

**Transfer Patient Information Checklist**

Patient Name: Last \_\_\_\_\_ First \_\_\_\_\_ DOB: \_\_\_\_\_

Goals of Care and/or Code Status: \_\_\_\_\_

Provincial Health Care Number (within Canada): \_\_\_\_\_

**Current Address:** \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Local Address (Calgary Area):** \_\_\_\_\_City: \_\_\_\_\_ Province: Alberta Postal Code: \_\_\_\_\_

Local Contact: Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Referring Dialysis Unit:** \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Designation: \_\_\_\_\_ Phone: \_\_\_\_\_

**BBV Information:** Hepatitis B N Y      Hepatitis C N Y      HIV N Y  
Any HepB, HepC, or HIV positive diagnosed patient must be identified early in the transfer process**Documents Request**

The following documents are required by our unit at least 2 weeks prior to arrival:

- Letter from most responsible health care provider (MRHP) with update on patient condition
- History and physical
- Problem list
- ECG (if available)
- Vascular access history (recent vascular access procedure and event documents)
- Recent blood work, including coagulation, hematology and chemistry
- HCV (within 1 year)
- HIV status (most recent result)
- HBsAg (within 3 months if anti-HBS negative)       Anti-HBS (HB antibody)
- Dialysis Order Printout (include anticoagulant)
- Signed Consent for Hemodialysis
- Medication List with Allergy/Caution Sheet (and note of any hazardous medications)
- Infectious disease status/isolation precautions required (**please alert receiving unit**)
- Recent 3 HD Treatment Logs
- Last 3 HD Treatment Logs (just prior to departure for Calgary)

Out-of-Province Transfers:

- MRSA (within 2 weeks of travel)       CPO (if outside-of-country prior to transfer)
- Copies of insurance cards with expiration dates

Please Note:

- Call receiving unit one week prior to patient arrival to confirm transfer date
- Medications – patient to bring own ESA and prescribed medications (ie. Calcijex)

**Hemodialysis Treatment information**

Patient Name: Last \_\_\_\_\_ First \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis (etiology of renal failure): \_\_\_\_\_

Dialysis Schedule: \_\_\_\_\_ Duration of HD: \_\_\_\_\_ hrs

Dialyzer: \_\_\_\_\_ UFR: \_\_\_\_\_ ml/hr Membrane: \_\_\_\_\_

Type of Access:  AVF  AVG  CVC Location of Access: \_\_\_\_\_

Needle Type &amp; Gauge (for AVF/AVG): \_\_\_\_\_

Blood Flow Rate: \_\_\_\_\_ ml/min Dialysate Flow Rate: \_\_\_\_\_ ml/min

**Dialysate Composition:**

Potassium: \_\_\_\_\_ Calcium: \_\_\_\_\_ Magnesium: \_\_\_\_\_

Glucose: \_\_\_\_\_ Sodium: \_\_\_\_\_ Bicarbonate: \_\_\_\_\_

**Anticoagulation:** Heparin  Tinzaparin  Other: \_\_\_\_\_

Strength: \_\_\_\_\_ Initial Dose: \_\_\_\_\_ Hourly Dose: \_\_\_\_\_

**Average Blood Pressures** (complete as applicable):

Standing (pre): \_\_\_\_\_ Sitting (pre) : \_\_\_\_\_ Lying (pre) : \_\_\_\_\_

Standing (post) : \_\_\_\_\_ Sitting (post) : \_\_\_\_\_ Lying (post) : \_\_\_\_\_

**Dry Weight**

Current dry weight: \_\_\_\_\_ Average weight gain: \_\_\_\_\_

**Other Information**

Allergies: \_\_\_\_\_

Complications during dialysis: \_\_\_\_\_

Medications taken during dialysis: \_\_\_\_\_

Transfusion requirements: \_\_\_\_\_

History of reactions to transfusions: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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