

Access Location

--select an item--

21 Select the Access from the drop-down menu.

Yes (heparin per protocol) 

No known allergies

If Yes, Heparin bolus
(suggest 3,000 u; max=8,000 u)

3000

Access

Fistula 

Access Location

--select an item--

Volume Management

Target Weight (kg)

Max UF rate (ml/kg/hr)

13

(guidelines suggest ≤ 13 mL/kg/hr)

22 Enter the target weight in the "Target Weight (kg)" field.

3000

Access

Fistula 

Access Location

--select an item--

Volume Management

Target Weight (kg)

Max UF rate (ml/kg/hr)

13

(guidelines suggest ≤ 13 mL/kg/hr)

Prescription

DOSE

Dialyzer

Optiflux F160 

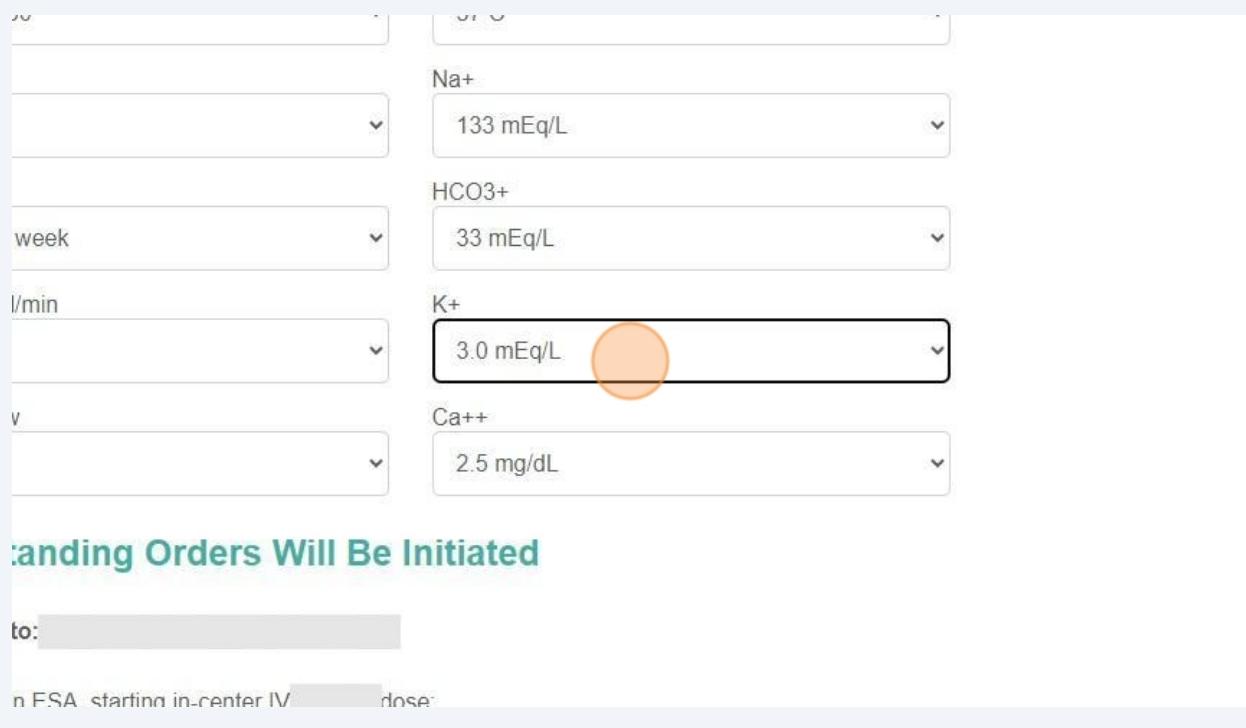
DIALYSATE

Temperature

37 C

23

If you would like to make changes to the standard initial prescription, make adjustments from the drop-down menus. See example below.



