

# Kidney Care Clinic

## Standing Orders – Adults

### General CKD

Revised Oct 2025

**Bill to:** ☐ **MSP** ☐ **Patient** ☐ **Other**

**Kidney Care Clinic:**

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Kidney Care Clinic:**

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Kidney Care Clinic:**

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

#### PATIENT INFORMATION LABEL

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**PHN:** \_\_\_\_\_

**Patient phone:** \_\_\_\_\_

**Ordering Practitioner:** \_\_\_\_\_

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

**Additional copies to (maximum of 3 requests):**

Kidney Care Clinic (KCCs: Leave blank if copy not desired)

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

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

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

#### 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)

Address 1		Address 2		Address 3		Address 4		Address 5		Address 6	
Phone #		Phone #		Phone #		Phone #		Phone #		Phone #	
Practitioner Name	MSP#	Practitioner Name	MSP#	Practitioner Name	MSP#	Practitioner Name	MSP#	Practitioner Name	MSP#	Practitioner Name	MSP#

**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.

Laboratory Work - Check applicable boxes	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Creatinine/eGFR												
Potassium, sodium, bicarb (CO <sub>2</sub> ), chloride												
Phosphorus												
Albumin												
Ionized calcium if available; if not, total calcium												
Parathyroid hormone intact (iPTH)												
Hemoglobin A1c												
Hematology profile (CBC)												
Hemoglobin only												
Serum ferritin, iron, TIBC, iron saturation												
Urine albumin/creatinine ratio (ACR); if not available, protein/creatinine ratio (PCR)												
Hepatitis B, HBsAg, Anti-HBc, anti-HBs (initial screen)												
Anti-HBs (monitoring post-vaccination)												

**Date Referring:** \_\_\_\_\_

**Practitioner's Signature:** \_\_\_\_\_

# Guidelines for Kidney Care Clinics: Frequency of Lab Work in Adults With Chronic Kidney Disease

Extracted from the BC Renal guideline *Ordering, Reviewing & Follow-Up of Lab Work*, found at [BCRenal.ca](http://BCRenal.ca)

GFR (mL/min/1.73 <sup>2</sup> )	Stages 1 - 3		Stage 4		Stage 5 (eGFR <15) <sup>1</sup> and/or Unstable
	eGFR: 30 and Above		eGFR: 15–29		
	Onset of Active Monitoring &/or Higher Risk of Progression	Stable Over Time &/or Lower Risk of Progression	Onset of Active Monitoring &/ or Higher Risk of Progression	Stable Over Time &/or Lower Risk of Progression	
Creatinine/eGFR, potassium, sodium, bicarb (CO <sub>2</sub> ), chloride	Q3 mos	Q6 mos	Q2 mos	Q3 mos	Q1 mo
Phosphorus			Q4 mos	Q6 mos	Q3 mos
Albumin			Q4 mos	Q6 mos	Q3 mos
Ionized calcium if available; if not, total calcium <sup>2,3</sup>			Q4 mos	Q6 mos	Q3 mos
Parathyroid hormone intact (iPTH)			Q4 mos	Q6 mos	Q3 mos
If diabetes, Hemoglobin A1c	Q3 mos	Q3 mos; if values stable, Q6 mos	Q4 mos	Q3 mos	Q3 mos
Hematology profile (CBC)	Q3 mos	Q6 mos	Q2 mos	Q3 mos	Q1 mo
On ESA: Hemoglobin only <sup>4</sup>	Q1 mo	Q1 mo	Q1 mo	Q1 mo	
On ESA: Serum ferritin, iron, TIBC, iron saturation	Q3 mos	Q3 mos	Q3 mos	Q3 mos	Q 3 mos
Not on ESA: Serum ferritin, iron, TIBC, iron saturation	Q12 mos	Q12 mos	Q6 mos	Q6 mos	Q 3 mos
Urine albumin/creatinine ratio (ACR); if not available, protein/ creatinine ratio (PCR)	Q3 mos	Q6 mos	Q4 mos	Q6 mos	Q3 mos
Hepatitis B (HBsAg, anti-HBc, anti-HBs) (initial screen)	Preparation for dialysis or transplant				
Anti-HBs (monitoring post- vaccination)	Preparation for dialysis or transplant				

<sup>1</sup> Consider less frequent bloodwork if in line with the patient's goals of care and wishes (e.g., on the conservative care pathway). At a minimum, if patient is on ESA, hemoglobin should be measured every 2 months.

<sup>2</sup> Total calcium is not a good indicator of calcium status in some situations (e.g., high or low serum albumin levels, acid-base disorders). Therefore, ionized calcium is preferred over total calcium.

<sup>3</sup> Ionized calcium is available as part of home collection.

<sup>4</sup> Hemoglobin can be decoupled from CBC at some labs. Recommend ordering hemoglobin, although CBC may be reported.