



Winnipeg Regional  
Health Authority  
Caring for Health

Office régional de la  
santé de Winnipeg  
À l'écoute de notre santé



Manitoba  
Renal  
Program  
Programme  
manitobain des  
maladies rénales

## “TRANSFER OF PATIENTS BETWEEN DIALYSIS UNITS AND/OR SITES WITHIN THE MANITOBA RENAL PROGRAM” CHECKLIST

Please complete by dating and initialling the checklist. Place completed checklist in the front of the patient's Manitoba Renal Program Health Record prior to sending the health record and transferring the patient to the receiving dialysis unit and/or site.

<b>TO BE COMPLETED BY THE CLINICAL RESOURCE NURSE, CHARGE NURSE, OR ASSIGNED REGISTERED NURSE OR LICENSED PRACTICAL NURSE FROM THE SENDING DIALYSIS UNIT AND/OR SITE</b>	<b>Date Completed</b>	<b>Initials</b>
Consent for Renal Replacement Therapy signed		
Consent for CORR signed		
Kardex/Quick Reference Cardex updated and completed		
Allergies documented		
Current Medication List including all PRNs and single dose medications (within the last month)		
Hepatitis B vaccine series documented		
Pneumovax vaccine documented		
Dialysis Treatment Records x 6		
Anti HBs, HBsAg, HCV results (within last 6 months)		
MRSA results (within last 4 weeks) in chart or swabs sent		
VRE results (within last 4 weeks) in chart or swabs sent		
Chest x-ray report (within last 6 months)		
EKG report (within last year)		
Complete and current (within the last year) Medical History and Physical in Case Summary format		
Nutritional Assessment and current Dietary Prescription		
Relevant Progress Notes including current Social Work Assessment		
Vascular Access Record and Current Vascular Access Operative Report and Diagram where available		
Relevant medical correspondence		
Transplant Status		
Home Dialysis Status		

<b>TO BE COMPLETED BY COMMUNITY DIALYSIS NURSE IF PATIENT IS TRANSFERRING TO A LOCAL CENTRE DIALYSIS UNIT:</b>	<b>Date Organized</b>	<b>Date Completed</b>
Dialysis Organized at HSC Prior to Transfer		
Criteria for Transfer to Local Centre Reviewed with Patient		
Local Centre Nursing Unit/Administrator Consulted (Staffing and Equipment Confirmed)		
Local Centre Physician Consulted		
Start Date Confirmed with Local Centre Unit		
Start date confirmed with Social Worker		
Start date and time confirmed with patient		
Pre Printed Physician Orders Written		
Nursing Data Base Complete		
Medication Reviewed with Patient and Medication Record Updated		
Written Nursing Assessment and Summary. Verbal Report (relevant nursing issues)		
Chart Transfer (where applicable)		
Supplemental Chart Created		
Laboratory Flow Sheet results for x 6 months		
CXR less than 6 months, EKG less than 6 months		
HbsAb, HbsAg, HCV		
<b>If patient is from out of province then <i>all</i> of the following swabs must be sent for <i>MRSA &amp; VRE</i> 1 week prior to transfer:</b> <ul style="list-style-type: none"> <li>• Right and left nares (one swab)</li> <li>• Sputum or endotracheal secretions (if no sputum or endotracheal secretions culture throat)</li> <li>• All wounds or draining sites at next dressing change</li> <li>• All invasive line/device sites (i.e., central line)</li> <li>• Urine (<i>only if patient has indwelling catheter</i>)</li> <li>• Rectum (<i>or if colostomy or ileostomy, culture stoma site</i>)</li> </ul>		
<b>TO BE COMPLETED BY COMMUNITY DIALYSIS UNIT CLERK IF PATIENT IS TRANSFERRING TO A LOCAL CENTRE DIALYSIS UNIT:</b>	<b>Date Organized</b>	<b>Date Completed</b>
Clinical Appointment/Assessment Arranged		
Addressograph Ordered/Received		
Supplemental chart organized, information sheet completed		
Medication Flow Sheets copied (copies in supplemental chart)		
Hemodialysis Flow Sheet copies (copies in supplemental chart)		
Pre and Post blood work and tests verified/organized (copies in supplemental chart)		
Lab Flow Sheet Copied (copies in supplemental chart)		
Case Summary Copied (copies in supplemental chart)		
Nutrition Database Copied (copies in supplemental chart)		
Problem List Copied (copies in supplemental chart)		
Nursing Assessment/Transfer Summary Copied (copies in supplemental chart)		
Social Work Assessment Copied (copies in supplemental chart)		
Vascular Sheets/O.R. Report/Consults Copied (copies in supplemental chart)		
Send Completed check list to receiving unit with patient information		