

Instruction for Hemodialysis Resource Tool

This form should be completed upon monthly to ensure all resident receiving dialysis monitored for changes. Any newly admitted resident receiving dialysis should be added to this tool on admission and/or when a resident is started on dialysis.

1. Date- document in this section the date in which the entry is made on this form.
2. Resident's name- document the resident name from the medical record in this section.
3. Document if resident has graft and/ or perma cath to include the location.
4. Document the dialysis center name and the name of the Nephrologists caring for the resident.
5. Verify the resident has a MD order to receive hemodialysis.
6. Document the MD order for fluid restriction the amount and time frame. i.e. 1000cc/ 24 hour.
7. Document the mode of transportation the resident will be taking to and from the dialysis center.
8. Document the days of the week the resident is to receive dialysis treatments per the MD orders.
9. Document the review of dialysis communication form to ensure the documentation is completed by the facility nurse and the dialysis center nurse.

SAMPLE