Cardiorenal/Ascites Peritoneal Dialysis Catheter Drainage Assessment Report

Thank you Dr. ________________________________

Medical/social history reviewed and patient examined. Findings:

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☐ This patient is seemingly suitable for Peritoneal Dialysis catheter insertion for ascites drainage. The patient understands that this is not standard treatment for his/her condition and is being offered it because of significant difficulty in managing volume/ascites by conventional therapy. The patient accepts the following associated risks:
  • Volume depletion or/and cardiovascular collapse.
  • Intravascular volume contraction resulting in decreasing glomerular filtration rate (GFR)/end-stage renal disease (ESRD) and need for dialysis which may not be tolerated if hypotension develops.
  • Peritonitis
  • Peritoneal Dialysis catheter exit site infection
  • Other: ____________________________________________

☐ We will plan Peritoneal Dialysis catheter insertion in the near future.

☐ You will need to continue to follow this patient and be responsible for treating his/her underlying problem, including advising the patient regarding amount and frequency of ascites drainage to achieve therapeutic target weight. If this patient requires peritoneal dialysis exchange(s) for ultrafiltration and not just ascites drainage at time of Peritoneal Dialysis catheter insertion, or subsequently, we will follow the same as all other Peritoneal Dialysis patients. We will otherwise follow approximately every six months, sooner if required for Peritoneal Dialysis catheter related problems (e.g. infections).

☐ This patient is seemingly suitable for this procedure but is undecided/does not wish to proceed. Please continue with the patient’s usual care. Please let us know if the patient changes his/her mind.

☐ This patient is not a suitable candidate for this procedure. Please continue with the patient’s usual care. Reason(s):
  ☐ Medical:

  ☐ Social:

Other Comments:

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Signature ____________________________ Printed Name ____________________________ Date_D______M______Y______