Na+ 133 mEq/L
HCO3+ 33 mEq/L
I/min 3.0 mEq/L
Ca++ 2.5 mg/dL

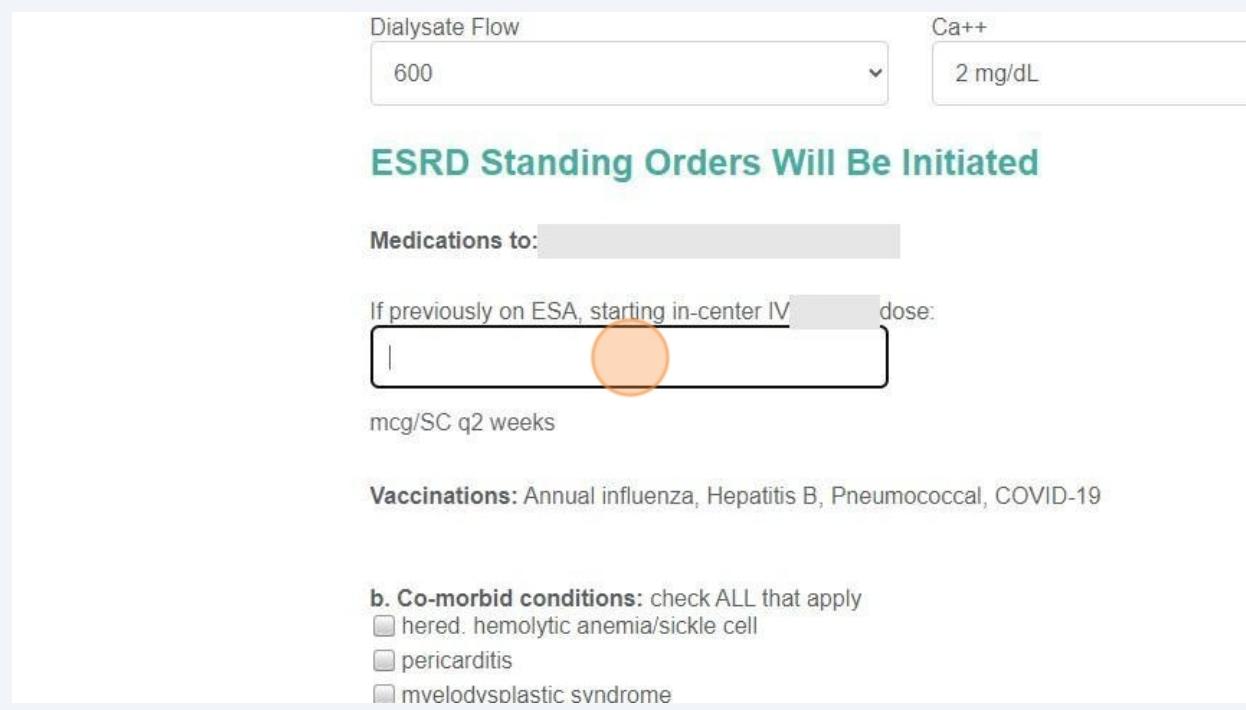
Standing Orders Will Be Initiated

to: _____

If previously on ESA, starting in-center IV dose: _____

24

Click the "If previously on ESA, starting in-center IV Mircera dose:" field and enter dose.



Dialysate Flow 600
Ca++ 2 mg/dL

ESRD Standing Orders Will Be Initiated

Medications to: _____

If previously on ESA, starting in-center IV dose: _____
| _____

mcg/SC q2 weeks

Vaccinations: Annual influenza, Hepatitis B, Pneumococcal, COVID-19

b. Co-morbid conditions: check ALL that apply

hereditary hemolytic anemia/sickle cell
 pericarditis
 mvelodysplastic syndrome

25 Enter Attending Nephrologist by typing the first few letters of their name and choices will populate. Same with Referring.

