



All Sites and Facilities
Standing Orders – Adults – on Tolvaptan
Autosomal Dominant Polycystic Kidney Disease (ADKPD)

| | | |
|---|------------|----------------------|
| 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: | | |

Kidney Care Clinic

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

Ordering Practitioner: See checked box in table below.

Bill to: MSP Patient Other

Patient's Phone Number: _____

| 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 | | | | | | | | | | | | |
| AST, ALT, Alk Phos, GGT | | | | | | | | | | | | |
| Bilirubin Direct and Total | | | | | | | | | | | | |
| iPTH | | | | | | | | | | | | |
| Urine Albumin to Creatinine Ratio (ACR) | | | | | | | | | | | | |
| Urine Osmolality | | | | | | | | | | | | |
| Urine macroscopic (dipstick Only) * | | | | | | | | | | | | |
| *reflex to microscopic and Culture if indicated | | | | | | | | | | | | |
| *Microscopic | | | | | | | | | | | | |
| Diabetes: Hgb A1c | | | | | | | | | | | | |
| Anti HBs, Anti HBC, HBsAg | | | | | | | | | | | | |
| HCV, HIV | | | | | | | | | | | | |
| 24 hour urine – Sodium, Protein, Creatinine, Urea, Osmolality Note: Provide containers up to 6 L | | | | | | | | | | | | |
| Other (please specify) | | | | | | | | | | | | |

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



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| Responsibility for Payment: | | PHN: | |
| Primary Care Physician/Attending Physician: | | | |
| PATIENT LABEL | | | |

Guidelines for Kidney Care Clinics: Frequency of lab work in adults with Autosomal Dominant Polycystic Kidney Disease (on Tolvaptan)

Extracted from BC Renal Guideline on Ordering, Reviewing and Follow-Up of Lab Work at www.bcrenalagency.ca

| GFR (mL/min/1.73m ²) | ≥ G3a ≥ 45 | G3b 30-44 | G4 15-29 | G5 (<15) &/or Unstab |
|---|------------|-----------|----------|----------------------|
| Autosomal Dominant Polycystic Kidney Disease (on Tolvaptan): First 18 months | | | | |
| 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 |
| Ferritin, Serum Iron, TIBC, Iron Saturation (No ESA) | Q6 mos | Q3 mos | Q3 mos | Q3 mos |
| Other Tests | | | | |
| Na ⁺ , K ⁺ , Cl ⁻ , Bicarbonate | Monthly | Monthly | Monthly | Monthly |
| Urea, Creatinine | Monthly | Monthly | Monthly | Monthly |
| Albumin, Ca ²⁺ , PO ₄ | Q3 mos | Q3 mos | Q2 mos | Monthly |
| iPTH | Q12 mos | Q12 mos | Q6 mos | Q3 mos |
| AST, ALT, ALP, GGT, bilirubin** | Monthly | Monthly | Monthly | Monthly |
| Uric acid | Q3 mos | Q3 mos | Q3 mos | Q3 mos |
| Diabetes: Hgb A1c | Q3 mos | Q3 mos | Q3 mos | Q3 mos |
| Urine Albumin to Creatinine Ratio (ACR) | Q6 mos | Q3 mos | Q3 mos | Q3 mos |
| Urine Osmolality | Monthly | Monthly | Monthly | Monthly |
| 24-hour urine for sodium, protein, creatinine, urea, osmolality. NOTE: Provide containers up to 6 L | Q6 mos | Q6 mos | Q6 mos | Q6 mos |
| GFR (mL/min/1.73m²) | | | | |
| Autosomal Dominant Polycystic Kidney Disease (on Tolvaptan): After 18 months | | | | |
| 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 |
| Ferritin, Serum Iron, TIBC, Iron Saturation (No ESA) | Q6 mos | Q3 mos | Q3 mos | Q3 mos |
| Other Tests | | | | |
| Na ⁺ , K ⁺ , Cl ⁻ , Bicarbonate | Q3 mos | Q3 mos | Monthly | Monthly |
| Urea, Creatinine | Q3mos | Q3 mos | Monthly | Monthly |
| Albumin, Ca ²⁺ , PO ₄ | Q3mos | Q3 mos | Monthly | Monthly |
| iPTH | Q12 mos | Q12 mos | Q6 mos | Q3 mos |
| AST, ALT, ALP, GGT, bilirubin** | Q3mos | Q3mos | Q3mos | Q3 mos |
| Uric acid | Q3mos | Q3mos | Q3mos | Q3 mos |
| Diabetes: Hgb A1c | Q3mos | Q3mos | Q3mos | Q3 mos |
| Urine Albumin to Creatinine Ratio (ACR) | Q6 mos | Q3 mos | Q3 mos | Q3 mos |
| Urine Osmolality | Q3 mos | Q3 mos | Q3 mos | Q3 mos |
| 24-hour urine for sodium, protein, creatinine, urea, osmolality. NOTE: Provide containers up to 6 L | Q6 mos | Q6 mos | Q6 mos | Q6 mos |

*These are general guidelines for lab monitoring that can be modified when appropriate for individual patients. The exception are the tests marked with **. These hepatic monitoring tests are mandatory and as such the frequency cannot be modified; for patients on tolvaptan they must be performed monthly for the first 18 months on treatment and every 3 months thereafter.*