

Checklist & Medical Information Required for Visiting Dialysis Patient

Required Documents <i>*Please provide documents at least two weeks prior to travel</i>	Attached
Patient Intake Information (<i>see attached form</i>)	<input type="checkbox"/>
Medical History form (<i>see below</i>)	<input type="checkbox"/>
Consent to Dialyze (<i>see attached form</i>)	<input type="checkbox"/>
Dialysis Prescription / Orders	<input type="checkbox"/>
3 Most Recent Treatment Records	<input type="checkbox"/>
Recent Physician's History & Physical (Nephrologist's Note)	<input type="checkbox"/>
ECG within the last 6 months	<input type="checkbox"/>
Hepatitis B screening - Antibody & Antigen (within 6 months)	<input type="checkbox"/>
Hepatitis C screening (within 6 months)	<input type="checkbox"/>
HIV screening (within 6 months)	<input type="checkbox"/>
Most recent bloodwork <ul style="list-style-type: none"> • Include CBC, Iron studies, Lytes, Creatinine, Ca/Phos/PTH 	<input type="checkbox"/>
List of current medications (list all medications, dosages & intra dialysis meds)	<input type="checkbox"/>
Recent Discharge Summary (if patient has been admitted to hospital in last 3 months)	<input type="checkbox"/>
Dietitian and Social Work Summary	<input type="checkbox"/>
Scanned copy of provincial health insurance card (if travelling from within Canada)	<input type="checkbox"/>

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Medical Information	
Patient Name:	
Renal Diagnosis:	
Other Medical Conditions:	
Code Status:	<input type="checkbox"/> Full Code <input type="checkbox"/> Do Not Resuscitate
Allergies:	
History of:	<input type="checkbox"/> MRSA <input type="checkbox"/> VRE <input type="checkbox"/> CPE <input type="checkbox"/> C. Aureus <input type="checkbox"/> Tb <input type="checkbox"/> Diabetes Mellitus <input type="checkbox"/> Insulin-Dependent Violent/Aggressive Behavior <input type="checkbox"/> Yes <input type="checkbox"/> No
Blood work required (type and frequency):	
Level of Dependence:	<input type="checkbox"/> Independent <input type="checkbox"/> One-person assist to transfer <input type="checkbox"/> Two-person assist to transfer <input type="checkbox"/> Mobility Aide, Specify type:
Safety Risk:	<input type="checkbox"/> Hard of hearing <input type="checkbox"/> Visual impairment <input type="checkbox"/> History of falls <input type="checkbox"/> Language barrier. Please specify language:
Vascular Access	
Type/Site & Side:	
Needle size (gauge):	
If CVC:	Locking agent: Type of cleaning solution:
Special considerations (e.g., access cannulation information, preparation of dialyzer, patient to bring own dialyzer, patient to bring own needles, etc)	
Fitness to Travel	
I, _____ (nephrologist) provide consent that patient is fit to travel.	
Nephrologist Signature:	
Date:	