

Checklist for Visiting Dialysis Patient

PATIENT INFORMATION LABEL

Name: _____

Address: _____

Phone: _____

PHN: _____

► Please fax (1) *this Form* with the requested documentation; (2) the *Visiting Dialysis Patient Information* form; and (3) the *Visiting Dialysis Patient History & Physical Update* form **within 2 weeks** of receiving this request. Dialysis reservations cannot be confirmed until the information has been reviewed by our nephrologist.

REQUIREMENT	ATTACHED
Visiting Dialysis Patient Information form (see template attached)	<input type="checkbox"/>
History & physical within the past 12 months	<input type="checkbox"/>
Visiting Dialysis Patient History & Physical Update form completed by the nephrologist- see template attached	<input type="checkbox"/>
Recent laboratory tests: If BC patient, send: <ol style="list-style-type: none"> PROMIS Monthly Results Flow Sheet for the past year Hepatitis B blood test - last available result Carbapenemase-Producing Organisms (CPO) test result* - last available result (if not available, mark N/A) If not BC patient, send: <ol style="list-style-type: none"> Most recent 3 months lab work Hepatitis B blood test (HBsAg) completed within the past 3 months Carbapenemase-Producing Organisms (CPO) test result* completed within the past 3 months <p>* Carbapenemase-Producing Organisms (CPO) test: Rectal swab preferred (fecal staining required). Perianal or stool swab (fecal staining required) is acceptable if rectal swab not possible.</p>	<input type="checkbox"/>
Current medications: <ul style="list-style-type: none"> If BC patient, send PROMIS medication list. MEDICATION LIST HAS BEEN CHECKED AND IS CURRENT. If not BC patient, send list of all medications & dosages. 	<input type="checkbox"/>
ECG - last available result (if not available, mark N/A)	N/A <input type="checkbox"/>
3 recent run sheets/log	<input type="checkbox"/>
Advance care plan - scope of treatment - resuscitation directions	<input type="checkbox"/>
History of violent/aggressive behaviour (in BC, "purple dot alert") <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>If yes, attach:</p> <ol style="list-style-type: none"> Behaviour Risk Assessment Tool; & Behavioural Care Plan/Safety Agreement 	

IMMEDIATELY PRIOR TO THE PATIENT'S VISIT:

Please fax a completed *Visiting Dialysis Patient Update* form (attached) and 3 recent HD run sheets/log. Thank you for your cooperation and for supporting the safety and quality of care for this patient.