

Dialysis Documentation Tool

Patient's Name																																																		
										Hospital in prior 30 days?					Y		N																																	
Date of Visit:										Note Type:					Limited			Comp			Other																													
Facility:										HPI:																																								
Rx: Time:										Dialyzer:										Bath:										TW:																				
Date of Lab Data																																																		
Adequacy	KT/V Adequate?										Yes					No																																		
	URR Adequate?										Yes					No																																		
	Achieves Prescribed Time?										Yes					No																																		
	Achieves Prescribed Frequency?										Yes					No					Vitals:																													
Next Steps: Con't Rx Change Rx as follows:										HEENT:										WNL					Notes					N/A																				
										CV:										WNL					Notes					N/A																				
										Pulm:										WNL					Notes					N/A																				
Access	Healthy and Functioning?										Yes					No					Abd:										WNL					Notes					N/A									
	Signs of Infection?										Yes					No					Ext/Skin:										WNL					Notes					N/A									
	Blood Flow Adequate?										Yes					No					Neuro:										WNL					Notes					N/A									
Next Steps:										Access eval:										WNL					Notes					N/A																				
										AVF AVG CVC PD Other Location:																																								
										Physical Limitations:																																								
										Plans:																																								
Anemia	Hgb @ goal?										Yes					No																																		
	TSat @ goal?										Yes					No																																		
	Ferritin @ goal?										Yes					No																																		
	ESA dose trending within Protocol Goals?										Yes					No																																		
	FE dose trending within Protocol Goals?										Yes					No																																		
Next Steps:																																																		
Nutrition	Albumin @ goal?										Yes					No																																		
	K ⁺ @ goal?										Yes					No																																		
	A1c @ goal?										Yes					No																																		
Next Steps:																																																		
										Problem List Reviewed:										Yes					No																									
Volume	Frequent Hypotension?										Yes					No					Social:																													
	Tolerating current typical fluid removal?										Yes					No					Medications Reviewed:										Yes					No														
	Excessive Weight Gain?										Yes					No					Med Changes:										Yes					No														
	BP Controlled?										Yes					No																																		
Next Steps:																																																		
										Transplant Plan:																																								
BMD	Calcimimetic Dose:										N/A																																							
	Phos @ goal?										Yes					No																																		
	Ca @ goal?										Yes					No																																		
	PTH @ goal?										Yes					No					Home Dialysis Considered:																													
	Vit D/BMD protocol achieving goals?										Yes					No					NA																													
Binders:																																																		
Next Steps:										Other Lab Data:																																								
										Plt																																								
										WBC																																								

Provider Signature | Date