



Renal Department Dialysis Unit Patient Transfer

Patient Addressograph Label

Patient Details								
Contact Number/s								
Next of Kin Details								
Name								
Relationship								
Address and Contact Number								
Clinical History								
Renal Diagnosis								
Past Medical History								
Is the patient diabetic?	Yes		Details?					
	No							
Known Allergies	Yes		Details?					
	No							
Decugnitation Status	For Resus							
Resuscitation Status	DNACPR		ReSPECT Form MUST be Consultant Signed					
Dialysis Treatment Details								
First Dialysis Treatment Date								
Dialysis Modality	HD		HDF 🗆 PE)				
Dialysis Access Details	CVC		AVF/G □ PC Ca	O atheter				
	If more than one access type is available, which is primarily used?							
Transplant Status								
Has the patient previously had a transplant?	Yes							
	No		Are they on the transplant list?	Yes		No		

Social Circumstances

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Supported	Home situation		Own home		House	пΤ	Flat	П	Bungalow	
Ilving										
home		li	ving							
Care home										
Communication needs Yes Details? No Details? Mobility Independent Details? Walking aids Details? Wheelchair Details? Wheelchair Details? Transport needs Self-drive Details? Car Details? Wheelchair Details? Car Details? Wheelchair Details? Car Details?										
Communication needs Yes					D-4-:I-0					
No			50C		Details?					
No										
Mobility	Communication needs	Y	⁄es		Details?					
Mobility										
Mobility		L,								
Walking aids Details?	NA = le :I:4									
aids Wheelchair Bed bound Transport needs Self-drive Wheelchair Ambulance Manual Infection, Prevention and Control Serology tested Yes Details? CPE screening result Positive Details? Negative Details? Negative Details? Negative Details? Negative Details? Negative Details? Does the patient require isolation nursing No Details? Documents for transfer ReSPECT form Details? Virology checklist Details?	IVIODIIITY				Deteile					
Wheelchair Bed bound Car Wheelchair Ambulance Bed bound Details? Car Details? De					Details?					
Bed bound		۱	ilus							
Transport needs Self-drive		ν	Vheelchair							
Transport needs Car		E	Bed bound							
Car	Transport needs	5	Self-drive							
Mheelchair			Car							
Infection, Prevention and Control Serology tested Yes Details? CPE screening result Positive Details? Negative Does the patient require isolation nursing No Details? Documents for transfer ReSPECT form Diriology checklist During administration chart During administration chart During continuing CVC monitoring chart Purpose T and MUST Confirmation of dietician referral Name Signature		V	Vheelchair							
Serology tested Yes Details? CPE screening result Positive Details? MRSA screening result Positive Details? MRSA screening result Positive Details? Negative Does the patient require isolation nursing Positive Details? No Details? No Details? Details? Details?		A	Ambulance							
Serology tested Yes Details? CPE screening result Positive Details? MRSA screening result Positive Details? MRSA screening result Positive Details? Negative Does the patient require isolation nursing Positive Details? No Details? No Details? Details? Details?			_		•					
CPE screening result Negative					D-4-:1-0					
Negative Details? Negative Details?	Serology tested)	res		Details?					
Negative Details? Negative Details?										
Negative Details? Negative Details?	CPE screening result		Positive		Details?					
MRSA screening result Positive Details?										
MRSA screening result Positive Details?		<u> </u>	1							
Negative Does the patient require isolation nursing Per Details? No	NADOA				Deteile					
Documents for transfer ReSPECT form Virology checklist Current drug list IV drugs administration chart HD checklist CVC monitoring chart Purpose T and MUST Confirmation of dietician referral Name Details? Details? Details? Details? Details? Details?	MRSA screening result		Positive		Details?					
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Confirmation of dietician referral Name Signature										
Name Signature		referral								
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Designation										
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