DIALYSIS UNIT
PATIENT PLAN OF CARE 1 of 9

Patient Modality: □ Hemodialysis □ Home Hemodialysis
□ Continuous Ambulatory Peritoneal Dialysis (CAPD) □ Continuous Cycling Peritoneal Dialysis (CCPD)

Date of last Comprehensive Assessment: ________________
Reason for Plan of Care: □ Initial □ 90 day □ Annual

Patient’s Current Condition: ________________

Patient is unstable if they have any of the following:
□ Extended or Frequent Hospitalization – more than 3 admissions in 30 days or hospitalization of more than 15 days with discharge occurring within last 30 days

□ Poor Nutritional Status – include failure to thrive symptoms, with loss of body weight and low serum albumin.

□ Unmanaged Anemia – include findings of Hemoglobin/Hematocrit which are out of range (10-12 grams/dL, less than 13 grams/dL), Ferritin greater than 100 mg/mL

□ Significant Change in Psychosocial Needs – change in mentation or psychosocial needs severe enough to interfere with the patient’s ability to follow aspects of the treatment plan and may include situations related to immediate family members

□ Inadequate Dialysis – include finding of Kt/V or Urea Reduction Ratio (URR) which do not meet minimum expectations (Kt/V is 1.2 or more or URR is 65% or more)

□ New substantial change in condition that is a recurrent complication while undergoing dialysis

□ Refer to Plan of Care
□ Per Judgement of the Team
□ Per Request of the Patient
□ Other: ____________________________

A. DIALYSIS PRESCRIPTION

1. Goals: □ Kt/V 1.2 or more (hemodialysis) or Kt/V 2 or more (peritoneal dialysis)
Other: ____________________________

2. Rationale and defense for change:

3. Current Kt/V: ________________

4. Goals Met: □ Yes, continue with current plan
□ No, plan to achieve specified goal:

□ Change blood flow rate to: ________________ □ Evaluate Access: ________________

□ Change dialyzer to: ________________ □ Increase time to: ________________

□ Increase heparin to: ________________ □ Other: ________________

□ Adjust Peritoneal Dialysis Prescription
□ Patient education on adequacy principles, treatment adherence
□ Continue to monitor eKdrt (hemodialysis) or wKt/V (peritoneal dialysis)

Revision Date(s): ____________________________

5. Expected Outcome: □ None applicable □ Improved Clearance within 3 months

6. Estimated timetable: □ 3 months

7. Comments: ____________________________
B. BLOOD PRESSURE & FLUID MANAGEMENT

1. Goals:  □ Achieves estimated dry weight  □ Achieves Blood Pressure control
□ Other: ____________________________

2. Current estimated dry weight: ________________

3. Issues identified in Comprehensive Assessment related to fluid status and blood pressure control:

4. Goals Met:  □ Yes, continue with current plan
□ No, plan to achieve specified goal:
□ Re-evaluate target weight  □ Assess fluid gains and discuss with patient
□ Provide patient education on fluid, sodium and glycemic control; signs on fluid overload
□ Unfractionated heparin monitoring and/or blood volume monitoring
□ Sodium modeling
□ Adjust blood pressure medication: □ New  □ Change dose  □ Discontinue
□ Provide patient education on taking medications appropriately, desired outcome, and side-effects.
□ Other: ____________________________

5. Expected Outcome:  □ Blood pressure control  □ Ideal dry weight

6. Estimated timetable: □ 3 months

7. Comments: ________________________________

C. ANEMIA MANAGEMENT

1. Goals:  □ Hemoglobin 11-12.5 grams/dL

2. Current Hemoglobin: ________________

3. Issues identified in Comprehensive Assessment related to anemia management needs:

4. Goals Met:  □ Yes, continue with current plan
□ No, plan to achieve specified goal:
□ Continue to monitor hemoglobin, ferritin and transferrin saturation
□ Evaluate causes of hyporesponse to erythropoietin
□ Change erythropoietin stimulating agent dose
□ Administer intravenous iron
□ Minimize use of oral iron (home patients or if allergic to intravenous iron)
□ Review patient education about anemia/iron
□ Other: ____________________________

