

Kidney Care Clinic Standing Orders – Adults General CKD

Revised Oct 2025

Bill to: ☐ MSP ☐ Patient ☐ Other

Kidney Care Clinic:

Address: _____

Phone: _____

Fax: _____

Ordering Practitioner: See checked box in table below.

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)

Practitioner Name	MSP#	Address	Phone	Practitioner Name	MSP#	Address	Phone

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 ₂), 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

GFR (mL/min/1.73 ²)	Stages 1 - 3		Stage 4		Stage 5 (eGFR <15) ¹ 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 ₂), 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 ^{2,3}			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 ⁴	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				

¹ 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.

² 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.

³ Ionized calcium is available as part of home collection.

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