Add HA logo

Add Patient Information label

**Standing Orders – Children – General CKD**

**Kidney Care Clinic**

**Bill to:** [ ]  **MSP** [ ]  **Patient** [ ]  **Other**

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| **Kidney Care Clinic**Address: Click here to enter text. Address: Click here to enter text.Ph: Click here to enter text. Fax: Click here to enter text. |

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| Patient’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **Ordering Practitioner:** See checked box in table below.

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| **Practitioners working in Kidney Care Clinic** (KCCs: Include name, MSP #, address & phone # for each ordering practitioner. May use address & phone # of KCC if results to go to KCC). |
|  | **Practitioner Name** | **MSP#** | **Address** | **Phone** |  | **Practitioner Name** | **MSP#** | **Address** | **Phone** |
| [ ]  | Click here to enter text. |  |  |  | [ ]  |  |  |  |  |
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**Additional copies to:**

Kidney Care Clinic (KCCs: Remove from template if copy not desired)

FP/NP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MSP #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MSP #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MSP #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MSP #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Automatic copy will be sent to PROMIS if ordering physician = nephrologist*

**CHRONIC Kidney Disease Patient. NO blood draws on 🞏 RIGHT/ 🞏 LEFT arm. Use hand veins or other arm.**

**This is a new standing order. It replaces the previous orders from the Kidney Care Clinic.**

**The duration of these orders is 2 years unless replaced by new orders.**

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|  **Laboratory Work** **(✓applicable boxes)** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** | **PRN** |
| CBC |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Retic Count |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Ferritin, TIBC, Iron Saturation  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NA+, K+, Cl-, Bicarbonate, Urea, Creat |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Albumin, Ca2+, PO4, Mg |  |  |  |  |  |  |  |  |  |  |  |  |  |
| iPTH, Alk Phos |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Urine Protein Creatinine Ratio (PCR)  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Urine Albumin Creatinine Ratio (ACR) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 24 Hour Urine for Volume, Protein, Sodium, Creatinine |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fasting Glucose, TChol, LDL, HDL, Non-HDL, Triglycerides, CRP, 25-OH Vit D, TSH, Uric Acid |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Urinalysis: Routine & Micro |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other:  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Date Referring:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Practitioner's Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| **GFR (mL/min/1.73m2)** | **G3a****45-59** | **G3b****30-44** | **G4****15-29** | **G5 (<15)****&/or Unstable** |
| **On ESA** |  |  |  |  |
| CBC, Retic Count (**On** ESA) | Monthly | Monthly | Monthly | Monthly |
| Ferritin, TIBC, Iron Saturation (**On** ESA) | Q3 mos | Q3 mos | Q2 mos | Monthly (unstable)Q2 mos (stable) |
| **Not on ESA** |  |  |  |  |
| CBC, Retic Count (**No** ESA) | Q6 mos | Q3 mos | Q2 mos | Monthly |
| Ferritin, TIBC, Iron Saturation (**No** ESA) | Q6 mos | Q3 mos | Q2 mos | Q2 mos |
| **Other Tests** |  |  |  |  |
| NA+, K+, Cl-, Bicarbonate, Urea, Creat  | Q6 mos | Q3 mos | Q2 mos | Monthly |
| Albumin, Ca2+, PO4, Mg | Q6 mos | Q3 mos | Q2 mos | Monthly |
| iPTH, Alk Phos | Q6 mos | Q3 mos | Q2 mos | Monthly (unstable)Q2 mos (stable) |
| Urine Protein Creatinine Ratio (PCR) and/or Albumin Creatinine Ratio (ACR) | Q6 mos | Q3 mos | Q2 mos | Q2 mos |
| 24 Hour Urine for Volume, Protein, Sodium, Creatinine | Annual | Annual | Annual | Annual |
| Fasting glucose, TChol, LDL, HDL, Non-HDL, Triglycerides, CRP, 25-OH Vit D, TSH, Uric Acid | Annual | Annual | Annual | Annual |
| Urinalysis: Routine & Micro | As required | As required | As required | As required |
| Other (please specify) | As required | As required | As required | As required |

**Guidelines for Kidney Care Clinics:**

**Frequency of lab work in children with chronic kidney disease**

Extracted from BC Renal guideline on Ordering, Reviewing & Follow-Up of Lab Work at [www.bcrenalagency.ca](http://www.bcrenalagency.ca/resource-gallery/Documents/Ordering%20Reviewing%20and%20Follow%20Up%20of%20Lab%20Work.pdf)