Revision Date(s): ________________________________

5. Expected Outcome: □ Improved hemoglobin

6. Estimated timetable: □ 3 months

7. Comments: ________________________________
D. DIALYSIS ACCESS
1. Current Dialysis Access Type: ____________________________
2. Rationale if not arteriovenous fistula: ________________________
3. Goals Met: □ Yes, continue with current plan
□ No, plan to achieve specified goal
   □ Patient education on access care, benefits and risks of access type.
   □ If hemodialysis catheter present, discuss plan for arteriovenous fistula or graft
   □ Physician referral for vein mapping or fistula placement
   □ When arteriovenous fistula or graft accessible, plan removal of hemodialysis catheter
   □ If arteriovenous graft present, consider conversion to upper arm arteriovenous fistula
   □ Continue or start access flow monitoring
   □ Consider peritoneal dialysis if vascular access is not possible
   □ Consider fistula placement for peritoneal dialysis patients
   □ Other: _______________________________________________

4. Expected Outcome: _______________________________________
5. Estimated timetable: ______________________________________
6. Comments: _____________________________________________

E. ALBUMIN MANAGEMENT
1. Goals: □ Albumin 3.7 grams/dL or more
2. Current Albumin: ____________________________
3. Issues identified in Comprehensive Assessment related to albumin:

4. Goals Met: □ Yes, continue with current plan
□ No, plan to achieve specified goal:
   □ Continue to monitor albumin
   □ Evaluate non-nutritional causes of low albumin: □ infection □ inflammation □ other: ____________
   □ Nutritional counseling
   □ Review ways to increase calorie and/or protein intake
   □ Initiate use of oral nutritional supplements
   □ Initiate other nutritional support options
   □ Determine if there are financial/community resources to improve nutrition
   □ Other: _____________________________________________

5. Expected Outcome: □ Improved nutritional status
6. Estimated timetable: □ 6 months
7. Comments: ____________________________________________
F. OTHER NUTRITION MANAGEMENT
1. Goals:  □ Body mass index of 23-24
□ 10% or less unintended loss of dry body weight in 3 months
□ Other: __________________________________________________________

2. Rationale and defense for change: ___________________________________

3. Current body mass index: _____________


5. Issues identified in Comprehensive Assessment related to other laboratory indicators and nutrition related factors (i.e., Potassium, etc):
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

6. Goals Met:  □ Yes, continue with current plan
□ No, plan to achieve specified goal:
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

7. Expected Outcome:  □ Achieve body mass index goal

8. Estimated timetable:  □ 6 months    □ 1-2-3-4-5

9. Comments: _______________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

G. MINERAL METABOLISM
1. Goals:  □ Phosphorus 3.5 - 5.5 mg/dL
□ Other: __________________________________________________________

2. Current Phosphorus: _____________

3. Goals Met:  □ Yes, continue with current plan
□ No, plan to achieve specified goal:
   □ Continue to monitor phosphorus, calcium, and parathyroid hormone
   □ Review the impact of high phosphorus levels on bone and cardiovascular status
   □ Review factors impacting phosphorus: □ binders □ diet □ dialysis treatment
   □ Adjust: □ binder dose □ meal plan □ dialysis treatment
   □ Administer intravenous vitamin D
   □ Adjust oral medication (vitamin D, calciimimetic)
   □ Adjust calcium: □ medication □ dialysate □ diet
□ Other: ___________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

4. Expected Outcome:  □ Achieve phosphorus goal

5. Estimated timetable:  □ 3 months

6. Comments: _______________________________________________________
H. PSYCHOSOCIAL STATUS
1. Issues identified in Comprehensive Assessment related to psychosocial status:
   - Ability to meet activities of daily living – bathing, dressing, eating, shopping, cooking, etc.
   - Ability to follow the treatment prescription – Yes No
   - Mental health concerns (depression, anxiety, panic, substance abuse, etc)
   - Coping and adjustment to dialysis
   - Changes in living situation
   - Changes in cognitive status/capacity to understand and participate in care
   - Community resources needed (home health, physical therapy, occupational therapy, meals on wheels, etc.)
   - Insurance or financial resources
   - Transportation resources
   - Eligibility for federal, state or local resources
   - Other:

