

# Hospital to Dialysis Unit Transfer Summary

Patient Information		Hospital Information
Name/ID: _____	DOB: _____	Hospital: _____
Primary Renal DX: _____		Unit: _____
<b>Hepatitis B</b>	<b>Code Status</b>	Phone: _____
Antigen: _____ Antibody: _____	Full DNR	Admission Date: _____
Date: _____	Other Instructions: _____	Discharge Date: _____
Allergies: _____	Competent to sign consents: Yes No	Discharging Physician: _____

## Outpatient Dialysis Unit Accepting Transfer

Facility: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

## Current Vascular Access

Tunneled Catheter AVF AVG Other: _____	Any changes this admission: Clotting Declotting Revision New placement – describe: _____	Vascular Access Infection: Yes No Positive Blood cultures: Yes No If yes, antibiotic(s) given: _____ Organism type: _____
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## Anemia Management

ESA's given during the admission: None Epogen® Last dose: _____ Date received: _____	Aranesp® Procrit® IV Iron Therapy: Venofer® Ferrlecit® Feraheme® Infed® Dexferrum® Other: _____ Last dose: _____ Date: _____	Any RBC transfusions: Yes No Yes, date(s): _____ HGB prior to transfusion(s) _____ gm/dL Most recent: Hgb: _____ Date: _____ Hct: _____ Date: _____
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## Miscellaneous

Date of last HD prior to discharge: _____	Medication changes: _____
Changes to EDW: _____	Other: _____
Treated for other infections (list): _____	

Co-morbid Conditions - Did the patient receive treatment during this admission for the following conditions?

Pericarditis      Bacterial Pneumonia      GI Bleeding

## Discharge Dialysis Prescription/Orders

TX per week: _____ Duration: _____	Heparin: _____	Treatment tolerance: Well Fair Poor
Schedule: _____	Load: _____	Details: _____
Dialysate = Na: _____ K: _____ Ca: _____	Hourly: _____	
Bicarb setting: _____ DFR rate: _____	Mid Tx bolus: _____	
BFR rate: _____ Dry Weight: _____	Dialyzer: _____	

## Discharge Instructions

Telephone report to the chronic HD unit  
Report any changes in access placement or function  
Verify that transportation arrangements have been made through social service

## Fax following medical records:

Last three HD treatment sheets  
Medication list  
Recent lab work (chemistries, CBC, cultures)  
H&P, nephrology consult, radiology/scan reports, discharge notes