



DIALYSIS AND NURSING HOME HANDOFF COMMUNICATION TOOL

TO BE COMPLETED BY NURSING HOME AND SENT WITH RESIDENT EACH TREATMENT

RESIDENT NAME: _____ DATE: _____
 Code Status: _____ Mental Status: _____
 Vital Signs: Temp _____ Pulse _____ Resp _____ BP _____
 Any allergies? _____
 Any medical problems since last dialysis? Yes _____ No _____
 Has patient been in hospital since last dialysis? Yes _____ No _____
 If "Yes", please explain: _____
 Any new medication/vaccination since last dialysis? Yes _____ No _____
 If "Yes", list new medication/vaccination: _____
 Any labs drawn by the nursing home? Yes _____ (if yes, attach copy of results) No _____
 Any blood transfusions since last dialysis? Yes _____ No _____
 If "Yes", list reason (*GI bleed, low hemoglobin, cancer, etc.*) _____
 Current Diet/Fluid Restrictions: _____
 Type of Access: AV Fistula _____ AV Graft _____ Catheter _____
 Dressing Intact: Yes _____ No _____
 Any signs/symptoms of Infection: Yes _____ No _____
 If patient has a fistula or graft, can you feel or hear a pulsation? Yes _____ No _____
 Nurse's Signature: _____ Date: _____

TO BE COMPLETED BY DIALYSIS AND RETURNED WITH RESIDENT EACH TREATMENT

Pre-Dialysis Weight: _____ Post-Dialysis Weight: _____
 Problems During Dialysis: _____
 Amount of Fluid Removed: _____
 Post-Dialysis Vitals: T _____ P _____ R _____ BP: Sitting _____ Standing _____
 Labs Drawn: Yes _____ No _____ Copy of lab results attached: Yes _____ No _____
 Updated MD orders attached: Yes _____ No _____
 Did Dietitian Make Recommendations? _____
 Did Social Worker Make Recommendations? _____
 Food/Fluid Consumed During Dialysis: _____ % Meal Consumed _____ Fluids Consumed _____
 Medications Given During Dialysis: Anemia Meds _____
 Other Meds _____

 Vascular access condition: _____
 Dialysis Nurse's Signature: _____ DATE: _____



IPRO End-Stage Renal Disease Network Program

Corporate Headquarters:
 1979 Marcus Avenue, Lake Success, NY 11042-1072
 Patient Toll-Free: (800) 238-3773 • Fax: (516) 326-8929
 E-mail: esrdnetworkprogram@ipro.us • Web: <https://esrd.ipro.org/>

This material was prepared by the IPRO ESRD Network Program, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. CMS Contract Number: HHSM-500-2016-00019C, HHSM-500-2016-00009C, HHSM-500-2016-00006C, HHSM-500-2016-00020C. Publication # ESRD.IPRO-G5-NW-20220727-124 8/9/22 Rev 2