Health PEI

Patient Request for Visiting Dialysis

PATIENT INFORMATION LABEL

NAME: _____

ADDRESS: _____

MRN: _____

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

REQUEST
Patient Name: TROY CHAPMAN
Has requested dialysis treatment at the following dialysis unit: **Queen Elizabeth Hospital (Charlottetown)**
On the following dates and times: July 13, 15, 16, 18, 20, 22, 23, 25

Please fax the attached 3 forms:

- *Checklist for Visiting Dialysis Patient*
- *Visiting Dialysis Patient History & Physical Update*
- *Visiting Dialysis Patient Information*
- *Non-Resident Consent form*

***w*ithin 2 weeks** of receiving this request. We cannot confirm dialysis treatment until the information has been reviewed by our Nephrologist. The sooner the information is received, the sooner 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,

Bernadine Lemieux
Provincial Renal Program Admin Support
bmlemieux@ihis.org
902-303-7069

Adapted with permission from B.C. Renal 2023

Health PEI

Checklist for Visiting Dialysis Patient

PATIENT INFORMATION LABEL

NAME: _____

ADDRESS: _____

MRN: _____

▶ 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. We cannot confirm dialysis treatment until the information has been reviewed by our Nephrologist.

Requirement	Attached
Visiting Dialysis Patient Information form (see template attached 3 pages)	☐
History & Physical clinic letter within the last 12 months must be attached and Visiting Dialysis Patient H&P Update form completed.	☐
Visiting Dialysis Patient History & Physical Update form completed by the Nephrologist (see template attached)	☐
Recent laboratory tests: 1. Most recent monthly bloodwork 2. Hepatitis B blood test (HBsAG) completed within the past 3 months 3. HCV within the last 6 weeks 4. HIV within the last year 5. Negative covid swab, only if symptomatic prior to travel (rapid test) 6. Covid vaccine status	☐ ☐ ☐ ☐ ☐ ☐
1. **MRSA:** Patient must be negative for Methicillin-Resistant Staphylococcus Aureus (MRSA) Swabs should be collected **within the last 4 weeks.** Nasal Swab – 1 swab from nares, 1 Peri Anal Swab 2. **VRE**: Patient must be negative for Vancomycin – Resistant Enetrococci (VRE) Swabs should be collected **within the last 4 weeks -** Rectal Swab / Stool Sample 3. **CRE**: Patient must be negative for Carbapenem-resistant Enterobacteriaceae (CRE) Swabs should be collected **within the last 4 weeks -** Rectal Swab	☐ ☐ ☐
Current Medications – sent list of all medications and dosages. MEDICATION LIST HAS BEEN CHECKED AND IS CURRENT.	☐
ECG - last available result, mark N/A if not available	☐
3 recent runs sheets/log	☐
Advanced Care Plan – scope of treatment – resuscitation directions	☐
History of violent/aggressive behavior (in PEI, "orange dot alert") □ NO □ YES If yes, attach: 1. *Behavior/Risk Assessment Tool &* 2. *Behavioral 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.

Adapted with permission from B.C. Renal 2023

Provincial Health Services Authority · BC Children's Hospital · fraserhealth · Interior Health · island health · northern health · Providence Health Care · Vancouver Coastal Health

Health PEI

Visiting Dialysis Patient Information

PATIENT INFORMATION LABEL

NAME: _____

ADDRESS: _____

MRN: _____

▶ 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. We cannot confirm dialysis treatment until the information has been reviewed by our Nephrologist.

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:

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):

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C) PATIENT VISIT INFORMATION

Reason for visit: ☐ Vacation ☐ Medical Referral ☐ Business

Address while staying at destination:

Telephone:

Local contact person name:	Telephone:

Person arranging care: ☐ Self ☐ Other

If Other, Name:	Relationship:
Telephone (include area code)	Fax (include area code):

D) MEDICAL INFORMATION

Allergies:

Renal Diagnosis:

Diabetes Mellitus: ☐ Yes ☐ No	Insulin dependent: ☐ Yes ☐ No

Other medical conditions:

Year of HD start:

E) CARE INFORMATION

Dialysis days:

☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat

Language(s) spoken:

Mobility:

☐ Independent

☐ One person assist to transfer or reposition

☐ Two or more persons or mechanical lift to transfer or reposition

☐ Uses mobility aide(s), specify type(s): _____

Fall risk (specify):

Blood work required (type & frequency):

Code Status: ☐ Refer to resuscitation directions (attached)

Is blood glucose monitoring required during the HD run? ☐ Yes ☐ No

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F) DIALYSIS PRESCRIPTION

Target Weight:							
Duration (hours/run)							
Frequency (3/wk)							
Maximum UF target							
Dialyzer	**Fresenius** □ Fx600 □ Fx80 □ Fx1000 **Other:** Type: Membrane:						
Dialysate	K+						
	Ca						
	Na						
	HC03						
	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						
	Arterial lumen						
	Venous lumen						

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

_____

_____

_____

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Health PEI

Visiting Dialysis Patient History & Physical Update

PATIENT INFORMATION LABEL

NAME: _____

ADDRESS: _____

MRN: _____

▶ 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.

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 and behavioral care management issues (and specifically violent or aggressive acts) have been considered.

_____ _____ _____

Print name (Nephrologist) Signature Date (dd/mm/yy)

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