

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.

The screenshot shows the Northwest Kidney Centers Patient Referral Form. At the top is the logo with the text "NORTHWEST Kidney Centers". Below the logo is the title "Patient Referral Form". The form is divided into two main sections. The first section, "Patient Referral Form", contains four fields: "Referral For*" with a dropdown menu showing "In-Center Hemodialysis" (highlighted with an orange circle), "Modality*" with a dropdown menu showing "--select an item--", "Requested NKC Start Date" with a text input field, and "Type*" with a dropdown menu showing "New". The second section, "Patient Demographic Information", contains two fields: "First Name*" and "Last Name*", both with text input fields.

- 3 Select the "In-center Hemo" option.

ORTHWEST

Kidney Centers

Referral Form

*

Hemodialysis

Modality*

In-center Hemo

KIC Start Date

Type*

New

Demographic Information

Last Name*

- 4 For Type select from the list.

Referral Form

Hemodialysis

Modality*

In-center Hemo

KIC Start Date

Type*

New

Demographic Information

Last Name*

nt Location*

Bi

--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*

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.

New

Patient Demographic Information

First Name*

Last Name*

Patient Current Location*

Birthdate*

Referral Contact Information

Referral Contact First Name*

Referral Contact Last Name*

8

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

First Name*

Last Name*

Patient Current Location*

Birthdate*

Hospital*

Referral Contact Information

Referral Contact First Name*

Referral Contact Last Name*

Referral Contact Primary Phone*

Referral Contact Email*

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

The screenshot shows a web form with a search bar at the top containing a greyed-out text and a magnifying glass icon. Below the search bar is a "clear" link. The form is divided into two main sections: "Referral Contact Information" and "Patient Clinical Information".

Referral Contact Information

First Name* [text input field with an orange circle highlighting the field]
Last Name* [text input field]
Primary Phone* [text input field]
Email* [text input field]

Patient Clinical Information

Kidney Failure Diagnosis* [dropdown menu showing "--select an item--"]
Hep B Surface Antigen Status* [dropdown menu showing "--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.

This screenshot shows the same form as above, but with additional fields visible under the "Patient Clinical Information" section. The "Primary Phone" field is highlighted with an orange circle.

Referral Contact Information

First Name* [text input field]
Last Name* [text input field]
Primary Phone* [text input field]
Email* [text input field]

Patient Clinical Information

Kidney Failure Diagnosis* [dropdown menu showing "--select an item--"]
Hep B Surface Antigen Status* [dropdown menu showing "--select an item--"]
TB Testing Status* [dropdown menu showing "--select an item--"]
Primary Cause of Kidney Failure* [text input field]

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

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*

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**

Patient Clinical Information

Kidney Failure Diagnosis*

Hep B Surface Antigen Status*

TB Testing Status*

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**

Patient Clinical Information

Kidney Failure Diagnosis*

Hep B Surface Antigen Status*

TB Testing Status*

Primary Cause of Kidney Failure*

[clear](#)

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

Additional Comments/Requirements

15 Here's an example.

al Information

sis *

Email *

hyper

I12.0

Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease I12.0

I12.9

Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease I12.9

clear

x-ray, 2-Step PPD, or

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.

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

Complete Patient History Form? *

No

Complete Initial Dialysis Orders? *

Yes

* - required

Next

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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

Anticoagulation

Allergies

Access

Access Location

Volume Management

18

Select Anticoagulation from the drop-down menu.

Initial Order Form

In-Center Hemo

Resuscitate Order

Anticoagulation

Allergies

If Yes, Heparin bolus

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

Access

Access Location

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)		
<input type="text"/>		
Access	--select an item--	▼
Access Location		--select an item--
Volume Management		
Target Weight (kg)	<input type="text"/>	
Max UF rate (ml/kg/hr)		13

20

Select the Allergies from the drop-down menu.

