Dialyze Direct

DARE TO CARE DIFFERENTLY

Dialysis Admissions Checklist

Patient Name: _____

Referring Facility: _____

Hospital/LTAC: _____

Hospital Contact: _____

Anticipated Date of Discharge: _____

_____ 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___Permanent (TDC) Catheter___

_____ Negative HepB Surface Antigen (within 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