

Dialysis Patient Transitions in Care Communication

Patient, Hospital, and Dialysis Unit Information			
Patient Name/ID			
Date of Birth		Code Status	Full Code/ DNR
Allergies		Sign Own Consents?	Yes / No
Hepatitis Status	Antigen:	Antibody:	Date:
Primary Kidney Disease			
Hospital & Unit			
Care Manager & Phone			
Admit Date:	Discharge Date:	Physician:	Diagnosis:
Outpatient Unit		Contact & Phone	
Vascular Access	Access Changes this Admission	Vascular Access Infection	
<input type="checkbox"/> Tunneled Catheter	<input type="checkbox"/> Clotting	<input type="checkbox"/> Infection	
<input type="checkbox"/> AVF	<input type="checkbox"/> Declot Procedure, Date:	<input type="checkbox"/> Positive Blood Cultures	
<input type="checkbox"/> AVG	<input type="checkbox"/> Revision	Organism:	
Other:	<input type="checkbox"/> New placement, Date:	Antibiotic Dosing:	
Special Access Instructions:			
Anemia Management			
ESA:	Dose:	Date Last Given:	
Iron:	Dose:	Date Last Given:	
Transfusions?	Date:	Recent Hgb and Date:	
Discharge Dialysis Orders			
Date Last Dialysis:	Dry Weight:	Dialyzer:	
Tx per Week:	Duration:	Schedule:	
Dialysate – Na: K: Ca:	DFR:	BFR:	
Heparin (load, hourly):			
Treatment Tolerance:			
Miscellaneous			
Comorbid Conditions:			
Other Infections:		Medication Changes:	
Prior to Discharge: <input type="checkbox"/> Telephone report to outpatient dialysis <input type="checkbox"/> Report changes in access, dialysis orders, infections <input type="checkbox"/> Verify transportation arrangements		<input type="checkbox"/> Fax last three dialysis treatment sheets <input type="checkbox"/> Fax medication list <input type="checkbox"/> Fax recent H & P, nephrology notes, discharge notes <input type="checkbox"/> Fax recent lab work and radiology/surgical reports	