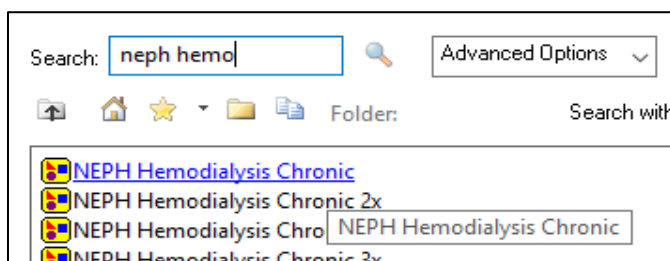


## NEPHROLOGISTS

The new **NEPH Chronic Hemodialysis PowerPlan** will be replacing the existing Chronic 2x, 3x 4x, etc... PowerPlans. Blood products, albumin, and series of medications will be ordered separately in their own respective PowerPlans or orders.

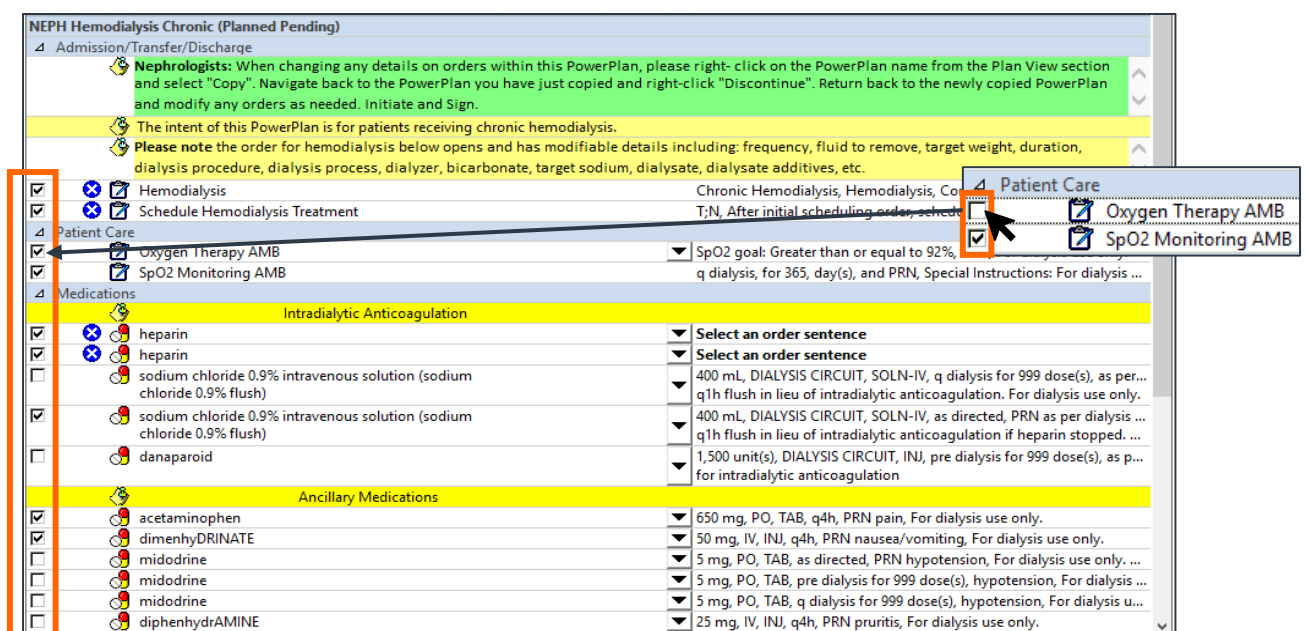
### Ordering the Plan

1. From the patient's chart, navigate to the **Orders** tab in the blue menu.
2. Search for **NEPH Chronic Hemo Powerplan**; select and click **Done**.



3. The PowerPlan is seen below. Some orders are auto-selected while some are not. Scroll down to see additional orders, and adjust the selected orders as necessary.