Order Form

Enter Hemo

Resuscitate Order	
Full Code	▼
Anticoagulation	Yes (heparin per protocol)
	▼
Allergies	
No known allergies	
▼	
If Yes, Heparin bolus (suggest 3,000 u; max=8,000 u)	
<input type="text"/>	
<input type="text"/>	
Access	--select an item--
	▼
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	DIALYSATE
Dialyzer Optiflux F160 ▼	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
K+	3.0 mEq/L
Ca++	2.5 mg/dL

Standing Orders Will Be Initiated

to: [redacted]

on ESA, starting in-center IV [redacted] dose:

24

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

Dialysate Flow	Ca++
600	2 mg/dL

ESRD Standing Orders Will Be Initiated

Medications to: [redacted]

If previously on ESA, starting in-center IV [redacted] dose:

mcg/SC q2 weeks

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

b. Co-morbid conditions: check ALL that apply

- ☐ hered. hemolytic anemia/sickle cell
- ☐ pericarditis
- ☐ myelodysplastic 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



[clear](#)

Same as Attending Nephrologist ☒

Signature *

Date *

28 Click Next

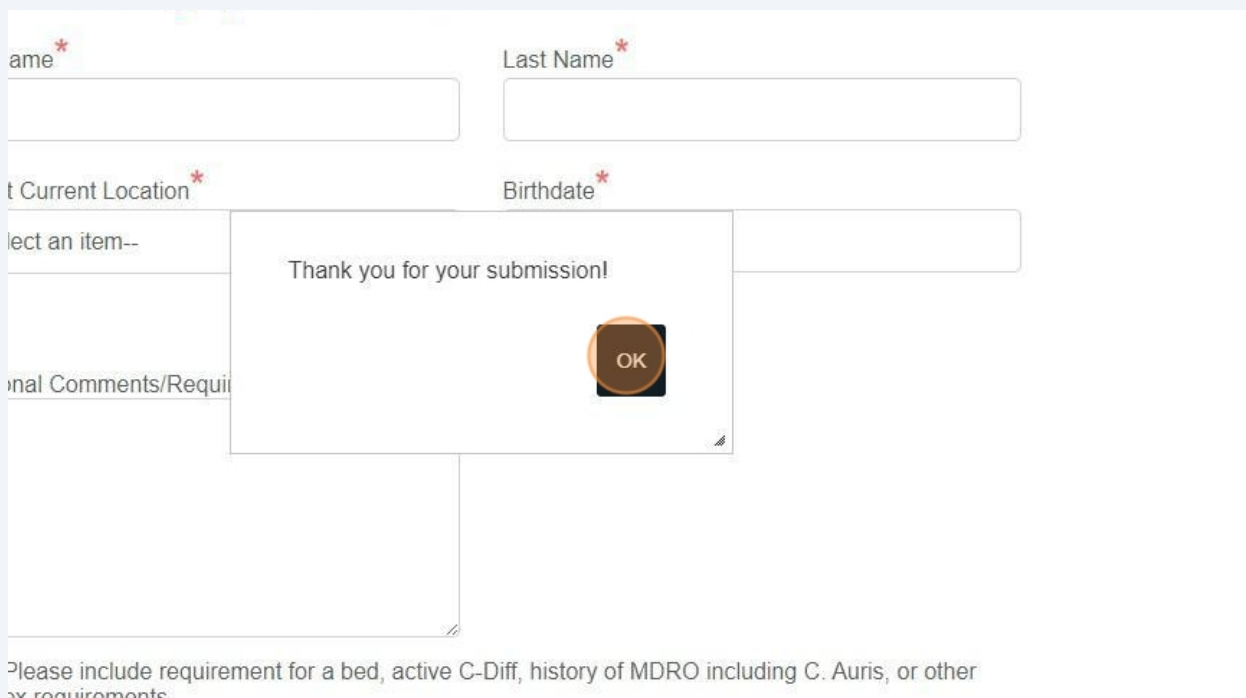
or the
ted to do so.

29 Click Send to submit the referral.



A screenshot of a web form. On the left side, there is a vertical stack of input fields, with the top one being a text box. In the center of the form, there is a dark rectangular button with the word "Send" written in white text. The button is highlighted with a circular orange border.

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



A screenshot of a web form with a modal dialog box. The form in the background has several input fields with red asterisks indicating required fields: "First Name", "Last Name", "Current Location", "Birthdate", "Select an item--", and "Additional Comments/Requirements". A modal dialog box is centered on the screen, displaying the text "Thank you for your submission!" and an "OK" button. The "OK" button is a dark square with white text, highlighted with a circular orange border. At the bottom of the form, there is a line of text: "Please include requirement for a bed, active C-Diff, history of MDRO including C. Auris, or other requirements".