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my journey home!



Home Dialysis
PASSPORT

This resource was created while under contract with the Centers for Medicare & Medicaid Services (CMS), Baltimore, Maryland, Contract # HHSM-500-2016-00010C and HHSM-500-2016-00012C. The contents presented do not necessarily reflect CMS policy. 20.Q-ESRD.05.078



Qsource
ESRD Networks



Greetings!

Qsource ESRD Networks have created this passport to help steer you on your road to home dialysis.

This passport is a tool to keep all your home dialysis information in one place.

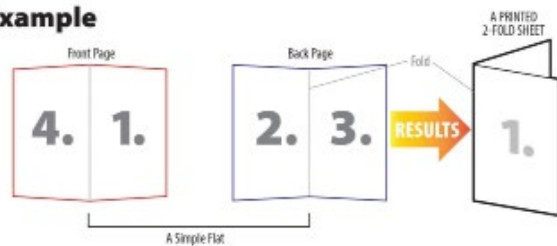
Here are a few features:

- Place to write your training notes
- Glossary in the back on home dialysis important words
- Websites to learn more about your dialysis choices

Print Instructions

Simply print this two-sided document on an 8.5x11 paper. It can be folded for booklet creation. Please print each page front/back, fold and insert in order and staple in the middle to create a booklet.

Simple Example



Resources

Qsource ESRD Networks websites:

www.ESRDNetwork10.org

www.ESRDNetwork12.org

My Kidney Kit:

resourcehub.exchange/resources/esrd/my-kidney-kit/

The ESRD National Coordinating Center

Patient Resources homepage:

<https://www.esrdncc.org/en/resources/patients/>

Home Dialysis Central website:

<https://www.HomeDialysis.org>

Glossary

Definitions of words commonly used for home dialysis.

CAPD: Continuous ambulatory peritoneal dialysis (often just called ‘the bags’) is one type of peritoneal dialysis. It cleans your body, helps to control the water and replaces the work of the diseased kidneys. CAPD is the most portable type of dialysis.

CCPD: Continuous cycling peritoneal dialysis (CCPD), also known as automated peritoneal dialysis (APD), uses a machine (automated cycler) that performs multiple exchanges at night while you sleep.

PD Catheter: a tube that carries the dialysate (dialysis solution) into and out of your body.

Dialysate (dialysis solution): a cleaning liquid that has a sugar called dextrose in it to help pull waste and extra fluid into the peritoneal cavity.

Peritoneum: a thin layer of tissue covering the walls of the abdominal cavity. This acts as a natural filter and lets waste products and extra fluid pass from your blood into the dialysis solution.

Exchange: the process of filling and draining the dialysis solution from the body.

Dwell time: the time the dialysis solution is in your peritoneal cavity.

Your Journey to Home Dialysis

The journey to home dialysis is different for every patient. You may start at any point, turn back, stop for rest, or drive down the road with no problems. Remember to talk about and reflect on what matters most to you during your journey. Here are some milestones to help you on your way:

Talk to your care team. It is important to talk with your doctor, social worker and nurse about your option to do home dialysis. Your care team will answer all questions to make sure you feel comfortable and safe in your choice.

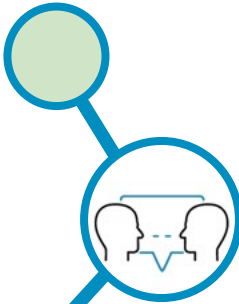
Training. You will have to attend training to learn how to do dialysis at home. Your care team will help you. The training program will be designed just for you. The tools, education, and support you need to stay healthy will all be provided.

Family and friend support. Involving your family and friends is a great asset to your care. If you choose to, or if your dialysis team requires, a partner can help with your home treatments. Your care partner will also be trained on how to safely assist you.

Monitoring your care. Your training team will work with you, and your care partner, on any safety concerns you may have during your training program. It is very important that you keep in regular communication with your home dialysis nurse and doctor. They will provide you all support to ensure you can stay at home!

Talk with Your In-Center Care Team

One of the first things that may help you begin your journey to home dialysis is to talk with your in-center dialysis nurse, social worker and doctor. Your care team will help you talk to the home dialysis nurse.



Welcome Home

Home Nurse Name _____

Phone Number _____

Emergency Contact Information

Clinic Schedule _____

Lab Phone Number _____

Address _____

City | State | Zip Code _____

NOTES

Final Preparations

Home Visit Scheduled

When _____ / _____ am/pm

Who _____

Equipment Delivered _____ / _____ am/pm

Supplies Delivered _____ / _____ am/pm

Training Complete _____ / _____ am/pm

Care Partner _____

NOTES

Meeting with the Home Dialysis Team

Name of Home Department Nurse

Clinic Address

City | State | Zip Code

Clinic Phone Number

Doctor Name | Phone Number

Initial Visit Date/Time _____ / _____ am/pm

NOTES

Getting My Access

Surgeon Name _____

Office Address _____

Phone Number _____

Initial Appointment Information

Surgery Schedule

Date/Time: _____ / _____ am/pm

Where: _____

Post-surgery Appointment

Date/Time: _____ / _____ am/pm

Where: _____

Post-surgery Instructions

My Training Plan

Training Appointment

Where _____

When _____ / _____ am/pm

Who _____

Training Schedule

Date/Times

_____ / _____ am/pm

_____ / _____ am/pm

How many weeks _____

NOTES
