

# MANITOBA RENAL PROGRAM

## HEALTH INFORMATION TRANSFER TOOLS

### RECEIVING UNIT/SITE

### SENDING UNIT/SITE

	RENAL HEALTH	PERITONEAL DIALYSIS	HOME HEMODIALYSIS	OUTPATIENT HEMODIALYSIS	INPATIENT CARE	LOCAL CENTRE	EMERGENCY ROOM	LONG TERM CARE
RENAL HEALTH	<ul style="list-style-type: none"> <li>Verbal/email Report</li> <li>Fax demographic sheet pending renal chart</li> <li>Renal Chart Transfer</li> </ul>	<ul style="list-style-type: none"> <li>Home Modality Referral Form #W-00288</li> <li>Verbal/email Report</li> <li>Renal Chart Transfer</li> </ul>	<ul style="list-style-type: none"> <li>Home Modality Referral Form #W-00288</li> <li>Verbal/email report</li> <li>Renal Chart Transfer</li> </ul>	<ul style="list-style-type: none"> <li>Verbal/email Report</li> <li>Renal Chart Transfer</li> </ul>		<ul style="list-style-type: none"> <li>Request for Patient to be Placed on the Local Centre Dialysis Unit Waiting List (tracking) Form # W-00201</li> <li>Renal Chart Transfer</li> </ul>	<ul style="list-style-type: none"> <li>Information as requested</li> <li>SOGH - Safe Hand Off Tool (SHOT) Form # 008340</li> </ul>	<ul style="list-style-type: none"> <li>Verbal report</li> <li>Clinic record &amp; other information as requested</li> </ul>
PERITONEAL DIALYSIS	<ul style="list-style-type: none"> <li>Verbal /Email Report</li> <li>Renal Chart Transfer</li> </ul>	<ul style="list-style-type: none"> <li>MRP Protocol for Transfer of Patients between Dialysis Units/ Sites #60.30.19</li> <li>Fax Case Summary, Clinic notes, Lab flow sheet, Kardex &amp; Medication list</li> <li>Renal Chart Transfer</li> </ul>	<ul style="list-style-type: none"> <li>Home Modality Referral Form #W-00288</li> <li>Verbal/email report</li> <li>Renal Chart Transfer</li> </ul>	<ul style="list-style-type: none"> <li>MRP Protocol for Transfer of Patients between Dialysis Units/ Sites #60.30.19</li> <li>Verbal Report</li> <li>Renal Chart Transfer</li> </ul>	<ul style="list-style-type: none"> <li>Verbal report</li> <li>SOGH - Safe Hand Off Tool (SHOT) Form # 008340</li> <li>SBH – Inpatient list and EPR list</li> </ul>	<ul style="list-style-type: none"> <li>Request for Pts to be placed on the Local Centre Unit Waitlist Form # W-00201</li> <li>MRP Protocol for Transfer of Patients between Dialysis Units/ Sites #60.30.19</li> <li>PD status</li> </ul>	<ul style="list-style-type: none"> <li>Information as requested</li> <li>SOGH - Safe Hand Off tool (SHOT) Form # 008340</li> </ul>	<ul style="list-style-type: none"> <li>Regional Health Authorities of Manitoba Transfer/Referral Form #007514</li> </ul>
HOME HEMODIALYSIS		<ul style="list-style-type: none"> <li>Home Modality Referral Form #W-00288</li> <li>Verbal/email report</li> <li>Renal Chart Transfer</li> </ul>	<ul style="list-style-type: none"> <li>MRP Protocol for Transfer of Patients between Dialysis Units/ Sites #60.30.19</li> <li>Verbal Report</li> <li>Renal Chart Transfer</li> </ul>	<ul style="list-style-type: none"> <li>MRP Protocol for Transfer of Patients between Dialysis Units/ Sites #60.30.19</li> <li>Verbal Report</li> <li>Renal Chart Transfer</li> </ul>	<ul style="list-style-type: none"> <li>Guidelines for Managing Hospitalized Hemodialysis Patients # 60.40.06; Form # W-00346</li> <li>Medication Administration Times - Guidelines for Hospitalized or Long-Term Care Patients receiving (Chronic) Hemodialysis # 60.40.06; Form # W-00283</li> <li>Verbal Report</li> <li>SOGH - Safe Hand Off Tool (SHOT) Form # 008340</li> <li>HSC - Primary Care Record Form # 74119 or HD Nursing Summary</li> </ul>	<ul style="list-style-type: none"> <li>Verbal Report</li> <li>Request for Pts to be placed on the Local Centre Unit Waitlist Form # W-00201</li> <li>MRP Protocol for Transfer of Patients between Dialysis Units/ Sites #60.30.19</li> <li>Renal Chart Transfer</li> <li>Temporary Transfer (e.g. vacation) – Patient contacts Local Centre for available space.</li> </ul>	<ul style="list-style-type: none"> <li>Information as requested</li> <li>SOGH - Safe Hand Off Tool (SHOT) Form # 008340</li> </ul>	
