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# ESRD Concurrent Hospice Dialysis Program: Hemodialysis Order Sheet

\*This form should be completed by the nephrologist and faxed to Hospice team at: \_\_\_\_\_

**1. Patient information (Name, DOB, Clinic Location):**

\_\_\_\_\_

**2. ESRD Concurrent Care: Hospice Dialysis Program Checklist:**

Nephrology attending notified: Name and Contact Information:

\_\_\_\_\_

Hospice referral placed (contact information)

Hospice plan of care and medications received

Code status/advance directive updated (reflects goals that focus on comfort)

Surrogate Decision maker identified

Enter Name and Contact information:

\_\_\_\_\_

**3. Communication:**

a. Contact name and phone number for dialysis nurse manager:

\_\_\_\_\_

b. Contact name and phone number of hospice team nurse:

\_\_\_\_\_

c. Family Hospice contact information if hospice team nurse cannot be reached:

\_\_\_\_\_

**4. Palliative Dialysis prescription per patient goals of care.**

To achieve goals of comfort while undergoing dialysis, please consider the following parameters:

- Number of treatments per week depending on dialysis clinic availability: Consider decreasing to 2 per week based on patient goals and clinical status
- Treatment time: Consider shortening dialysis time to optimize quality of life
- Ultrafiltration goal: Recommend conservative goals, either increasing EDW to minimize large UF or discussing goal on a treatment-by-treatment basis.

Adjustments to dialysis prescription (write NA if no changes are made from previous prescription):

1. Number of treatments per week \_\_\_\_\_

2. Time \_\_\_\_\_

3. Ultrafiltration goal \_\_\_\_\_

4. K bath \_\_\_\_\_

5. Heparin \_\_\_\_\_
6. Blood pump speed \_\_\_\_\_
7. Dialysis flow rate \_\_\_\_\_

Other orders: \_\_\_\_\_

**5. De-prescribe medications per patient goals of care (dialysis-specific medications).**

- Notify Harold Manley of MTM consult (contact: 518-928-4487)
- Discontinue ESA
- Discontinue Phosphate binders
- Discontinue vitamin D analogues or calcimimetics
- Discontinue all meds that do not address comfort

**6. Liberalize Diet per patient goals of care**

- Discontinue renal diet
- Discontinue fluid restriction
- Normal, non-restricted diet

**7. Discontinue Lab Draws per patient goals of care**

- Discontinue all lab draws
- Continue lab draws as requested by patient and physician

**8. Guidance for when to hold or recommend stopping dialysis:**

- Patient or family request not to do dialysis
- Patient appears clinically unstable (blood pressures very low, concern for mental status, or showing signs of dying)
- If patient appears unstable, call nephrologist and hospice team

**9. Re-assess plan of care**

- Performed weekly by the hospice team
- Weekly meeting between hospice and dialysis team to discuss patient care plan
- Notify primary care nephrologist if patient wishes to stop dialysis and confirm agreement
- Notify primary care nephrologist if patient wishes to come off the Concurrent Program and return to routine dialysis

# ESRD Concurrent Hospice Dialysis Program: Peritoneal Dialysis Order Sheet

\*This form should be completed by the nephrologist and faxed to Hospice team at: \_\_\_\_\_

## 10. Patient information (Name, DOB, Clinic Location):

\_\_\_\_\_

## 11. ESRD Concurrent Care: Hospice Dialysis Program Checklist:

Nephrology attending notified: Name and Contact Information:

\_\_\_\_\_

Hospice referral placed (contact information)

Hospice plan of care and medications received

Code status/advance directive updated (reflects goals that focus on comfort)

Surrogate Decision maker identified

Enter Name and Contact information:

\_\_\_\_\_

## 12. Communication:

a. Contact name and phone number for home dialysis nurse:

\_\_\_\_\_

b. Dialysis contact information if home dialysis nurse cannot be reached:

\_\_\_\_\_

c. Contact name and phone number of hospice team nurse:

\_\_\_\_\_

d. Family Hospice contact information if hospice team nurse cannot be reached:

\_\_\_\_\_

e. Technical PD vendor support contact information:

\_\_\_\_\_

## 13. PD Specific considerations:

a. Date of last monthly delivery:

b. Date of next monthly delivery:

c. Current supply inventory:

\_\_\_\_\_

## 14. Palliative Peritoneal Dialysis prescription per patient goals of care.

To achieve goals of comfort while undergoing dialysis, please consider the following parameters:

- Number of exchanges per day based on clinical condition: We recommend adjusting the current prescription to every other day (two week supply would then last a month). The

other option would be halving the current prescription (i.e., changing 4 exchanges/day to 2 exchanges/day). This would also mean a two week supply would last a month.

