

Patient Demographic Information

Name:		Age:	SSN#
Address, City, Zip:		Contact Number:	
Home Facility:	Dialysis modality (HD, PD):	Date of Last Dialysis:	
Emergency Contact Person:	Contact Number:	Available Transportation:	
Out of Medication: Y N	Medications Needed:		

Shelter Triage Check List for Hemodialysis (HD) / Peritoneal Dialysis (PD) Patients

Mental status:		Abdominal assessment:	
<input type="checkbox"/>	Lethargy	<input type="checkbox"/>	Nausea/vomiting
<input type="checkbox"/>	Confused	<input type="checkbox"/>	Abdomen firm, tender to touch
<input type="checkbox"/>	Agitated	<input type="checkbox"/>	Catheter present in abdomen, site red with drainage
Respiratory assessment:		Lower extremities:	
<input type="checkbox"/>	Rales / Rhonchi	<input type="checkbox"/>	Peripheral edema 3-4+ (not usually present for this patient)
<input type="checkbox"/>	Short of breath or Breathlessness (Unable to talk, respiration rate > 30)	<input type="checkbox"/>	Muscle twitching, cramping
Cardiac assessment:		Hemodialysis Vascular Access or Catheter / Peritoneal Catheter:	
<input type="checkbox"/>	Irregular	<input type="checkbox"/>	Redness around HD/PD access site
<input type="checkbox"/>	Slow heart rate (<60 bpm)	<input type="checkbox"/>	Unable to feel pulse at HD access site
<input type="checkbox"/>	Rapid heart rate (>100 bpm)		
<input type="checkbox"/>	S3 or S4 Gallop		
TOTAL CHECKS:	If 5 or more are checked, then patient appears to be in need of acute dialysis treatment. Serum potassium should be checked if a question of need remains		