*(e.g. if patient is not receiving oxygen, de-select Oxygen Therapy)*



**NEPH Hemodialysis Chronic (Planned Pending)**

Admission/Transfer/Discharge

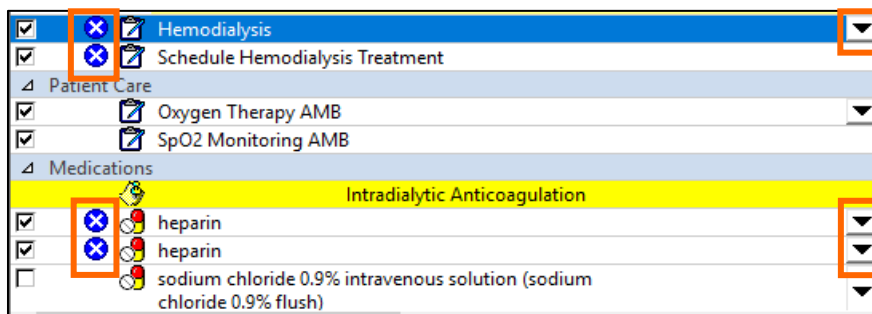
**Nephrologists:** When changing any details on orders within this PowerPlan, please right-click on the PowerPlan name from the Plan View section and select "Copy". Navigate back to the PowerPlan you have just copied and right-click "Discontinue". Return back to the newly copied PowerPlan and modify any orders as needed. Initiate and Sign.

The intent of this PowerPlan is for patients receiving chronic hemodialysis.

Please note the order for hemodialysis below opens and has modifiable details including: frequency, fluid to remove, target weight, duration, dialysis procedure, dialysis process, dialyzer, bicarbonate, target sodium, dialysate, dialysate additives, etc.