- Keep in mind additional changes may be necessary as clinical status will change closer to end of life and so dialysis prescription should be adjusted
- Treatment time: Adjust time in consideration of the changes made in number of exchanges per day (for instance, if typical treatment time is 8 hours for 4 exchanges, the new time would be 4 hours for 2 exchanges)
- Glucose concentration: Recommend conservative ultrafiltration goals, either increasing EDW to minimize large fluid removal or discussing fluid removal goal on a treatment-by-treatment basis. Consider using 1.5% bags and reserving higher glucose concentration for as needed basis.
- Fill volume: Recommend lowering fill volume if necessary to maximize comfort. Consider changing to a script on cyclor machine that would require one bag of six liters. This will cut down on supplies needed

Adjustments to dialysis prescription (write NA if no changes are made from previous prescription):

8. Number of treatments per week \_\_\_\_\_
9. Number of exchanges per day \_\_\_\_\_
10. Type of therapy (APD or CAPD)
11. Therapy time \_\_\_\_\_
12. Adjust glucose concentration to maintain ~ EDW: \_\_\_\_\_
13. Fill volume:
14. Other orders: \_\_\_\_\_

15. **PD emergencies** (Dialysis nurse should be contacted for all PD emergencies):

1. Peritonitis: If a patient experiences signs and symptoms of peritonitis (cloudy fluid, abdominal pain, fever/systemic symptoms):
  - a. Empirically treat for peritonitis (symptom management is key at EOL)
  - b. Standard treatment for two weeks:
    - i. Vancomycin weight-based intraperitoneal (IP)
    - ii. Ciprofloxacin 400mg daily (if patient tolerating PO)
    - iii. If patient is not taking in PO, discuss with hospice team about reassessing goals of care and whether end of life management appropriate
  - c. If symptoms not resolving with empiric treatment, reach out to hospice team to discuss plan of care and whether further investigation necessary versus focusing on end of life care
2. Catheter contamination:
  - a. Notify the dialysis nurse to identify treatment plan
  - b. Give one dose of vanco IP and cefipime IP vs gentamycin IP
3. Drainage issues: Common with patients who are on opiates

- a. Check for constipation and reach out to hospice to address management plan

**16. De-prescribe medications per patient goals of care (dialysis-specific medications).**

- Notify Harold Manley of MTM consult (contact: 518-928-4487)
- Discontinue ESA
- Discontinue Phosphate binders
- Discontinue vitamin D analogues or calcimimetics
- Discontinue all meds that do not address comfort

**17. Liberalize Diet per patient goals of care**

- Discontinue renal diet
- Discontinue fluid restriction
- Normal, non-restricted diet

**18. Discontinue Lab Draws per patient goals of care**

- Discontinue all lab draws
- Continue lab draws as requested by patient and physician

**19. Guidance for when to hold or recommend stopping dialysis:**

- Patient or family request not to do dialysis
- Patient appears clinically unstable (blood pressures very low, concern for mental status, or showing signs of dying)
- If patient appears unstable, call nephrologist and hospice team

**20. Re-assess plan of care**

- Performed weekly by the hospice team
- Weekly meeting between hospice and dialysis team to discuss patient care plan
- Notify primary care nephrologist if patient wishes to stop dialysis and confirm agreement
- Notify primary care nephrologist if patient wishes to come off the Concurrent Program and return to routine dialysis

# ESRD Concurrent Program: Communication Tool

## Demographic information:

1. Who is completing this form (name/role):
2. Patient name/DOB:
3. DCI unit:
4. Primary nephrologist:

## Palliative dialysis information:

5. How many treatments did patient receive after hospice initiated?: \_\_\_\_\_
6. Was the dialysis prescription modified once the patient started dialysis? (yes/no)
7. Was dialysis ever not given due to patient instability (blood pressures very low, concern for mental status, or showing signs of dying)? (yes/no)
8. How many treatments ordered per week (ex: 2/week or 1/week): \_\_\_\_\_
9. How much time (in minutes) was treatment decreased? (ex: decrease in X min): \_\_\_\_\_
10. How was the ultrafiltration goal modified? (ex: increased weight to X, lowered UF goal to X): \_\_\_\_\_

## Deprescribing medications per patient goals:

11. Was Harold Manley from DCI pharmacy notified? (yes/no)
12. Please check whether the following medication categories were stopped or not ordered:
  - a. ESA agents: \_\_\_\_\_
  - b. Phosphate binders: \_\_\_\_\_
  - c. Vitamin D analogues or calcimimetics: \_\_\_\_\_

## Discontinuation of lab draws:

13. Were routine labs discontinued after hospice initiated? (if not, why)

**Communication with the hospice team:**

14. Did the dialysis team contact the hospice team with any questions or concerns? If yes please indicate the reason and what happened:

15. Any feedback for the hospice team that would have helped you better care for this patient?

**Reflections from the dialysis team/patient/family:**

16. We appreciate learning about the experience of caring for patients in this program. Please provide any reflections that stood out to you or the dialysis team.

**Thank you for completing this form. Please fax completed form to Jenna Graham from Family Hospice  
at Fax: 412-572-8492**