

PERITONEAL DIALYSIS REFERRAL

PATIENT NAME _____	Country of Birth _____
MRN _____	Address: _____
DOB _____ AGE _____	Phone: _____
Doctor _____	Significant Other: _____
Or affix Patient Identification Label here	Phone: _____
	Date Of Referral: _____

Creatinine on commencement _____ Smoker: yes no Height _____

Primary diagnosis: _____

Medical history: _____

Allergies: _____

Medications: _____

ESA yes no ESA Type _____ ESA dose: _____

Hospital - catheter insertion _____

Insertion date: _____ Mode (GA/LA) _____

Intra-op antibiotics: _____

Dressing _____

POST-OP FLUSH & HEPARIN LOCK:

Immediate post-op: yes no

Week 1 (7 days): yes no

Week 2 (14 days): yes no

DATE OF FIRST DIALYSIS:

Haemodialysis: _____

PD (APD/CAPD/IPD): _____

CATHETER COMPLICATIONS: _____

Exit Site Infection & Date: _____

Peritonitis & Date: _____

Vascular access: yes no Site: _____

INFECTIOUS DISEASE STATUS

HIV Screen Attended: _____

Hepatitis B: _____

Hbs Ag +ve -ve Hbs Ab +ve -ve

Hepatitis C: _____

Anti-HCV +ve -ve

Hepatitis Vaccine Required: yes no

MRSA Body Swabs:

Umbilicus +ve -ve Groin +ve -ve

Axilla +ve -ve Nostril +ve -ve

If positive, treatment given _____

BLOOD PRESSURE: Lying _____ Standing _____

DRY WEIGHT _____ LAST HAEMO WEIGHTS _____

KIDNEY TRANSPLANT LIST: yes no

WORK-UP BLOOD TAKEN: First Sample: yes no

Second Sample: yes no

DAILY LIVING ASSESSMENT

Independence (attends to own hygiene): _____

Vision & Hearing Deficits/Prosthesis : _____

Ambulant: _____

Language Spoken: _____ Interpreter required: yes no

Social Situation: _____

Transport: _____

If Community Transport Required: Organised yes no

OTHER COMMENTS

- | |
|--|
| <p>Check list for haemodialysis staff</p> <ul style="list-style-type: none"> <input type="checkbox"/> Has the vascath dressing been attended? <input type="checkbox"/> Has the last pre and post weight been recorded on this referral? <input type="checkbox"/> Has the BP been documented? <input type="checkbox"/> Does the patient know where the PD unit is and what time they are expected? <input type="checkbox"/> Are all papers complete? <input type="checkbox"/> Has patient had initial iron infusion? <input type="checkbox"/> Forward referral to staff in PD unit before the date of patient training |
|--|