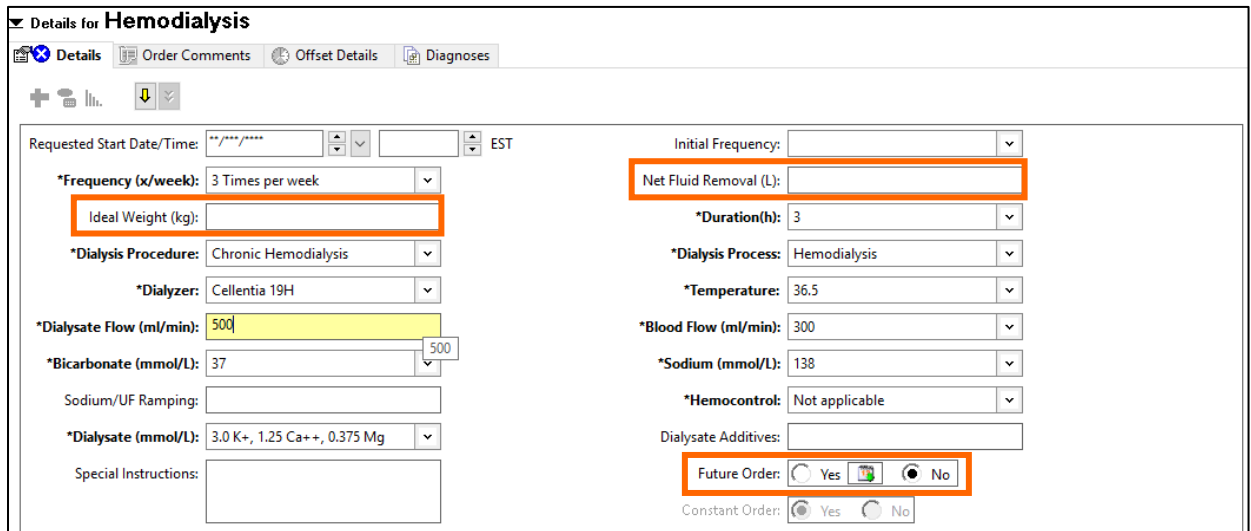
Order Type	Order Name	Order Details	Selected
Medication	Hemodialysis	Chronic Hemodialysis, Hemodialysis, Co...	<input checked="" type="checkbox"/>
Medication	Schedule Hemodialysis Treatment	T,N, After initial scheduling order, select...	<input checked="" type="checkbox"/>
Patient Care	Oxygen Therapy AMB	SpO2 goal: Greater than or equal to 92%, ...	<input checked="" type="checkbox"/>
Patient Care	SpO2 Monitoring AMB	q dialysis, for 365, day(s), and PRN, Special Instructions: For dialysis ...	<input checked="" type="checkbox"/>
Medications	Intradialytic Anticoagulation		
Medication	heparin	Select an order sentence	<input checked="" type="checkbox"/>
Medication	heparin	Select an order sentence	<input checked="" type="checkbox"/>
Medication	sodium chloride 0.9% intravenous solution (sodium chloride 0.9% flush)	400 mL, DIALYSIS CIRCUIT, SOLN-IV, q dialysis for 999 dose(s), as per... q1h flush in lieu of intradialytic anticoagulation. For dialysis use only.	<input type="checkbox"/>
Medication	sodium chloride 0.9% intravenous solution (sodium chloride 0.9% flush)	400 mL, DIALYSIS CIRCUIT, SOLN-IV, as directed, PRN as per dialysis ... q1h flush in lieu of intradialytic anticoagulation if heparin stopped. ...	<input checked="" type="checkbox"/>
Medication	danaparoid	1,500 unit(s), DIALYSIS CIRCUIT, INJ, pre dialysis for 999 dose(s), as p... for intradialytic anticoagulation	<input type="checkbox"/>
Medications	Ancillary Medications		
Medication	acetaminophen	650 mg, PO, TAB, q4h, PRN pain, For dialysis use only.	<input checked="" type="checkbox"/>
Medication	dimenhydrINATE	50 mg, IV, INJ, q4h, PRN nausea/vomiting, For dialysis use only.	<input checked="" type="checkbox"/>
Medication	midodrine	5 mg, PO, TAB, as directed, PRN hypotension, For dialysis use only. ...	<input type="checkbox"/>
Medication	midodrine	5 mg, PO, TAB, pre dialysis for 999 dose(s), hypotension, For dialysis ...	<input type="checkbox"/>
Medication	midodrine	5 mg, PO, TAB, q dialysis for 999 dose(s), hypotension, For dialysis u...	<input type="checkbox"/>
Medication	diphenhydrAMINE	25 mg, IV, INJ, q4h, PRN pruritis, For dialysis use only.	<input type="checkbox"/>

- Orders marked with a blue 'X' contain mandatory fields that need to be completed. Click the drop-down arrow in front of the **Details** column to enter the necessary information.



- Necessary fields will appear in yellow and be outlined with an **\*asterisk/bolded text**. Please also ensure to enter either the Ideal Weight (kg) OR Net Fluid Removal (L) fields for each patient.

**Note:** In the *Hemodialysis* Order, the *Future Order* field is to remain as 'No'



Details for **Hemodialysis**

Requested Start Date/Time: \*\*/\*\*/\*\*\*\* EST

\*Frequency (x/week): 3 Times per week

\*Ideal Weight (kg): [Yellow field, outlined in orange]

\*Dialysis Procedure: Chronic Hemodialysis

\*Dialyzer: Cellentia 19H

\*Dialysate Flow (ml/min): 500

\*Bicarbonate (mmol/L): 37

\*Dialysate (mmol/L): 3.0 K+, 1.25 Ca++, 0.375 Mg

Initial Frequency: [Dropdown]

Net Fluid Removal (L): [Yellow field, outlined in orange]

\*Duration(h): 3

\*Dialysis Process: Hemodialysis

\*Temperature: 36.5

\*Blood Flow (ml/min): 300

\*Sodium (mmol/L): 138

\*Hemocontrol: Not applicable

Dialysate Additives: [Text field]

Future Order:  Yes  No

Constant Order:  Yes  No

- Once the **Hemodialysis** order is complete, it is imperative to adjust the **Schedule Hemodialysis Treatment** order below to reflect the same **Frequency** and **Duration**.