Nephrologist Information

Attending Nephrologist of Record

[clear](#)

Referring Nephrologist's Name

[clear](#)

Same as Attending Nephrologist

26 Type "matt"

27

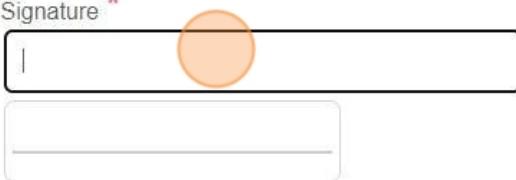
Click the "Signature" field. This will be electronically signed.

Referring Nephrologist's Name

Bertrand 

[clear](#)

Same as Attending Nephrologist

Signature 

Date 

28

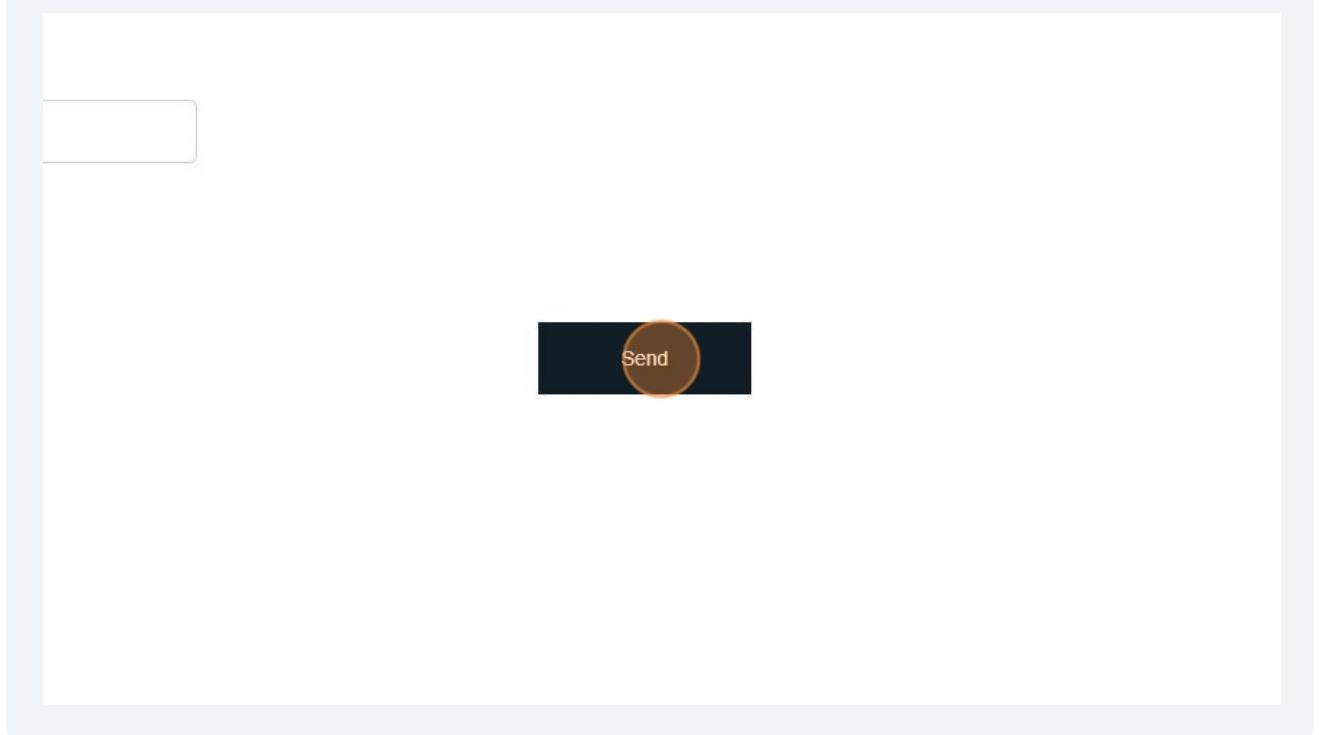
Click Next



or the
ted to do so.



29 Click Send to submit the referral.



30 You'll get this notice. Click "OK"

