Add Patient Information label

Add HA logo

**Standing Orders – Adults – General CKD**

**Kidney Care Clinic**

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

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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 (maximum of 3 requests):**

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

FP/NP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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** |
| CBC |  |  |  |  |  |  |  |  |  |  |  |  |
| Retic Count |  |  |  |  |  |  |  |  |  |  |  |  |
| Ferritin, Serum Iron, TIBC,Iron Saturation  |  |  |  |  |  |  |  |  |  |  |  |  |
| Na+, K+, Cl-, Bicarbonate, Urea, Creat |  |  |  |  |  |  |  |  |  |  |  |  |
| Albumin, Ca2+, PO4 |  |  |  |  |  |  |  |  |  |  |  |  |
| iPTH |  |  |  |  |  |  |  |  |  |  |  |  |
| Alk Phos |  |  |  |  |  |  |  |  |  |  |  |  |
| Urine Albumin to Creatinine Ratio (ACR) |  |  |  |  |  |  |  |  |  |  |  |  |
| Urine macroscopic (dipstick) with reflex to microscopic if indicated PRN  |  |  |  |  |  |  |  |  |  |  |  |  |
| Diabetes:Hgb A1c |  |  |  |  |  |  |  |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Date Referring:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Practitioner's Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Guidelines for Kidney Care Clinics:**

**Frequency of lab work in adults 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)

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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, Serum Iron, TIBC, Iron Saturation (**On** ESA) | Q3 mos | Q3 mos | Q4 mos | Q3 mos |
| **Not on ESA** |  |  |  |  |
| CBC (**No** ESA) | Q6 mos | Q3 mos | Q2 mos | Monthly |
| Retic Count (**No** ESA) | As required | As required | As required | As required |
| Ferritin, Serum Iron, TIBC, Iron Saturation (**No** ESA) | Q6 mos | Q3 mos | Q4 mos | Q3 mos |
| **Other Tests** |  |  |  |  |
| Na+, K+, Cl-, Bicarbonate, Urea, Creat | Q6 mos | Q3 mos | Q2 mos | Monthly |
| Albumin, Ca2+, PO4 | Q6 mos | Q3 mos | Q2 mos | Monthly |
| iPTH | Q12 mos | Q12 mos | Q6 mos | Q3 mos |
| Alk Phos |  |  | Q12 mos | Q12 mos |
| Urine Albumin to Creatinine Ratio (ACR) | Q3 mos | Q3 mos | Q4 mos | Q6 mos |
| **Other Tests, as Required** |  |  |  |  |
| Urine macroscopic (dipstick) with reflex to microscopic if indicated  | As required | As required | As required | As required |
| Diabetes: Hgb A1c | As required | As required | As required | As required |
| Other (please specify)  | As required | As required | As required | As required |