(e.g. if hemodialysis order is for 3 hours of dialysis times a week, and the patient is coming to SCS, adjust the scheduling order to have the same parameters)

<input checked="" type="checkbox"/>	Hemodialysis	T;N, 3 Times per week, 3, Chronic Hemodialysis, Hemodialysis, Celler
<input checked="" type="checkbox"/>	Schedule Hemodialysis Treatment	T;N, 3 Times per week, 3, SCS - St. Catharines Site - MDC, After initi
Patient Care		
<input checked="" type="checkbox"/>	Oxygen Therapy AMB	SpO2 goal: Greater than or equal to 92%, PRN, For dialysis use.
<input checked="" type="checkbox"/>	SpO2 Monitoring AMB	
Medications		
<b>Details for Schedule Hemodialysis Treatment</b>		
<input checked="" type="checkbox"/> Details <input checked="" type="checkbox"/> Order Comments <input checked="" type="checkbox"/> Offset Details <input checked="" type="checkbox"/> Diagnoses		
Requested Start Date/Time: **/**/****    EST		
*Duration(h): 3		*Frequency (x/week): 3 Times per week
Special Instructions: After initial scheduling order, scheduling changes may be done by clerical/nursing where...		*Scheduling Location: SCS - St. Catharines Site
		Future Order: <input type="radio"/> Yes <input checked="" type="radio"/> No

7. Some medications, such as **heparin**, appear twice, based on their use. Ensure that you are selecting the correct order(s) and entering the appropriate details for each. There are different dosing options that can be selected from the drop-down arrow.

The first heparin order is for **Pre-Dialysis**.

<input checked="" type="checkbox"/>	heparin	1,000 unit(s), DIALYSIS CIRCUIT, INJ, pre dialysis for 999 dose(s), For dialysis use only. For INITIAL intradialytic anticoagulation
<input checked="" type="checkbox"/>	heparin	500 unit(s), DIALYSIS CIRCUIT, INJ, pre dialysis for 999 dose(s), as per dialysis schedule, For dialysis use only.
<b>Details for heparin</b>		
<input checked="" type="checkbox"/> Details <input checked="" type="checkbox"/> Order Comments <input checked="" type="checkbox"/> Offset Details <input checked="" type="checkbox"/> Diagnoses		

The second heparin order is PRN for **q Dialysis**.

<input checked="" type="checkbox"/>	heparin	1,000 unit(s), DIALYSIS CIRCUIT, INJ, q dialysis for 999 dose(s), For dialysis use only. 60 min stop time for AVF/AVG. units per hour CONTINUOUS intradialytic anticoagulation
<input checked="" type="checkbox"/>	sodium chloride 0.9% int	500 unit(s), DIALYSIS CIRCUIT, INJ, q dialysis for 999 dose(s), as per dialysis schedule, For dialysis use only. 60 min stop time for AVF/AVG. May adjust according to bleeding time.
<b>Details for heparin</b>		
<input checked="" type="checkbox"/> Details <input checked="" type="checkbox"/> Order Comments <input checked="" type="checkbox"/> Offset Details <input checked="" type="checkbox"/> Diagnoses		

The duration of the heparin is included in the special instructions. Adjust as necessary.

<b>Details for heparin</b>	
<input checked="" type="checkbox"/> Details <input checked="" type="checkbox"/> Order Comments <input checked="" type="checkbox"/> Offset Details <input checked="" type="checkbox"/> Diagnoses	
Use Patient Supply: <input type="radio"/> Yes <input type="radio"/> No	
Research Account:	
Special Instructions: For dialysis use only. 60 min stop time for AVF/AVG. May adjust according to bleeding time.	

