



PROVINCIAL STANDARDS & GUIDELINES



Visiting Hemodialysis Patients

Updated June 2019

Approved by the BC Renal Hemodialysis Committee



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IMPORTANT INFORMATION

This BC Renal guideline/resource was developed to support equitable, best practice care for patients with chronic kidney disease living in BC. The guideline/resource promotes standardized practices and is intended to assist renal programs in providing care that is reflected in quality patient outcome measurements. Based on the best information available at the time of publication, this guideline/resource relies on evidence and avoids opinion-based statements where possible; refer to www.bcrenalagency.ca for the most recent version.

For information about the use and referencing of BC Renal guidelines/resources, refer to
<http://bit.ly/28SFr4n>.



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1.0 Scope of Guideline

This guideline provides criteria and a process for accepting visiting patients at HD units in BC. Patients may come from within BC, within Canada or internationally.

Information for BC patients wishing to travel within BC, within Canada or internationally can be found at bcrenalagency.ca ► [Health Professionals](#) ► [Clinical Resources](#) ► [Travelling HD Patients](#) ► [Tools and Resources](#).

Information for patients from outside BC wishing to travel to BC can be found at bcrenalagency.ca ► [Health Info](#) ► [Managing My Care](#) ► [Travelling HD Patients](#) ► [Tools and Resources](#).

The guideline applies to:

- In-centre and community hemodialysis (HD) units and home-HD patients wishing to travel.
- Adults and youth travelling to BC HD units for temporary periods.

2.0 Summary of the Literature & Internet

The goal of this guideline is to **support HD patients desire to travel** plus streamline and standardize the requirements, processes and forms for sending and receiving visiting patients in BC's HD units.

Refer to the Reference section of this guideline (Section 4.0) for health authority (HA) guidelines utilized in the development of this guideline.

3.0 Recommendations

Recommendation #1: The ability to travel is an important quality of life feature for HD patients. All HD units (in-centre and community dialysis units) in BC are expected to have processes in place to accommodate requests for eligible visiting HD patients to receive dialysis. Requests should be met most of the time. Operational demands may make it not possible on some occasions.

Recommendation #2: HD spaces are usually assigned on a first-come, first-served basis based on the date of receipt of a request. Flexibility is exercised in extenuating circumstances.

Examples of extenuating circumstances:

- HD patient wishing to attend a funeral.
- HD patient wishing to accompany a family member receiving treatment in another location.

Recommendation #3: The HD team in the receiving HA identifies the most appropriate receiving HD unit within the HA (see Figure 1 for an algorithm to guide decisions). The nephrologist¹ in the receiving HD unit makes the final decision as to whether a patient is appropriate for the requested HD unit.

In general:

- Patients that meet the eligibility criteria for a CDU will be accommodated in a CDU.
- Patients that do not meet the eligibility criteria for a CDU will be accommodated in the closest in-centre unit.

¹ Nurse Practitioner (NP) may be assigned responsibility for some/all of the functions designated to a nephrologist in this guideline.

Figure 1:
Algorithm to Guide Decisions re Requests from Visiting Patients re Dialysis Location

