

Get Your Dialysis Patient to the Right Exit

New Patient New Facility

Patient is newly diagnosed as end-stage renal disease (ESRD) and starting outpatient dialysis for the first time.

Returning Patient

Patient is an established dialysis patient that is returning to the facility their dialysis is already established at.

Established Patient New Facility

Patient is an established dialysis patient that has been receiving outpatient dialysis but is in need of a new facility.

New Patient New Facility

Hospital Information

Hospital: _____

Unit: _____

Admission Date: _____

Discharge Date: _____

Contact Person: _____

Contact Phone: _____

Patient Information

Name: _____

Date of Birth: _____

Phone: _____

Address Discharging To: _____

Family/Secondary Contact: _____

Contact Phone: _____

Code Status: Full Code DNR

Allergies: _____

Competent to Sign Consents: Yes No

Admission Information

Discharge Diagnosis: _____

Co-morbid Conditions:

Heart Failure

GI Bleed

Hypertension

Cancer

COPD

Type: _____

Type I Diabetes

Other: _____

Type II Diabetes

Patient Weight: _____ kg lbs Height: _____

Blood transfusions this admission: Yes No

If yes, date and number of units: _____

Transfusion reaction: Yes No

IV iron therapy this admission: None Venofer

Other: _____

Date of last dose: _____

Amount of last dose: _____

ESAs Given: None Epogen Procrit Aranesp

Other: _____

Date of last dose: _____

Amount of last dose: _____

New Patient New Facility (cont.)

Infection Diagnosis/Treatment Information

Was the patient treated for an infection during the admission? Yes No

Diagnosis: _____

Were blood cultures obtained? Yes No

Site obtained from: _____

Results: Positive Negative

If positive, organism identified: _____

Antibiotics given? Yes No

Dosage: _____ Doses received: _____

Date of last dose: _____

Antibiotics ordered upon discharge? Yes No

Dosage: _____

Number of doses/stop date: _____

Accompanying lab orders: _____

Managing Physician: _____

Contact information: _____

Dialysis Information

Diagnosis: ESRD (Chronic renal failure)
AKI (acute kidney injury/failure)

Date of first dialysis treatment: _____

Current Vascular Access:

Tunneled Catheter

AV Graft

AV Fistula

Other: _____

Location of access: _____

Date of placement: _____

Surgeon/Surgery Center: _____

Complications with access this admission? Yes No

If yes, please explain: _____

Dialysis Prescription for Discharge:

Treatments per week: _____ Duration: _____

BFR rate: _____ DFR rate: _____

K: _____ Ca: _____ Na: _____ Bicarb: _____

Machine temperature: _____ Dry Weight (EDW): _____

Heparin dosage: _____ Loading dose: _____

Hourly dose: _____ Arterial packing: _____

Venous packing: _____

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New Patient New Facility (cont.)

Dialysis Information

Date of last dialysis treatment prior to discharge:

Weight at completion of last treatment:

_____ kg lbs

Discharging Nephrologist: _____

Additional treatment information: _____

Laboratory Information

Labs to be ordered as per facility schedule/policy based on patient diagnosis of ESRD vs AKI.

ESRD-Specific Information

Date patient diagnosed as ESRD: _____

Diagnosing Nephrologist: _____

Primary cause of renal failure (ICD-10): _____

Date of first dialysis following ESRD diagnosis:

Is accepting dialysis facility aware of need for 2728?

Yes

No

Needed Accompanying Records

Discharge home medication list

List of follow-up appointments scheduled or needing to be scheduled

History and physical

Nephrology consult note

Last three dialysis treatment sheets

Lab work

CBC with differential

CMP

Hepatitis B Surface Antigen

Hepatitis B Core Antigen

Hepatitis B Surface Antibodies

Other labs as requested by facility: _____

Chest X-ray

Other pertinent notes, radiology records, procedure reports, etc.

Established Patient New Facility

Hospital Information

Hospital: _____

Unit: _____

Admission Date: _____

Discharge Date: _____

Contact Person: _____

Contact Phone: _____

Patient Information

Name: _____

Date of Birth: _____

Phone: _____

Address Discharging To: _____

Family/Secondary Contact: _____

Contact Phone: _____

Code Status: Full Code DNR

Allergies: _____

Competent to Sign Consents: Yes No

Admission Information

Discharge Diagnosis: _____

Co-morbid Conditions:

Heart Failure

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Hypertension

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COPD

Type: _____

Type I Diabetes

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Patient Weight: _____ kg lbs Height: _____

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Other: _____

Date of last dose: _____

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Venous packing: _____

Established Patient New Facility (cont.)

Dialysis Information

Date of last treatment prior to discharge: _____

Weight at completion of last treatment: _____ kg
 _____ lbs

Discharging Nephrologist: _____

Additional treatment information: _____

Laboratory Information

Labs to be ordered as per facility schedule/policy based on patient diagnosis of ESRD vs AKI.

Dialysis History

Name of most recent dialysis facility: _____

Phone number: _____

Reason patient is not returning to this facility:

Records from prior facility

CMS 2728

Last three treatment sheets prior to hospitalization

Most recent care plan

Most recent set of Hepatitis B labs

Immunization history

Needed Accompanying Records

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