**Note:** You will see that medications have '999' doses available. This is to ensure that there are enough doses in the system for the duration of the patients' treatment.

2.5 mL, DIALYSIS CATHETER, INJ, post dialysis for **999 dose(s)**  
2.5 mL to each unused lumen of the hemodialysis catheter. For dialysis use only.

When adding any new medications within the Powerplan, you **MUST** also adjust the order to include 999 doses available and include administration instructions in the **Special Instructions** field.

Once complete, select  .

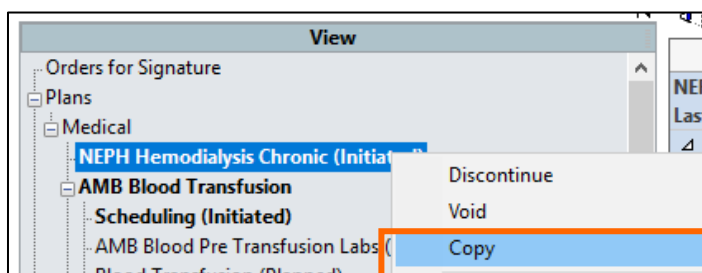
Select **Orders for Signature**, then **Sign**.

Refresh your screen.

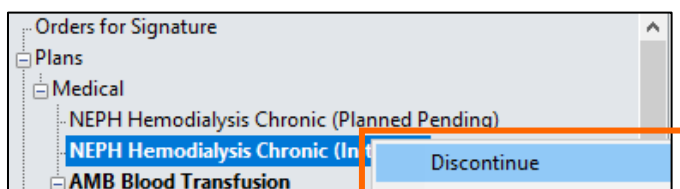
## Modifying the Plan

In order to trigger a *Nurse Review* for any modifications made to the NEPH Chronic Hemo PowerPlan, you will need to make a copy of the plan, enter any modifications necessary and then initiate the copied plan.

1. In the **View** pane, right-click on the *Chronic Hemo Plan* containing the order(s) you wish to modify. Select **Copy**.



2. The new copied PowerPlan will appear above in a *Planned Pending* State.
3. Right click on the OLD PowerPlan below and select **Discontinue**.



4. The **Discontinue** dialog box will appear, confirming your cancellation of the orders. Click **OK**.

Discontinue - NEPH Hemodialysis Chronic

All selected components will be discontinued and all deselected components will remain active from the table below.

Discontinue	Component	Status	Order Details
<input checked="" type="checkbox"/>	Hemodialysis	Ordered	28/01/2025 13:15:00, 3 Times per week, 3, Chronic Hemodialysis, Hemodialysis, Cellentia 21H, Temperature 36.5, Dialysate Flow (ml/min): 500, Blood Flow (ml/min) 300, Bicarbonate (mmol/L): 37, Sodium (mmol/L): 138, Hemocontrol: Not applicable, Dialysat...
<input checked="" type="checkbox"/>	Schedule Hemodialysis Treatment	Ordered	28/01/2025 13:15:00, 3 Times per week, 3, SCS - St. Catharines Site - MDC, After initial scheduling order, scheduling changes may be done by clerical/nursing where appropriate, and if no changes noted to schedule, scheduler may book another 30-60 days....
<b>Patient Care</b>			
<input checked="" type="checkbox"/>	Oxygen Therapy AMB	Ordered	Routine, SpO2 goal: Greater than or equal to 92%, PRN, For dialysis use only., 28/01/2026 13:15:00
<input checked="" type="checkbox"/>	SpO2 Monitoring AMB	Ordered	requested: 28/01/2025 13:15:00, q dialysis, for 365, day(s), and PRN, Special Instructions: For dialysis use only., 28/01/2026 13:14:00, Constant Order
<b>Medications</b>			
<input checked="" type="checkbox"/>	heparin	Ordered	1,500 unit(s) = 1.5 mL, DIALYSIS CIRCUIT, INJ, pre dialysis for 999 dose(s), First Dose: 28/01/2025 13:15:00, For dialysis use only. For INITIAL intradialytic anticoagulation
<input checked="" type="checkbox"/>	heparin	Ordered	1,000 unit(s) = 1 mL, DIALYSIS CIRCUIT, INJ, q dialysis for 999 dose(s), First Dose: 28/01/2025 13:15:00, For dialysis use only. 60 min stop time for AVF/AVG. May adjust according to bleeding time. units per hour CONTINUOUS intradialytic anticoagulation
<input checked="" type="checkbox"/>	sodium chloride 0.9% intravenous solution (sodium chloride 0.9% flush)	Ordered	400 mL, DIALYSIS CIRCUIT, SOLN-IV, as directed, PRN as per dialysis schedule, First Dose: 28/01/2025 13:15:00, Stop Date: 28/01/2026 13:15:00 q1h flush in lieu of intradialytic anticoagulation if heparin stopped. For dialysis use only.
<input checked="" type="checkbox"/>	acetaminophen	Ordered	650 mg = 2 tablet(s), PO, TAB, q4h, PRN pain, First Dose: 28/01/2025 13:15:00, Stop Date: 28/01/2026 13:15:00, For dialysis use only.
<input checked="" type="checkbox"/>	dimenhyDRINATE	Ordered	50 mg = 1 mL, IV, INJ, q4h, PRN nausea/vomiting, First Dose: 28/01/2025 13:15:00, Stop Date: 28/01/2026 13:15:00, For dialysis use only.

