BCRenal
Provincial Health Services Authority

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)	☐
History & physical within the past 12 months	☐
Visiting Dialysis Patient History & Physical Update form completed by the nephrologist- see template attached	☐
Recent laboratory tests: **If BC patient, send:** 1. PROMIS Monthly Results Flow Sheet for the past year 2. Hepatitis B blood test - last available result 3. Carbapenemase-Producing Organisms (CPO) test result* - last available result (if not available, mark N/A) **If not BC patient, send:** 1. Most recent 3 months lab work 2. Hepatitis B blood test (HBsAg) completed within the past 3 months 3. Carbapenemase-Producing Organisms (CPO) test result* completed within the past 3 months * 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.	☐
Current medications: • **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.	☐
ECG - last available result (if not available, mark N/A) ☐ N/A	☐
3 recent run sheets/log	☐
Advance care plan - scope of treatment - resuscitation directions	☐
History of violent/aggressive behaviour (in BC, "purple dot alert") ☐ NO ☐ YES If yes, attach: 1. *Behaviour Risk Assessment Tool*; & 2. *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.

BC Children's Hospital · fraserhealth · Interior Health · island health · northern health · Providence Health Care · Vancouver CoastalHealth