OUTPATIENT HEMODIALYSIS	<ul style="list-style-type: none"> <li>Verbal Report</li> <li>Renal Chart Transfer</li> <li>eKHR Registration</li> </ul>	<ul style="list-style-type: none"> <li>Home Modality Referral Form #W-00288</li> <li>MRP Protocol for Transfer of Patients between Dialysis Units/ Sites #60.30.19</li> <li>Verbal Report</li> <li>Nurse to Nurse Report Card</li> <li>Renal Chart Transfer</li> <li>eKHR registration</li> </ul>	<ul style="list-style-type: none"> <li>Home Modality Referral Form #W-00288</li> <li>MRP Protocol for Transfer of Patients between Dialysis Units/Sites #60.30.19</li> <li>Verbal Report</li> <li>Nurse to Nurse Report Card</li> <li>Renal Chart Transfer</li> <li>eKHR registration</li> </ul>	<ul style="list-style-type: none"> <li>MRP Protocol for Transfer of Patients between Dialysis Units/Sites #60.30.19</li> <li>Verbal Report</li> <li>Nurse to Nurse Report Card</li> <li>Renal Chart Transfer</li> <li>SBH- Provide EPR notes</li> <li>eKHR registration</li> </ul>	<ul style="list-style-type: none"> <li>Nurse to Nurse Report Card</li> <li>Stamp in IPN</li> <li>Copy Relevant Information for Renal Chart</li> <li>SBH – Inpatient list and EPR list</li> <li>SBH – Ward/ Dialysis Report Form # 7102-3116-8</li> <li>eKHR registration</li> <li>Guidelines for Managing Hospitalized Hemodialysis Patients # 60.40.06; Form # W-00346</li> <li>Medication Administration Times - Guidelines for Hospitalized or Long-Term Care Patients receiving (Chronic) Hemodialysis# 60.40.06; Form # W-00283</li> </ul>	<ul style="list-style-type: none"> <li>Verbal report</li> <li>Request for Pts to be placed on the Local Centre Unit Waitlist Form # W-00201</li> <li>MRP Protocol for Transfer of Patients between Dialysis Units/Sites #60.30.19</li> <li>Renal Chart Transfer</li> </ul>	<ul style="list-style-type: none"> <li>Verbal report</li> <li>Information as Requested</li> <li>Admission/ discharge information</li> <li>Nurse to Nurse Report card</li> <li>SOGH - Safe Hand Off Tool (SHOT) Form # 008340</li> <li>HSC – Primary Care Record Form # 74119</li> <li>SBH – Ward/ Dialysis Report Form # 7102-3116-8</li> </ul>	<ul style="list-style-type: none"> <li>MRP &amp; LTC Communication Record Form # W-00273, #WR-16 and CL0065-5</li> <li>Medication Administration Times - Guidelines for Hospitalized or Long-Term Care Patients receiving (Chronic) Hemodialysis # 60.40.06; Form # W-00283</li> </ul>
INPATIENT CARE	<ul style="list-style-type: none"> <li>Verbal Report</li> <li>Inpatient Chart (electronic/paper)</li> <li>Copy relevant information for Renal Chart (e.g. discharge summary)</li> </ul>	<ul style="list-style-type: none"> <li>Verbal Report</li> <li>Home Modality Referral Form #W-00288</li> </ul>	<ul style="list-style-type: none"> <li>Inpatient Chart (electronic/paper)</li> <li>Copy relevant information for Renal Chart (e.g. discharge summary)</li> </ul>	<ul style="list-style-type: none"> <li>Verbal Report</li> <li>Admission/discharge information</li> <li>Inpatient Chart</li> <li>SBH – Ward/ Dialysis Report Form # 7102-3116-8</li> <li>HSC – Primary Care Record Form # 74119</li> </ul>		<ul style="list-style-type: none"> <li>Verbal Report</li> <li>Admission/ discharge information for Renal Chart &amp; Shadow Chart</li> </ul>		