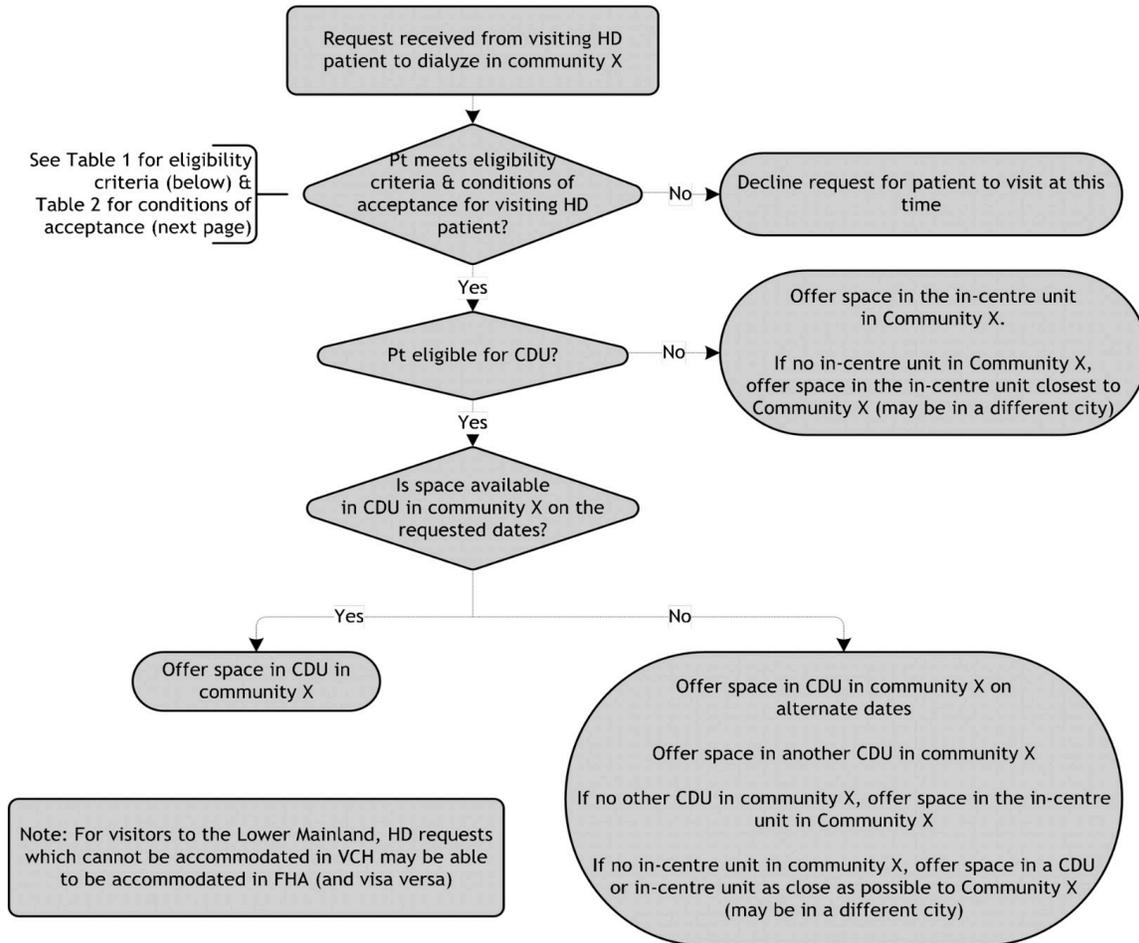


Table 1: Eligibility Criteria for Visiting HD Patients

ALL VISITING PATIENTS:	
1.	Stable on dialysis.
2.	<p>Functioning access: fistula, graft or permanent catheter</p> <ul style="list-style-type: none"> Stable blood flows and greater than 200 mL/minute (maximum arterial pressure limit of –250 mmHg and maximum venous pressure limit of 225 mmHg) Temporary catheters are not accepted unless extenuating circumstances (e.g., funeral) <p>Note: If buttonhole method of cannulation is used, the patient must be able to self-cannulate or have a caregiver present to cannulate. If not, the nurse will cannulate using the rope ladder technique.</p>
<p>Hepatitis B (HBV) and C (HCV), HIV and multi-drug resistant organism positive patients will be accepted if other criteria are met. In some HAs, these patients and patients with special medical needs (e.g., continuous O2, suction, aggressive behaviour with violent tendencies, etc) can be accommodated in in-centre units but not in CDUs.</p>	

Table 2: Conditions Visiting HD Patients Must Agree to Prior to Acceptance

ALL VISITING PATIENTS:	
1.	Patients must bring their own medications to treatment. Exception: Most injectable and intravenous medications will be provided by the receiving unit for BC residents. If an out-of-province visitor arrives without their supply of erythropoiesis stimulating agents [e.g., erythropoietin (EPO) and darbepoetin (Aranesp)], contact the patient’s home unit to request an appropriate supply be sent. Once the sending unit confirms it will send a supply, the erythropoiesis stimulating agent can be dispensed from the local supply and replaced when the supply from the sending unit arrives.
2.	Patients must transport and store their medications as per manufacturer’s recommendations or they will not be administered.
3.	Patients that are unable to speak English must bring a translator to their HD treatments, at least for the first run or two.
VISITING PATIENTS FROM OUTSIDE CANADA:	
1.	Patients must pay for hemodialysis, medical appointments, tests and other treatments.
2.	Patients are expected to bring their own medications, including injectable and intravenous medications such as EPO and darbepoetin (Aranesp).
3.	If required by the HA, patients must sign a <i>Governing Law & Jurisdiction Agreement</i> (states that if the patient commences legal proceedings because of their treatment, they must do so in BC).

