

Acute Care Dialysis Checklist for Discharge

PATIENT NAME / ID: _____

ADMISSION DATE _____ DISCHARGE DATE _____

- Telephone report to the Chronic HD unit
- Report any changes in access placement or function
- Fax the last three treatment sheets to the Chronic unit
- Verify that transportation arrangements have been made through Social Service
- Fax all new treatment or Medication orders as requested by the nephrologist
- Copy of recent lab work

Verification of Administration of ESA's during the Acute Admission

Please Circle: Epogen Aranesp Procrit

Last Dose/Date Received: _____

IV IRON Therapy:

Venofer Ferrlecit Feraheme Other _____

Last Dose/Date Received: _____

Most recent: Hgb _____ Hct _____ Date _____

SIGNATURE / DATE: _____

Dialysis Unit Transfer Summary

PATIENT NAME / ID: _____

DOB: _____ COMPETENT TO SIGN CONSENTS: Y N

ADMISSION DATE: _____ CODE STATUS: _____

PRIMARY RENAL DX: _____ HEPATITIS B:
Antigen: _____ Antibody _____
Date: _____

REASON FOR ADMISSION: _____

ALLERGIES: _____

CHRONIC DIALYSIS UNIT: _____ PHONE: _____

NEPHROLOGIST: _____

Primary Vascular Access: AVF AVG CATH Secondary (if any): _____

Buttonhole cannulation: Y N Details: _____

Location: _____ Access Surgeon: _____

Needle size: _____ Average bleeding time: _____

Dialysis Prescription:

TX per week: _____ Duration: _____ Schedule: _____

Dialysate: Na: _____ K: _____ Ca: _____ Bicarb setting: _____

DFR rate: _____ BFR Rate: _____

Dry Weight: _____

Heparin: Load: _____ Hourly: _____ Stop time: _____

Dialyzer: _____

Treatment tolerance: Well ___ Fair ___ Poor ___ Details: _____

Dietary Order:

Na: _____ K: _____ Phos: _____ Fluid restriction: _____

Protein: _____ Calories: _____

ESA MAINTENANCE DOSAGE:

Epogen **Aranesp** **Procrit**
Dosage: _____ **Route:** _____ **Frequency:** _____

Routine Dialysis Medications:

Attachments:

- | | |
|--|--------------------------------|
| <input type="checkbox"/> last 3 HD flow-sheets | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Medication list | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Care Plan | <input type="checkbox"/> _____ |

SIGNATURE / DATE: _____