

# Nursing Home Dialysis Patient Communication Form

## To Be Completed by Nursing Home

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Nursing Home Notes (new medication orders, change in condition)

---

---

---

## To Be Completed by Dialysis Facility

### Pre-Dialysis Treatment

Blood Pressure: \_\_\_\_\_ Temperature: \_\_\_\_\_ Pulse: \_\_\_\_\_ Weight: \_\_\_\_\_

### Dialysis Treatment Orders

Target Weight: \_\_\_\_\_ Treatment Duration: \_\_\_\_\_

Medications Administrated During Dialysis Treatment

---

---

### Post-Dialysis Treatment

Blood Pressure: \_\_\_\_\_ Temperature: \_\_\_\_\_ Pulse: \_\_\_\_\_ Weight: \_\_\_\_\_

Amount of Fluid Removed: \_\_\_\_\_

Did patient complete prescribed treatment:  Yes  No

If no, why? (cramping, low BP, other symptoms) \_\_\_\_\_

Please note any dialysis access problems (excess bleeding, infiltration, etc):

---

Nurse completing this form: \_\_\_\_\_

Please attach a copy of any current labs that were drawn.