Recommendation #4: While visiting, the medical care for a visiting patient is the responsibility of the covering nephrologist at the visiting (receiving) unit. Orders must be written by a nephrologist at the visiting (receiving) unit.

The nephrologist in the visiting (receiving) unit decides whether the patient requires an appointment for a medical assessment prior to the patient's first run. The decision will be patient-specific and dependent upon the complexity of the patient's medical condition.

For patients visiting longer than one month, the expectation is that the scope of service provided in the visiting (receiving) unit will be the same as the service that would have been received by the patient in their home (sending) unit. (e.g., regular bloodwork and management of vascular access, social work, dietary issues, etc.).

Recommendation #5: Requested information must be provided by the patient's nephrologist and home HD unit within the requested timeframes. Patient documentation must be provided in English. Refer to [Table 3](#).

Table 3: Process and Timeframes for Acceptance of a Visiting Patient

STEP	RESPONSIBILITY	ACTION
1.	Patient ²	Contacts the person in charge of the visiting HD program at the destination (receiving) unit to request HD reservation (see bcrenalagency.ca for a list of contacts).
2.	Receiving HD unit Note: Receiving HD unit contacts the patient's home dialysis unit or home HD training centre (sending unit) after their initial contact with the patient. Alternatively, the receiving HD unit may ask the patient to ask the sending unit to contact the receiving HD unit.	<p>Collects initial information from patient:</p> <ul style="list-style-type: none"> • Name of patient • Dates, times & location of dialysis request • Name of caller, relationship to patient & contact information • Home dialysis centre, contact name & contact information • Reason for travel • Date of initial contact • Patient told by home unit that he/she is fit to travel • Special considerations <p>Tentatively approves dates (or discusses options if dates not available), pending review of medical/dialysis status.</p> <p>Advises patient NOT to make travel arrangements until told to do so by the receiving HD unit (or, at the very least, arranges for travel cancellation insurance, where available).</p> <p>Asks patient to read the Hemodialysis & Travelling: Information Sheet at bcrenalagency.ca (one sheet for BC HD patients wishing to travel & one for patients living outside BC wishing to travel to BC).</p>
3.	Receiving HD unit	<p>Telephones the Charge Nurse (e.g., Clinical Nurse Leader, Home HD Educator) at the patient's home dialysis unit or home HD training centre (sending unit). For out-of-country patients, electronic communication may be preferred because of language barriers and/or time zone differences.</p> <p>Confirms patient is:</p> <ul style="list-style-type: none"> • Medically fit to travel, with consideration to psychosocial/behavioural care management issues and specifically violent or aggressive acts. • Meets eligibility criteria for visiting patients (see Tables 1 & 2 for criteria) <p>If medically fit to travel and meets the eligibility criteria, receiving HD unit determines the most appropriate dialysis location (see Figure 1 for algorithm to guide decisions).</p>

² Contact must be made by the patient or the patient's home HD unit directly and not by a third party such as a travel company or travel agent.

continued...

