

This Treatment Options Interest Form can be used to identify and educate patients who are interested in learning more information about Transplant and/or Home Modality options.

Please indicate if you are interested in a **Kidney Transplant**

- Yes**, I am interested in learning more information about a kidney transplant.
I would like to be evaluated for a kidney transplant at (you may check more than one):

- | | |
|---|----|
| <input type="checkbox"/> Augusta University Medical Center | GA |
| <input type="checkbox"/> Emory Transplant Center | |
| <input type="checkbox"/> Piedmont Hospital Transplant Institute | |
| <input type="checkbox"/> Carolinas Medical Center | NC |
| <input type="checkbox"/> Duke University Hospital | |
| <input type="checkbox"/> UNC Hospital | |
| <input type="checkbox"/> Vidant Medical Center | |
| <input type="checkbox"/> Wake Forest Baptist Hospital | |
| <input type="checkbox"/> Medical University of South Carolina | SC |
| <input type="checkbox"/> Other, please specify:
_____ | |

- No**, I am not interested in a Kidney Transplant at this time. If I change my mind, I will inform my Nephrologist or the Charge Nurse.

The reason I am not interested is:

- No**, I am not a transplant candidate due to:

- I AM** on the Transplant Waitlist at _____ Transplant Center

Patient Signature Date

Social Worker or Nurse Signature Date

Date of Referral: _____

Please indicate if you are interested in **Home Dialysis Options**

- Yes**, I am interested in learning more information about dialysis at home.
I would like to be evaluated for the following modalities:

- | |
|---|
| <input type="checkbox"/> Home hemodialysis (HHD) |
| <input type="checkbox"/> Continuous ambulatory peritoneal dialysis (CAPD) |
| <input type="checkbox"/> Continuous cycling peritoneal dialysis (CCPD) |



- No**, I am not interested in being evaluated for a home modality at this time. If I change my mind, I will inform my Nephrologist or the Charge Nurse.

The reason I am not interested is:

- No**, I am not a home dialysis candidate due to:

Physician Signature Date

Modality: _____ T _____ HHD _____ CAPD _____ CCPD

Choosing the Right Option For You!

Treatment Option	Advantages	Disadvantages
Transplant	<ul style="list-style-type: none"> • Is closest to having your own kidneys • No dialysis treatments required once transplanted kidney starts working • Longer life expectancy with a transplant than dialysis • Fewer fluid and diet restrictions • You may feel healthier and have more energy • Work full/part time without worrying about a dialysis schedule 	<ul style="list-style-type: none"> • Stress of waiting for a match • Risks associated with major surgery • Risk of rejection – your transplant may not last a lifetime • Daily anti-rejection medications required – which could cause side effects • Susceptible to infection • Possible changes in your appearance due to medication side effects
Home hemodialysis	<ul style="list-style-type: none"> • Flexible treatment time • No travel to a clinic for treatments • Be involved in your own care • Same person always helps you perform treatment • Cleans blood 5-6 times during the week, which is more like your natural kidney • Nocturnal allows dialysis while you sleep • Dialysis in the comfort of your own home • Less restricted renal diet • May require fewer medications • Possibly experience more energy and feel better between and following treatments 	<ul style="list-style-type: none"> • May require a trained partner to help you depending on chosen HHD option • Training may take 3-4 weeks or more • Permanent access to your blood required, typically in your arm • Low risk of infection with proper aseptic techniques • Requires space for supplies and equipment • Need to schedule treatments into daily routine • Insertion of two needles for each treatment
Peritoneal Dialysis (PD)	<ul style="list-style-type: none"> • You control your dialysis schedule • Flexible lifestyle and independence • Patients typically have more energy and feel better • No travel to a dialysis center for treatments • Be involved in your own care • Can provide continuous therapy, which is more like your natural kidney • Needle-free treatments • Fewer diet and fluid restrictions • May require fewer medications • Can do treatments while sleeping (CCPD) • Portable – can travel • No partner required 	<ul style="list-style-type: none"> • Need to schedule exchanges into your daily routine, seven days a week • Requires a permanent catheter typically in the abdomen • Increased risk of peritonitis (abdominal infection) • May gain weight/ have a larger waistline • Training is needed to learn to perform treatment • Requires space for supplies and equipment • Cycling machine needed for CCPD • Must be committed to self-care
In-center hemodialysis	<ul style="list-style-type: none"> • Nurses and Technicians perform treatment for you • Regular contact with other patients and staff • Usually three treatments per week • No equipment /supplies at home • Immediate access to emergency care if needed 	<ul style="list-style-type: none"> • Travel to and from dialysis center three times a week on a fixed schedule • May feel tired or worn down because blood is cleaned only three times a week • Restricted diet/limited fluid intake • Possible discomfort such as headache, cramping, nausea or tiredness