LOCAL CENTRE		<ul style="list-style-type: none"> <li>Home Modality Referral Form # W-00288</li> <li>Home Modality Referral Form #W-00288</li> </ul>	<ul style="list-style-type: none"> <li>MRP Protocol for Transfer of Patients between Dialysis Units/ Sites #60.30.19</li> <li>Renal Chart Transfer</li> </ul>	<ul style="list-style-type: none"> <li>MRP Protocol for Transfer of Patients between Dialysis Units/ Sites #60.30.19</li> <li>Verbal Report</li> <li>Renal Chart Transfer</li> </ul>	<ul style="list-style-type: none"> <li>Verbal Report</li> <li>Renal Chart Transfer</li> </ul>	<ul style="list-style-type: none"> <li>Verbal report</li> <li>Renal Chart Transfer</li> </ul>	<ul style="list-style-type: none"> <li>Information as requested</li> </ul>	<ul style="list-style-type: none"> <li>MRP &amp; LTC Communication Record Form # W-00273, #WR-16 and CL0065-5</li> </ul>
EMERGENCY ROOM	<ul style="list-style-type: none"> <li>Verbal Report</li> <li>Review ER record (electronic/ paper)</li> <li>Copy Relevant Info for Renal Chart (e.g. Emergency visit, consult)</li> <li>HSC – Primary Care Record Form # 74119</li> </ul>	<ul style="list-style-type: none"> <li>Verbal Report</li> <li>Review ER record (electronic/ paper)</li> <li>Copy Relevant Info for Renal Chart</li> <li>HSC – Primary Care Record Form # 74119</li> </ul>	<ul style="list-style-type: none"> <li>Verbal Report</li> <li>Review ER record (electronic/ paper)</li> <li>Copy Relevant Info for Renal Chart</li> <li>HSC – Primary Care Record Form # 74119</li> <li>SBH – Ward/Dialysis Report Form # 7102-3116-8</li> </ul>	<ul style="list-style-type: none"> <li>Verbal Report</li> <li>Review ER record (electronic/ paper)</li> <li>Fax/Copy relevant Information for Renal Chart e.g. Nephrologist orders</li> <li>HSC – Primary Care Record Form # 74119</li> <li>SBH – Ward/Dialysis Report Form # 7102-3116-8</li> </ul>	<ul style="list-style-type: none"> <li>Verbal Report</li> <li>Review ER record (electronic/ paper)</li> <li>Copy Relevant Info for Renal Chart</li> <li>HSC – Primary Care Record Form # 74119</li> <li>SBH – Ward/Dialysis Report Form # 7102-3116-8</li> <li>SOGH – Safe Hand Off tool (SHOT) Form # 008340</li> </ul>	<ul style="list-style-type: none"> <li>Verbal Report</li> <li>Review ER record (electronic/ paper)</li> <li>Copy Relevant Info for Renal Chart</li> <li>HSC – Primary Care Record Form # 74119</li> <li>SBH – Ward/Dialysis Report Form # 7102-3116-8</li> <li>SOGH – Safe Hand Off tool (SHOT) Form # 008340</li> </ul>	<ul style="list-style-type: none"> <li>Verbal Report</li> <li>Review ER record (electronic/ paper)</li> <li>Copy Relevant Info for Renal Chart</li> <li>HSC – Primary Care Record Form # 74119</li> </ul>	<ul style="list-style-type: none"> <li>Verbal Report</li> <li>Review ER record Chart (electronic/ paper)</li> <li>Copy Relevant Info for Renal Chart</li> <li>HSC – Primary Care Record Form # 74119</li> </ul>
LONG TERM CARE	<ul style="list-style-type: none"> <li>Verbal report</li> <li>Patient information (Weight, Medications, recent labs)</li> </ul>	<ul style="list-style-type: none"> <li>Regional Health Authorities of Manitoba Transfer/ Referral Form #007514</li> <li>ACP Goals Of Care Form # WCC-00018</li> </ul>		<ul style="list-style-type: none"> <li>MRP &amp; LTC Communication Record Form # W-00273</li> <li>ACP Goals Of Care Form # WCC-00018</li> </ul>		<ul style="list-style-type: none"> <li>MRP &amp; LTC Communication Record Form # W-00273</li> <li>ACP Goals Of Care Form # WCC-00018</li> </ul>		