STEP	RESPONSIBILITY	ACTION
4.	Receiving HD unit	<p>Faxes the 5 forms in Appendix 1 to the patient's home HD unit or home HD training centre (alternatively instructs the home HD unit or home HD training centre to go to the BC Renal website ► Travelling HD Patients section, and print off forms):</p> <ul style="list-style-type: none"> • Form 1a: Patient Request for Visiting Dialysis (Cover Letter) • Form 1b: Checklist for Visiting Dialysis Patient • Form 1c: Visiting Dialysis Patient History & Physical Update • Form 1d: Visiting Dialysis Patient Information • Form 1e: Visiting Dialysis Patient Information Update <p>Requests that forms 1b, 1c and 1d be returned within 2 weeks of receipt of the request (the sooner the better). Form 1e will be returned immediately prior to the patient's visit. Patient documentation must be provided in English.</p>
5.	Home HD unit or Home HD training centre (sending unit)	<p>Faxes patient information (forms 1b, 1c and 1d) to receiving HD unit within 2 weeks of receiving the request and at least 4 weeks before the first run (the sooner the better).³ Form 1e is faxed immediately prior to the patient's visit.</p> <p>Dialysis reservations cannot be confirmed until forms 1b, 1c and 1d have been received and reviewed by the receiving HD unit's nephrologist. The sooner the information is received, the sooner the receiving unit can confirm the dialysis reservation and the patient can make his/her travel arrangements.</p>
6.	Receiving HD unit	<ul style="list-style-type: none"> • Nephrologist reviews patient information and confirms acceptance. • Receiving unit advises patient and patient's home HD unit. • Nephrologist writes HD orders and faxes/brings to HD unit. • Receiving unit finalizes arrangements with patient and patient's home HD unit or home HD training centre.
7.	Home HD unit or Home HD training centre (sending unit)	<p>Just prior to the visit, completes and faxes the Visiting Dialysis Patient Update form (form 1e) and the 3 most recent HD run sheets/log to the receiving unit.</p>
8.	Patient	<p>Arrives for 1st HD run.</p> <p>Arrangements are made for the patient to see nephrologist prior to 1st HD run if requested by the nephrologist at the receiving unit.</p>

³ Flexibility is exercised in extenuating circumstances (e.g., HD patient wishing to attend a funeral, HD patient wishing to accompany a family member receiving treatment in another location, etc).

continued...

STEP	RESPONSIBILITY	ACTION
9.	Receiving HD unit	<p>Confirm/update entry of patient in PROMIS:</p> <ul style="list-style-type: none"> • If the patient is from an HD unit outside BC, register patient in PROMIS under “transient patient program” (these patients are not funded by the BCPRA program) with “alternate insurer” information. • If the patient is from an HD unit within BC or is a home HD patient, leave as a “PRA program patient.” Temporarily assign patient to receiving HD unit (keep existing primary renal centre as their permanent renal centre).
10.	Receiving HD unit	HD runs received as per scheduled dates.
11.	Receiving HD unit	Faxes Visiting Dialysis Patient Report to patient’s home HD unit (Appendix 2).

4.0 References

HA guidelines/standards/policies used in the development of this provincial guideline:

1. BC Children’s Hospital Renal Dialysis Unit Visitor/ Transfer Form
2. Fraser Health: Policy and forms for Community-Based Dialysis of Visitors (Panorama Unit), Draft June 20, 2012.
3. Island Health: Visiting HD Patients (section 1.5 in HD Procedure Manual) forms, checklist and letters, 2014.
4. Northern Health: Visiting Patient Information Sheet (not dated).
5. Providence Health Care: Letters and forms for International and Canadian HD Visitors (not dated) and patient teaching pamphlet.
6. Vancouver Coastal Health: Visiting Hemodialysis Request form (not dated)

5.0 Sponsors

Developed by:

- A working group of multidisciplinary HD providers from across BC

Approved by:

- BC Renal Hemodialysis Committee
- BC Renal Medical Advisory Committee (MAC) (The April 2016 version of this guideline and form 1c (Visiting Dialysis Patient History & Physical Update) were approved by the MAC; changes to the current version of the guideline were minor and not reviewed by the MAC).

