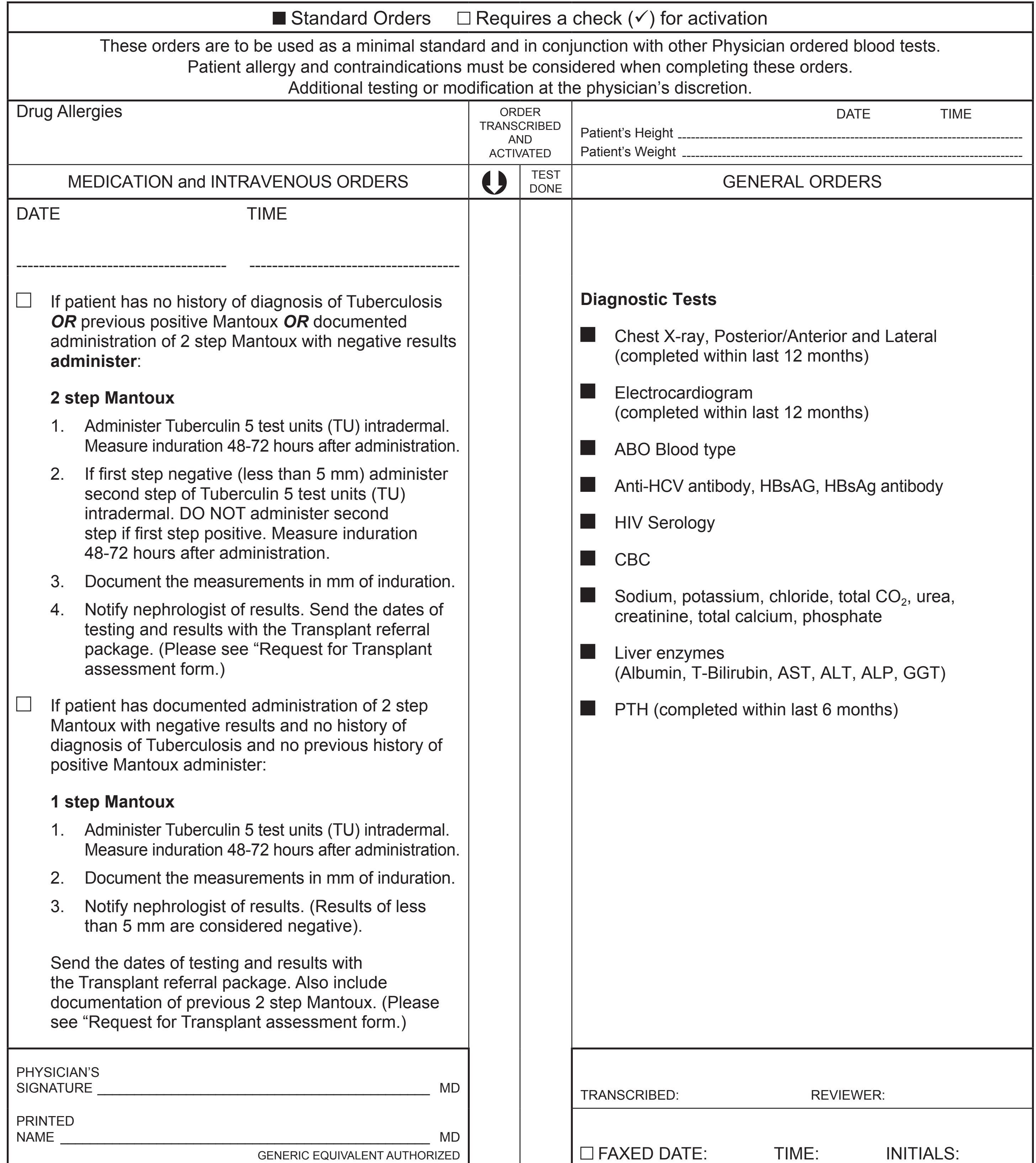
kidneyhealth.ca manitoba renal program

Winnipeg Regional Health Authority — Caring for Health | Office régional de la santé de Winnipeg — À l'écoute de notre santé

Manitoba Renal Program
Standing Orders for Transplant Referral



■ Standard Orders ☐ Requires a check (✓) for activation

These orders are to be used as a minimal standard and in conjunction with other Physician ordered blood tests.
Patient allergy and contraindications must be considered when completing these orders.
Additional testing or modification at the physician's discretion.

Drug Allergies	ORDER TRANSCRIBED AND ACTIVATED		DATE / TIME Patient's Height ---------- Patient's Weight ----------
MEDICATION and INTRAVENOUS ORDERS	⬇	TEST DONE	GENERAL ORDERS

MEDICATION and INTRAVENOUS ORDERS

DATE ------------------------ TIME ------------------------

☐ If patient has no history of diagnosis of Tuberculosis ***OR*** previous positive Mantoux ***OR*** documented administration of 2 step Mantoux with negative results **administer**:

2 step Mantoux

1. Administer Tuberculin 5 test units (TU) intradermal. Measure induration 48-72 hours after administration.
2. If first step negative (less than 5 mm) administer second step of Tuberculin 5 test units (TU) intradermal. DO NOT administer second step if first step positive. Measure induration 48-72 hours after administration.
3. Document the measurements in mm of induration.
4. Notify nephrologist of results. Send the dates of testing and results with the Transplant referral package. (Please see "Request for Transplant assessment form.)

☐ If patient has documented administration of 2 step Mantoux with negative results and no history of diagnosis of Tuberculosis and no previous history of positive Mantoux administer:

1 step Mantoux

1. Administer Tuberculin 5 test units (TU) intradermal. Measure induration 48-72 hours after administration.
2. Document the measurements in mm of induration.
3. Notify nephrologist of results. (Results of less than 5 mm are considered negative).

Send the dates of testing and results with the Transplant referral package. Also include documentation of previous 2 step Mantoux. (Please see "Request for Transplant assessment form.)

GENERAL ORDERS

Diagnostic Tests

- ■ Chest X-ray, Posterior/Anterior and Lateral (completed within last 12 months)
- ■ Electrocardiogram (completed within last 12 months)
- ■ ABO Blood type
- ■ Anti-HCV antibody, HBsAG, HBsAg antibody
- ■ HIV Serology
- ■ CBC
- ■ Sodium, potassium, chloride, total CO_2, urea, creatinine, total calcium, phosphate
- ■ Liver enzymes (Albumin, T-Bilirubin, AST, ALT, ALP, GGT)
- ■ PTH (completed within last 6 months)

PHYSICIAN'S SIGNATURE ______________________ MD

PRINTED NAME ______________________ MD

GENERIC EQUIVALENT AUTHORIZED

TRANSCRIBED: REVIEWER:

☐ FAXED DATE: TIME: INITIALS: