



DARE TO CARE DIFFERENTLY

### **Dialysis Admissions Checklist**

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

Referring Facility: \_\_\_\_\_

Home Referral ☐ SNF Name: \_\_\_\_\_

Hospital/LTAC: \_\_\_\_\_

Hospital Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_ Face Sheet with insurance info and demographics (SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_)

\_\_\_\_\_ H & P

\_\_\_\_\_ Recent Nephrology Note (CMS Form 2728 if Community patient)

\_\_\_\_\_ Hgb >7.0 within 7 days (Within 30 days if Community patient)

\_\_\_\_\_ Patient Weight (MFD Sites cannot accept patients >400lbs)

\_\_\_\_\_ Dialysis Access: AVF \_\_\_ AVG \_\_\_ Tunneled Cuffed Catheter \_\_\_

\_\_\_\_\_ Negative HepB Surface Antigen (w/in 30 days) or HepB Surface Antibodies >10 (within last 12 mo)

\_\_\_\_\_ Treatment orders or most recent Dialysis flowsheets

\_\_\_\_\_ Patient is able to sign their HD consent? Y/N

### **Returning Patient**

For returning patients who last treated with Dialyze Direct within 30 days, we will need the most recent labs (including Hgb), most recent dialysis flowsheets and a Discharge Summary when available.

Notification of returning patients must be sent to your regional Intake team for all returns.