6.0 Appendices

Appendix 1a:

[Cover Letter - Patient Request for Visiting Dialysis](#)

Appendix 1b:

[Checklist for Visiting Dialysis Patient](#)

Appendix 1c:

[Visiting Dialysis Patient Information](#)

Appendix 1d:

[Visiting Dialysis Patient History & Physical Update](#)

Appendix 1e:

[Visiting Dialysis Patient Information Update](#)

Appendix 2:

[Visiting Dialysis Patient Report for Home HD Unit](#)

Appendix 1a: Cover Letter



Patient Request for Visiting Dialysis

PATIENT INFORMATION LABEL

Name:

Address:

PHN:

► Sending Unit: Please attach a fax cover sheet in front of this letter prior to sending (for patient privacy)

REQUEST

Patient name:

Has requested dialysis treatment at the following dialysis unit:

On the following dates and times:

Please fax the attached 3 forms:

- *Checklist for Visiting Dialysis Patient*
- *Visiting Dialysis Patient History & Physical Update*
- *Visiting Dialysis Patient Information*

within 2 weeks of receiving this request. Dialysis reservations cannot be confirmed until the information has been reviewed by our nephrologist. The sooner the information is received, the sooner we can confirm the dialysis reservation and the patient can make his/her travel arrangements. At a minimum, we like to receive the information **at least 4 weeks** before the first run.

Please fax the attached *Visiting Dialysis Patient Information Update* form and 3 recent run sheets/log **immediately prior to the patient's visit**. Please feel free to contact me if you have any questions.

Sincerely,

Name (Print)

Title

E-mail

Phone



Appendix 1b: Checklist for Visiting Dialysis Patient



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
<i>Visiting Dialysis Patient Information</i> form (see template attached)	<input type="checkbox"/>
History & physical within the past 12 months	<input type="checkbox"/>
<i>Visiting Dialysis Patient History & Physical Update</i> 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)	<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") <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, attach: <ol style="list-style-type: none"> <i>Behaviour Risk Assessment Tool</i>; & <i>Behavioural Care Plan/Safety Agreement</i> 	

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.



Appendix 1c: Visiting Dialysis Patient Information



Visiting Dialysis Patient Information

PATIENT INFORMATION LABEL

Name: _____

Address: _____

PHN: _____

► Please fax (1) *this Form*; (2) the *Checklist for Visiting Dialysis Patients*; and (3) *Visiting Dialysis 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.

BC patients: Please attach the PROMIS Patient Registration Summary. Sections A and B do not require completion.

A) DEMOGRAPHIC INFORMATION

Patient name:		Gender:
Birth date (DD/MM/YYYY):		
Home address:		
City:	Province/State:	
Country	Postal/ZIP code:	
Telephone (home):	Cell:	
Emergency contact name:		
Address:		
Telephone (home):	Cell:	
Provincial health # (if from within Canada)	Expiry date (DD/MM/YYYY):	

B) HOME DIALYSIS UNIT INFORMATION

Referring hospital (Unit):	
Telephone (include country + area code):	Fax (include country + area code):
Referring nephrologist:	
Telephone (include country + area code):	Fax (include country + area code):



C) PATIENT VISIT INFORMATION

Reason for visit: <input type="checkbox"/> Vacation <input type="checkbox"/> Medical Referral <input type="checkbox"/> Business	
Address while staying at destination:	
Telephone:	
Local contact person name:	Telephone:
Person arranging care : <input type="checkbox"/> Self <input type="checkbox"/> Other	
If Other, Name:	Relationship:
Telephone (include area code):	Fax (include area code):

D) MEDICAL INFORMATION

Allergies:	
Renal Diagnosis:	
Diabetes mellitus: <input type="checkbox"/> Yes <input type="checkbox"/> No	Insulin dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other medical conditions:	
Year of HD start:	

E) CARE INFORMATION

Dialysis days: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
Language(s) spoken:	
Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> One person assist to transfer or reposition <input type="checkbox"/> Two or more persons or mechanical lift to transfer or reposition <input type="checkbox"/> Uses mobility aide(s), specify type(s): _____	
Fall risk (specify):	
Blood work required (type & frequency):	
Code status: <input type="checkbox"/> Refer to resuscitation directions (attached)	
Is blood glucose monitoring required during the HD run? <input type="checkbox"/> Yes <input type="checkbox"/> No	