2. Goals Met: Yes, continue with current plan
   No, plan to achieve specified goal:
   - Patient education on issues selected above
   - Other:

3. Expected Outcome:

4. Estimated timetable: 3 months 6 months

5. Comments:

I. QUALITY OF LIFE MEASUREMENT (KDQOL™-36)

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1. Patient identified goals to improve quality of life: Yes No

2. Interdisciplinary team interventions/plan:

J. REHABILITATION STATUS

1. Is the patient interested in learning additional self-care measures? Yes No

2. Goals: Maximum functional/work status

3. Goals Met: Yes, continue with current plan
   No, plan to achieve specified goal:

4. Expected Outcome:

5. Estimated timetable: 3 months 6 months

6. Comments:

7. Comments:
K. MODALITY - HOME DIALYSIS

1. Is patient on home dialysis therapy?  □ Yes  □ No  □ Peritoneal Dialysis

2. Goals:  □ Carries out safe, effective treatments in the home

□ Other: _____________________________

3. Goals Met:  □ Yes  □ No


□ Currently in training for home dialysis therapy

□ Not on home dialysis because:  □ Patient preference

□ Physical environment at home is not adequate and can’t be modified

□ Contraindicated by condition:  □ medical  □ psychosocial

□ Needs, but does not have suitable or willing partner

□ Other: _____________________________

□ Review of treatment records and labs with patient/caregiver at each clinic visit

□ Review with patient/caregiver the weight record, erythropoietin stimulating agent record, assess good fluid management

□ Additional patient/caregiver teaching on _____________________________

□ Arrange to service/change home equipment

□ Arrange home visit by home program nurse or technician

□ Other: _____________________________

5. Expected Outcome: _____________________________

6. Estimated timetable:  □ 3 months  □ 6 months

7. Comments: _____________________________

L. TRANSPLANTATION

1. Is patient on transplant list?  □ Yes  □ No


□ Currently undergoing evaluation

□ Not eligible at this time because:  □ Patient not interested

□ Medical reasons: _____________________________

□ Working toward eligibility:

□ weight loss  □ improve compliance

□ Other: _____________________________

□ Other: _____________________________

3. Comments: _____________________________
M. **PATIENT EDUCATION**

1. Check additional education that is needed based on the Comprehensive Assessment:
   - [ ] Dialysis experience
   - [ ] Dietary management
   - [ ] Fluid management
   - [ ] Medication regime adherence
   - [ ] Infection prevention/personal care
   - [ ] Quality of Life
   - [ ] Self-Care options
   - [ ] Rehabilitation

2. Diabetes:
   - [ ] Not applicable
   - [ ] Diabetes management education referral
     - [ ] Diabetes Self-Management
       - [ ] Diet: __________________________
       - [ ] Exercise: __________________________
       - [ ] Foot Checks: __________________________
       - [ ] Dental Care: __________________________
       - [ ] Blood Glucose Monitoring: __________________________
       - [ ] Diabetic Medications: __________________________

3. Goals Met:
   - [ ] Yes, continue with current plan
   - [ ] No, plan to achieve specified goal:

   __________________________________________________________________________

   Revision Date(s): __________________________
   (revisions documented on plan of care updates section)

4. Expected Outcome: __________________________

5. Estimated timetable: __________________________

6. Comments: __________________________
N. ADDITIONAL COMMENTS
1. PHYSICIAN:

2. NURSE:

3. DIETITIAN:

4. SOCIAL WORKER:

O. SIGNATURES

Date  Time  Physician Signature

Date  Time  RN Signature

Date  Time  Dietitian Signature

Date  Time  Social Worker Signature

I have reviewed/participated in the plan of care and understand it. I would like my health care team to help me with the following goals or actions.

Date  Time  Patient/Designee Signature

☐ Patient/Designee chose not to sign plan of care

Reason:  

PATIENT CARE RECORD
### Patient ID Area

**PATIENT CARE RECORD**

**DOWNTIME**

9  Entered into electronic record after downtime

______________   ______________
            date                        time
______________ 
initials

**DIALYSIS UNIT**

**PATIENT PLAN OF CARE 9 of 9**

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**UPDATES**

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