BCRenal
Provincial Health Services Authority

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# Kidney Care Clinic
# Standing Orders – Children with CKD

**PATIENT INFORMATION LABEL**

**Name:** _____

**Address:** _____

**Phone:** _____

**PHN:** _____

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

**Kidney Care Clinic:**

Address: _____

Phone: _____

Fax: _____

**Ordering Practitioner:** See checked box in table below.

**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.

| | +/- 28 Days | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Laboratory Work - Check applicable boxes** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** |
| Creatinine/urea | | | | | | | | | | | | |
| Potassium, sodium, bicarb ($CO_2$), chloride | | | | | | | | | | | | |
| Phosphorus | | | | | | | | | | | | |
| Albumin | | | | | | | | | | | | |
| Ionized calcium if available; if not, total calcium | | | | | | | | | | | | |
| Alkaline Phosphatase | | | | | | | | | | | | |
| Parathyroid hormone intact (iPTH) | | | | | | | | | | | | |
| Hematology profile with reticulocytes (CBC) | | | | | | | | | | | | |
| Hemoglobin only | | | | | | | | | | | | |
| Serum ferritin, iron, TIBC, iron saturation | | | | | | | | | | | | |
| Urine albumin/creatinine ratio (ACR); if not available, protein/creatinine ratio (PCR) | | | | | | | | | | | | |
| Hemoglobin A1C, TChol, LDL, HDL, Non-HDL, Triglycerides, CRP, TSH, uric acid, magnesium | | | | | | | | | | | | |
| 25-OH-vitamin D | | | | | | | | | | | | |
| AST, ALT, ALP, GGT, bilirubin | | | | | | | | | | | | |

**Date Referring:** _____ **Practitioner's Signature:** _____

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

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| GFR (mL/min/1.73²) | 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, urea, potassium, sodium, bicarb ($CO_2$), chloride | Q3 mos | Q6 mos | Q2 mos | Q3 mos | Q1 mo |
| Phosphorus | Q3 mos | Q6 mos | Q2 mos | Q3 mos | Q1 mo |
| Albumin | Q3 mos | Q6 mos | Q2 mos | Q3 mos | Q1 mo |
| Ionized calcium if available; if not, total calcium[2] | Q3 mos | Q6 mos | Q2 mos | Q3 mos | Q1 mo |
| Alkaline Phosphatase | Q3 mos | Q6 mos | Q2 mos | Q3 mos | Q3 mos |
| Parathyroid hormone intact (iPTH) | Q3 mos | Q6 mos | Q2 mos | Q3 mos | Q3 mos |
| Hematology profile with reticulocytes (CBC) | Q3 mos | Q6 mos | Q2 mos | Q3 mos | Q1 mo |
| On ESA: Hemoglobin only[3,4] | Q1 mo | Q1 mo | Q1 mo | Q1 mo | |
| On ESA: Serum ferritin, iron, TIBC, iron saturation | Q3 mos | Q3 mos | Q2 mos | Q3 mos | Q3 mos |
| Not on ESA: Serum ferritin, iron, TIBC, iron saturation | Q3 mos | Q6 mos | Q2 mos | Q3 mos | Q3 mos |
| Urine albumin/creatinine ratio (ACR); if not available, protein/ creatinine ratio (PCR) | Q3 mos | Q6 mos | Q2 mos | Q3 mos | Q3 mos |
| Hemoglobin A1C, TChol, LDL, HDL, Non-HDL, Triglycerides, CRP, TSH, uric acid, magnesium | Q12 mos | Q12 mos | Q12 mos | Q12 mos | Q12 mos |
| 25-OH Vit D[5] | Q12 mos | Q12 mos | Q12 mos | Q12 mos | Q12 mos |
| AST, ALT, ALP, GGT, bilirubin[6] | Q12 mos | Q12 mos | Q12 mos | Q12 mos | Q12 mos |

[1] Consider changing to Q2 mos if stable.

[2] Ionized calcium is available as part of home collection.

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

[4] Consider changing to Q2 mos if stable.

[5] Consider increased frequency in <2 years of age as per the Pediatric Renal Nutrition Taskforce: Mineral and Bone Disorders in Infants.

[6] Consider adding liver function and liver enzymes for those children with conditions associated with or at risk for liver disease.

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