

## Satellite Hemodialysis Patient Referral Checklist

**\*\*Please fax completed checklist and any associated documents to the Dialysis Dept. – (519) 943-7224\*\***

Please complete by entering initial in the appropriate Yes/No box.

		Yes	No	Comment
1	<b>History and Physical &amp; Care Plan from Referring Nephrologist</b> (within last 30 days)			
2	<b>Relevant Nursing Progress notes</b>			
3	<b>Relevant Medical History</b> *Secondary medical concerns followed up prior to transfer			
4	<b>Consultants involved in Care Plan</b>			
5	<b>Current Hemodialysis Orders</b>			
6	<b>Current Medication List</b>			
7	<b>Current Lab</b> Results (within 30 days)			
8	<b>Recent Cardiac and Diagnostic report</b> *Chest X-Ray (within 6 months) * ECG (within 6 months)			
9	<b>Transfusion Records</b> – Patient does not require transfusions on a regular basis			
10	<b>Immunization/IPAC Status</b> *Hepatitis, HIV, MRSA/VRE/CBE/C.diff			
11	<b>Last Three Hemodialysis treatment records (Run Sheets)</b> * Must have three consecutive hemodynamically stable treatments prior to transfer			
12	<b>Vascular Access Status and Reports</b> * Must have 3 consecutive cannulations without ultrasound (surgical reports, complications, revisions, mapping, transonic)			
13	<b>Mobility Status</b> Transfers with minimal assistance			
14	<b>Transplant Status and Documentation</b>			
15	<b>Dietician Note and Nutritional Care Plan</b>			



Patient Label

Please complete by entering initial in the appropriate Yes/No box.

EXCLUSION CRITERIA FOR TRANSFER TO HHCC SATELLITE UNIT	Yes	No	Comment
Patient has not been hemodynamically stable for 3 consecutive treatments; either inpatient or outpatient			
Patient is not neurologically stable with GCS less than 13			
Patient requires airborne precautions			
Patient requires nephrologist visit every dialysis treatment or 1:1 nurse-patient ratio			
Patient demonstrates patterns of excessive fluid gain of 5 liters between treatments that contributes to cardiac compromise			
Patient has consistent hemodynamic instability during treatment. <i>Pharmacological/crystalloid support is necessary to maintain adequate cardiac output or blood pressure.</i>			
VASCULAR ACCESS EXCLUSION CRITERIA FOR TRANSFER			
Vascular access assessment completed with transonic monitoring prior to transfer are outside normal limits access flows: greater than 500 ml/min and AVG access flow: greater than 600 ml/min or greater than 80-100% from baseline			
First vascular access cannulation initiation will have 3 hemodialysis treatments within above limits before transfer			

Referral Completed by: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_\_

HHCC Use Only	
Patient Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No	HHCC Signature: _____

