



MANITOBA RENAL PROGRAM

SUBJECT <ul style="list-style-type: none"> ▪ DOCUMENTATION STANDARD Manitoba Renal Program & Long Term Care Communication Record Form #W-00273, #WR-16, and # CL0065-5	SECTION 60.20 Documentation Standards – Hemodialysis
	CODE 60.20.06
AUTHORIZATION <ul style="list-style-type: none"> ▪ Professional Advisory Committee, Manitoba Renal Program 	EFFECTIVE DATE November 18, 2008
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PURPOSE/BACKGROUND:

1. To provide a communication record between Manitoba Renal Program (MRP) and Long Term Care(LTC) facilities to ensure safety and continuity in patient care.

INITIATION:

1. The Manitoba Renal Program and Long Term Care Communication Record (60.20.06a WRHA Form # W-00273, 60.20.06b # WR-16, and 60.20.06c # CL0065-5) is initiated when a resident of a long term care facility receives renal replacement therapy requiring repeated transfers to a MRP facility.

USE OF THIS FORM:

1. A reciprocal communication record used by nursing staff at each facility involved in a patient transfer.

COMPLETION:

1. The sending LTC facility will ensure the record is stamped with the patient's addressograph. When an addressograph is not used, the upper right hand corner of the form will be completed with the following information: Patient's Surname and Given Name, Date of Birth, Manitoba Health Card Registration Number, Personal Health Identification Number (PHIN), Facility Health Record Number.
2. The LTC facility will complete *PART 1* and fax the record to the receiving MRP facility prior to transferring a patient:
 - i. **Unit/Facility** will be identified on the line provided.
Exception: Sending sites using Communication Records with a pre-printed site Logo will identify the Unit only.
 - ii. **Visit Date** will be identified on the line provided.
 - iii. **Changes Since Last Dialysis Treatment:**
 - a. The nursing staff will provide and document patient status in the following categories:

- Change in vascular access
- Level of consciousness, vital signs, prolonged bleeding
- Lab work or x-rays/imaging done with new findings
- New Physician Orders
- Transferred to Acute Care facility
- Other (specify)

b. An explanation shall be documented on the lines provided in this section each time an affirmative response is given in the check boxes provided.

iv. Record of Documentation Included:

- a. With each affirmative response in the provided check box the nursing staff will provide copies of documents in the transfer package in the following categories:
- Copy of current Advance Care Planning – Goals of Care form to accompany patient during transfer from LTC and MRP facility
 - Medication Administration Record / Pyxis Medication List (include for each medication change)
 - Other (specify)
- b. Other relevant documentation to enhance communication in providing safe patient care shall be included using the “other” check box.
- c. In the event where there is a significant change in the patient’s status, relevant portions of the health record will be faxed as supplemental information to that provided on the completed Communication Record.

v. Nurse’s Signature, Printed Name, and Date Completed:

- a. The LTC nurse’s signature and printed name and the date the form is completed are required on the lines provided.

3. The MRP facility will complete *PART 2* and fax the form back to the LTC facility prior to transferring a patient:

i. **Unit / Facility** will be identified on the line provided.

ii. Hemodialysis Treatment:

- a. The nursing staff will provide and document patient status in the following categories:
- **# Hours** – dialysis treatment length
 - **Heparin** – check yes if administered or no if not
 - **Vascular Access** – type of access (CVC or AVF/AVG) and location (right or left) using the check boxes
 - **Dry weight** – patient’s prescribed dry weight
 - **Pre hemodialysis weight**
 - **Post hemodialysis weight**
 - **Vital Signs** - pre and post hemodialysis treatment blood pressure, heart rate, temperature, reparatory rate, and blood glucose (as required)
 - **Blood work** – if bloodwork drawn check boxes as appropriate for CBC, chemistry, INR, blood cultures, and other. If “other” is checked, document type of blood test
 - **Blood products** – type and amount of blood products administered during dialysis treatment
 - **Antibiotics/Medications** - antibiotics/medications administered during dialysis treatment
- b. The nursing staff will provide details in the following categories:
- Patient Issues
 - Nephrologist consulted due to new issues. The Nephrologist’s name will be identified on the line provided
 - New physician’s orders. If yes, specify orders given.

An explanation shall be documented on the lines provided in this section each time an affirmative response is given in the check boxes provided.

iii. Record of Documentation Included:

- a. The nursing staff will provide copies of documents in the transfer package in the following categories:

- Medication Administration Record (include for each medication change)
 - Other (specify)
- b. Other relevant documentation to enhance communication in providing safe patient care shall be included using the “other” check box. Any changes to the patient’s hemodialysis appointment times or locations shall be documented in this space as well.
- c. An explanation shall be documented on the lines provided in this section each time an affirmative response is given in the check boxes provided.
- d. In the event where there is a significant change in the patient’s status, relevant portions of the health record will be faxed as supplemental information to that provided on the completed Communication Record.

iv. Nurse’s Signature, Printed Name, and Date Completed:

- a. The Dialysis nurse’s signature, printed name and the date the form is completed are required on the lines provided.

ROUTING/FILING OF COMPLETED COMMUNICATION RECORD:

- i. The completed Communication Record will be faxed by the Dialysis Unit staff to the Sending Facility at the time the patient is being transferred back to the facility.
- ii. The faxed completed Communication Record will replace the original form initiated by the LTC site and will be filed in the Progress Notes section of the LTC facility health record.
- iii. The Communication Record form initiated by the LTC site and completed by the Dialysis Facility will be filed in the patient’s MRP Health record or stored as per facility practice for a minimum of one month.