5. Navigate back to the new PowerPlan in the **Planned Pending** State.

View

Orders for Signature

- Plans
  - Medical
    - NEPH Hemodialysis Chronic (Planned Pending)
    - NEPH Hemodialysis Chronic (Discontinued Pending)

6. Right-click on the order(s) you wish to modify and click **Modify**.

sodium chloride 0.9% intravenous solution (sodium chloride 0.9% flush)

sodium chloride 0.9% intravenous solution (sodium chloride 0.9% flush)

7. Make any changes to the order(s) as necessary.

Details for sodium chloride 0.9% intravenous solution (sodium chloride 0.9% flush)

Details | Order Comments | Offset Details | Diagnoses

+ | - | ...

\*Dose: 400      \*Dose Unit: mL

\*Route of administration: DIALYSIS CIRCUIT      Drug Form: SOLN-IV

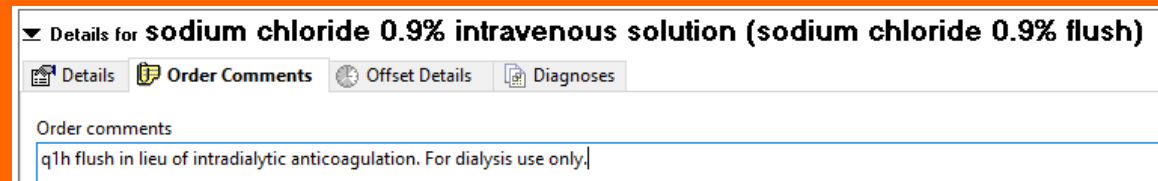
\*Frequency: q dialysis      Duration: 999

Duration unit: dose(s)      PRN:  Yes  No

PRN reason:      Administer over: \_\_\_\_\_

Administer over unit:      First Dose Date/Time: \*\*/\*\*/\*\*\*\*      EST

Note: Some orders have default order comments that appear in the **Order Comments** tab in the details pane. You are able to edit as necessary and the comments will display face-up in the plan.



▼ Details for **sodium chloride 0.9% intravenous solution (sodium chloride 0.9% flush)**

Details Order Comments Offset Details Diagnoses

Order comments

q1h flush in lieu of intradialytic anticoagulation. For dialysis use only.

8. Once modifications are complete, select **Initiate Now** followed by **Orders for Signature**.
9. Click **Sign** and then refresh your screen. The Powerplan is now activated with the modified order and sent for nurse review.