



Health
Northern Sydney
Local Health District

FAMILY NAME

MRN

GIVEN NAME

 MALE FEMALE

D.O.B.

M.O.

Facility: COM HKH MAC MAN MV RNS RYD

ADDRESS

**SYDNEY DIALYSIS CENTRE (SDC)
HOME HAEMODIALYSIS
AGREEMENT OF CARE**

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

I, _____ (Patient's name) agree that:

Home haemodialysis equipment will be installed under the following conditions:

- The equipment remains the property of Sydney Dialysis Centre (SDC). It is supplied to me on loan for the duration of my home haemodialysis treatment. I will keep the machine and treatment area clean and free of pests and vermin at all times.
- A nurse from SDC will visit me every three (3) months. During the visit, the nurse will complete a fluid assessment, review my dialysis records and discuss any dialysis related or personal concerns. The nurse may arrange referral, with my agreement, to another health professional. Following this visit, the nurse will provide a written report to my renal physician.
- For my safety, SDC advises that I should dialyse at least three (3) times per week and that no more than 600mls of fluid should be removed per hour of dialysis treatment. If my ultrafiltration goal exceeds this hourly rate, I will need to extend the hours of my dialysis or perform an additional dialysis treatment the following day to remove any excess fluid.
- If I experience low blood pressure during dialysis, I will agree to administer normal saline until I feel better and my blood pressure returns to within my expected range.
- A technician will attend my home every six (6) months to perform routine maintenance of my loaned home dialysis equipment.
- Maintenance of my loaned haemodialysis machine must be conducted monthly, as outlined in my training manual.
- Should I require any assistance or advice about my dialysis, I will phone SDC (during office hours Tel: (02) 9462 9400) or the on-call service through RNSH (after hours Tel: (02) 9926 7111). Nursing and technical staff are always available to assist me.
- Should I become unwell or in the opinion of my renal physician and/or SDC, am no longer able to safely manage home dialysis, the loaned equipment will be collected and returned to SDC.
- Visits from the nursing and technical staff are mandatory. If I refuse these, I understand that my machine will be collected and returned to SDC.

Patient name:

Patient signature:

Address:

Date: / /

Staff name:

Staff signature:

Date: / /

Staff designation:

Staff contact number:

Sydney Dialysis Centre
Northern Sydney Local Health Network
ABN 63 834 171 987
Level 4, 2C Herbert St, St Leonards NSW 2065
Tel: (02) 9462 9400 Fax: (02) 9462 9080

SDC HOME HAEMODIALYSIS AGREEMENT OF CARE



COR10897

Holes punched as per AS2828-1999

BINDING MARGIN - NO WRITING

AUG11