

# 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: _____	<input type="checkbox"/> Full <input type="checkbox"/> DNR	Admission Date: / /
Date: / /	Other Instructions: _____	Inpatient Attending Nephrologist(s): _____
Allergies: _____		Discharge Date: / /
	Competent to sign consents: <input type="checkbox"/> Yes <input type="checkbox"/> No	Discharging Physician: _____

**Outpatient Dialysis Unit Accepting Transfer**  
Facility: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

**Current Vascular Access**

<input type="checkbox"/> Tunneled Catheter <input type="checkbox"/> AVF <input type="checkbox"/> AVG <input type="checkbox"/> Other: _____	Any changes this admission: <input type="checkbox"/> Clotting <input type="checkbox"/> Declotting <input type="checkbox"/> Revision <input type="checkbox"/> New placement – please describe: _____	Vascular Access Infection: <input type="checkbox"/> No <input type="checkbox"/> Yes Positive Blood cultures: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, antibiotic(s) given: _____ Organism type: _____
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**Anemia Management**

ESAs given during the admission: <input type="checkbox"/> None <input type="checkbox"/> Epogen® <input type="checkbox"/> Aranesp® <input type="checkbox"/> Procrit® Last dose: _____ Date received: / /	IV Iron Therapy: <input type="checkbox"/> Venofer® <input type="checkbox"/> Other: _____ <input type="checkbox"/> Ferrlecit® Last dose: _____ <input type="checkbox"/> Feraheme® Date: / / <input type="checkbox"/> Infed® <input type="checkbox"/> Dexferrum® Date: / /	Any RBC transfusions: <input type="checkbox"/> No <input type="checkbox"/> 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: / / Changes to EDW: _____ Treated for other infections (list): _____	Medication changes: _____ _____ Other: _____
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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: _____ Schedule: _____ Dialysate = Na: _____ K: _____ Ca: _____ Bicarb setting: _____ DFR rate: _____ BFR Rate: _____ Dry weight: _____	Heparin: Load: _____ Hourly: _____ Mid Tx bolus: _____ Dialyzer: _____	Treatment tolerance: <input type="checkbox"/> Well <input type="checkbox"/> Fair <input type="checkbox"/> Poor Details: _____
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**Discharge Instructions**

<input type="checkbox"/> Telephone report to the chronic HD unit <input type="checkbox"/> Report any changes in access placement or function <input type="checkbox"/> Verify that transportation arrangements have been made through social service	<input type="checkbox"/> Fax following medical records: <input type="checkbox"/> Last three HD treatment sheets <input type="checkbox"/> Medication list <input type="checkbox"/> Recent lab work (chemistries, CBC, cultures) <input type="checkbox"/> H&P, nephrology consult, radiology/scan reports, discharge notes
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