



UHNBC Renal Clinic – All Sites and Facilities
Standing Orders
– Adults – General CKD

| | | |
|---|------------|----------------------|
| Last Name: | | |
| First Name (Preferred Name): | | |
| Encounter number: | NH Number: | Chart Created: Y/N |
| Date of Birth: | Gender: | Age: Encounter Type: |
| Responsibility for Payment: | | PHN: |
| Primary Care Physician/Attending Physician: | | |
| PATIENT LABEL | | |

Kidney Care Clinic

Address: 1475 Edmonton St. Prince George, BC. V2M 1S2
 Phone: (250) 565-2111 | Fax: (250) 565-2530

Bill to: MSP Patient Other

Patient's Phone Number: _____

Ordering Practitioner: See checked box in table below.

| 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 |
| <input type="checkbox"/> | Dr K Bashir | 26054 | 1475 Edmonton St. Prince George, BC V2M 1S2 | 250 565-2111 | <input type="checkbox"/> | Kidney Clinic UHNBC | | 1475 Edmonton St. Prince George, BC V2M 1S2 | 250 565-2111 |
| <input type="checkbox"/> | Dr F Din | 63580 | 1475 Edmonton St. Prince George, BC V2M 1S2 | 250 565-2111 | <input type="checkbox"/> | PROMIS, Renal | | | |
| <input type="checkbox"/> | Dr A Singh | 65063 | 1475 Edmonton St. Prince George, BC V2M 1S2 | 250 565-2111 | <input type="checkbox"/> | | | | |

Additional copies to (maximum of 3 requests):

FP/NP: _____ MSP #: _____ Other: _____ MSP #: _____
 Other: _____ 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 (✓ applicable boxes) | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| CBC + Auto Differential | | | | | | | | | | | | |
| Retic Count On ESA | | | | | | | | | | | | |
| Serum Iron, TIBC, Iron Saturation | | | | | | | | | | | | |
| Ferritin | | | | | | | | | | | | |
| Urea | | | | | | | | | | | | |
| Creat/GFR | | | | | | | | | | | | |
| Na+, K+, Cl-, Bicarbonate, | | | | | | | | | | | | |
| Albumin, Ca ²⁺ , PO ₄ | | | | | | | | | | | | |
| Uric Acid | | | | | | | | | | | | |
| iPTH | | | | | | | | | | | | |
| Alk Phos | | | | | | | | | | | | |
| Urine Albumin to Creatinine Ratio (ACR) | | | | | | | | | | | | |
| Urine macroscopic (dipstick Only) * | | | | | | | | | | | | |
| *reflex to microscopic and Culture if indicated | | | | | | | | | | | | |
| *Microscopic | | | | | | | | | | | | |
| Diabetes: Hgb A1c | | | | | | | | | | | | |
| Anti HBs, Anti HBc, HBsAg | | | | | | | | | | | | |
| HCV | | | | | | | | | | | | |
| HIV | | | | | | | | | | | | |
| Other (please specify) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Date Referring: _____ Practitioner's Signature: _____



| | | | |
|---|------------|--------------------|-----------------|
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| Responsibility for Payment: | | PHN: | |
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| PATIENT LABEL | | | |

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

| GFR (mL/min/1.73m ²) | G3a 45-59 | G3b 30-44 | G4 15-29 | G5 (<15) &/or Unstab |
|---|-------------|-------------|-------------|----------------------|
| On ESA | | | | |
| CBC, Retic Count (On ESA) | Monthly | Monthly | Monthly | Monthly |
| Ferritin, Serum Iron, TIBC, Iron Saturation (On ESA) | Q3 mos | Q3 mos | Q3 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, Ca ²⁺ , PO ₄ | 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) | Q6 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 |