F) DIALYSIS PRESCRIPTION

Target weight							
Duration (hours/run)							
Frequency (#/wk)							
Maximum UF target							
Dialyzer	Fresenius:	<input type="checkbox"/> Fx600	<input type="checkbox"/> Fx800	<input type="checkbox"/> Fx1000			
	Cellentia:	<input type="checkbox"/> 19H	<input type="checkbox"/> 21H				
	Nephral:	<input type="checkbox"/> 400	<input type="checkbox"/> 500				
	Other: Type:				Membrane:		
Dialysate	K+						
	Ca						
	Na						
	Na Profile						
	HCO3						
	Dialysate flow (Qd)						
	Dialysate temp						
Medications as listed on the run sheet (e.g., Iron, ESAs)	Pre-dialysis						
	Intra-dialysis						
	Post-dialysis						
Heparin anticoagulant	Loading						
	Running (units/h)						
	Stop time						
	Heparin-free (or heparin substitute)						
Current vascular access	Type/site & side						
	Needle gauge						
	If CVC:						
	Locking agent						
	Type of dressing						
	Type of cleaning solution						
	If fistula/graft:						
	Topical or local anesthetic:	<input type="checkbox"/> Yes, specify: _____					<input type="checkbox"/>
	Arterial lumen	No					
	Venous lumen						

F) Special considerations (e.g., access cannulation information, preparation of dialyzer, patient to bring own dialyzer, patient to bring own needles, etc)

Appendix 1d: Visiting Dialysis Patient History & Physical Update Form



Visiting Dialysis Patient History & Physical Update Form

PATIENT INFORMATION LABEL

Name: _____
Address: _____
Phone: _____
PHN: _____

► Please fax (1) *this* form; (2) the *Patient Request for Visiting Dialysis* form; and (3) the *Checklist for Visiting Dialysis Patient* form **within 2 weeks** of receiving this request. Dialysis reservations cannot be confirmed until the information has been reviewed by our nephrologist.

This form is to be completed by the patient’s nephrologist.

Medical condition:

No changes in medical condition since the most recent history and physical was completed (attach documentation of most recent history and physical)

OR

Changes in medical condition since the most recent history and physical was completed (document changes in space below or attach dictated note, if preferred)

Fitness to travel:

Patient is fit to travel. Psychosocial history & behavioural care management issues (and specifically violent or aggressive acts) have been considered.

Print name (nephrologist)

Signature

Date



Appendix 1e: Visiting Dialysis Patient Information Update



Visiting Dialysis Patient History & Physical Update Form

PATIENT INFORMATION LABEL

Name: _____

Address: _____

Phone: _____

PHN: _____

► Please fax (1) *this* form; (2) the *Patient Request for Visiting Dialysis* form; and (3) the *Checklist for Visiting Dialysis Patient* form **within 2 weeks** of receiving this request. Dialysis reservations cannot be confirmed until the information has been reviewed by our nephrologist.

This form is to be completed by the patient's nephrologist.

Medical condition:

No changes in medical condition since the most recent history and physical was completed (attach documentation of most recent history and physical)

OR

Changes in medical condition since the most recent history and physical was completed (document changes in space below or attach dictated note, if preferred)

Fitness to travel:

Patient is fit to travel. Psychosocial history & behavioural care management issues (and specifically violent or aggressive acts) have been considered.

Print name (nephrologist)

Signature

Date



Appendix 2: Visiting Dialysis Patient Report for Home HD Unit



Visiting Dialysis Patient Report for Home HD Unit

PATIENT INFORMATION LABEL

Name: _____

Address: _____

PHN: _____

► **Visiting Dialysis Unit:**

- Please complete and fax to Home Dialysis Unit after final run for visiting patient.
- Please attach a fax cover sheet in front of this letter prior to sending (for patient privacy).

Name of Dialysis Unit

Phone Number of Dialysis Unit

_____ received dialysis treatment at
_____ dialysis unit from
_____ to _____

Tolerance of treatments while visiting:

Attached:

	ATTACHED	NOTHING RELEVANT TO REPORT
3 recent HD run sheets/log	<input type="checkbox"/>	
List of medications (if changed)	<input type="checkbox"/>	<input type="checkbox"/>
Dialysis prescription (if changed)	<input type="checkbox"/>	<input type="checkbox"/>
Discharge from hospital	<input type="checkbox"/>	<input type="checkbox"/>
Consultations	<input type="checkbox"/>	<input type="checkbox"/>
Imaging reports	<input type="checkbox"/>	<input type="checkbox"/>
Most recent lab report(s)	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	

