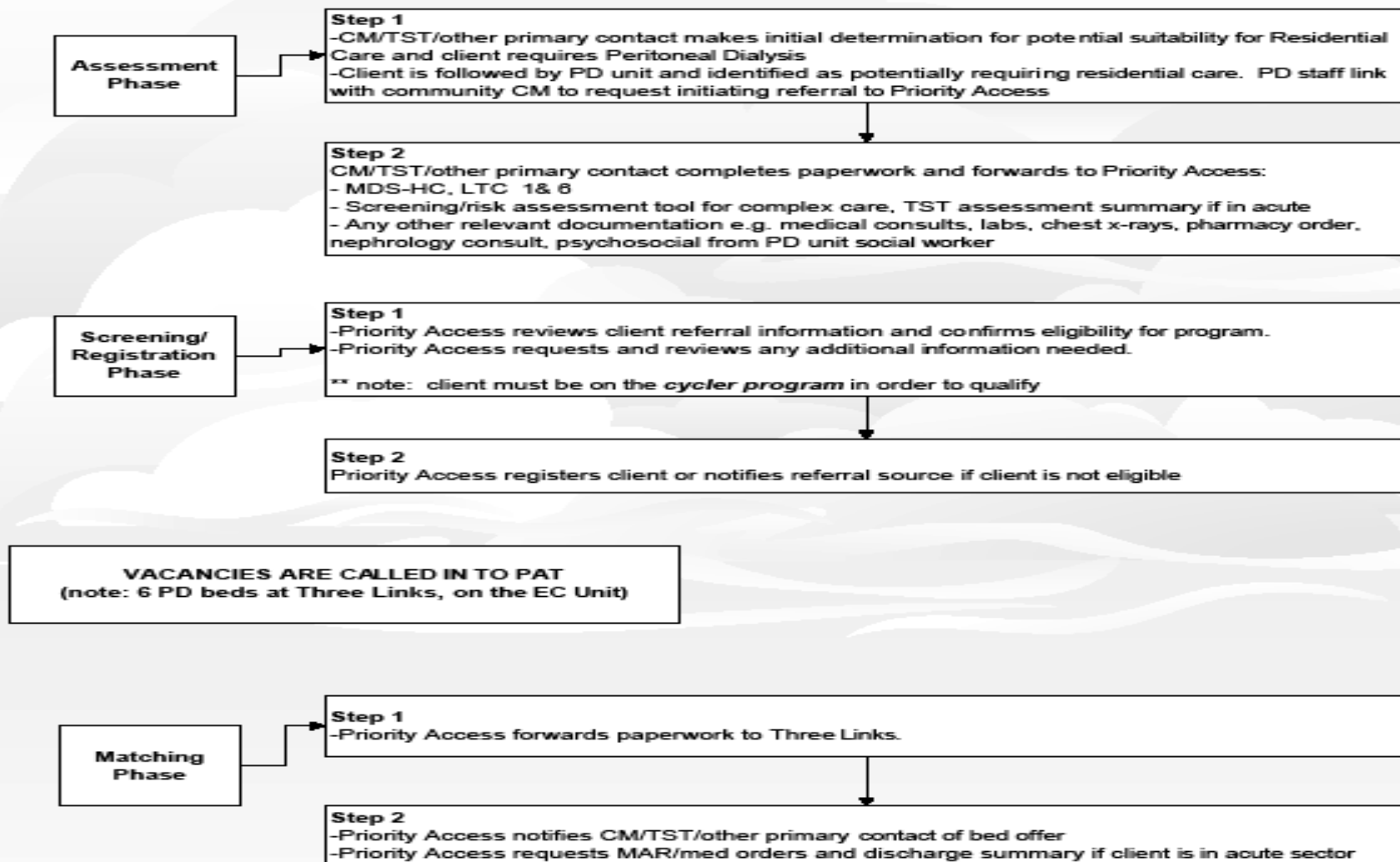
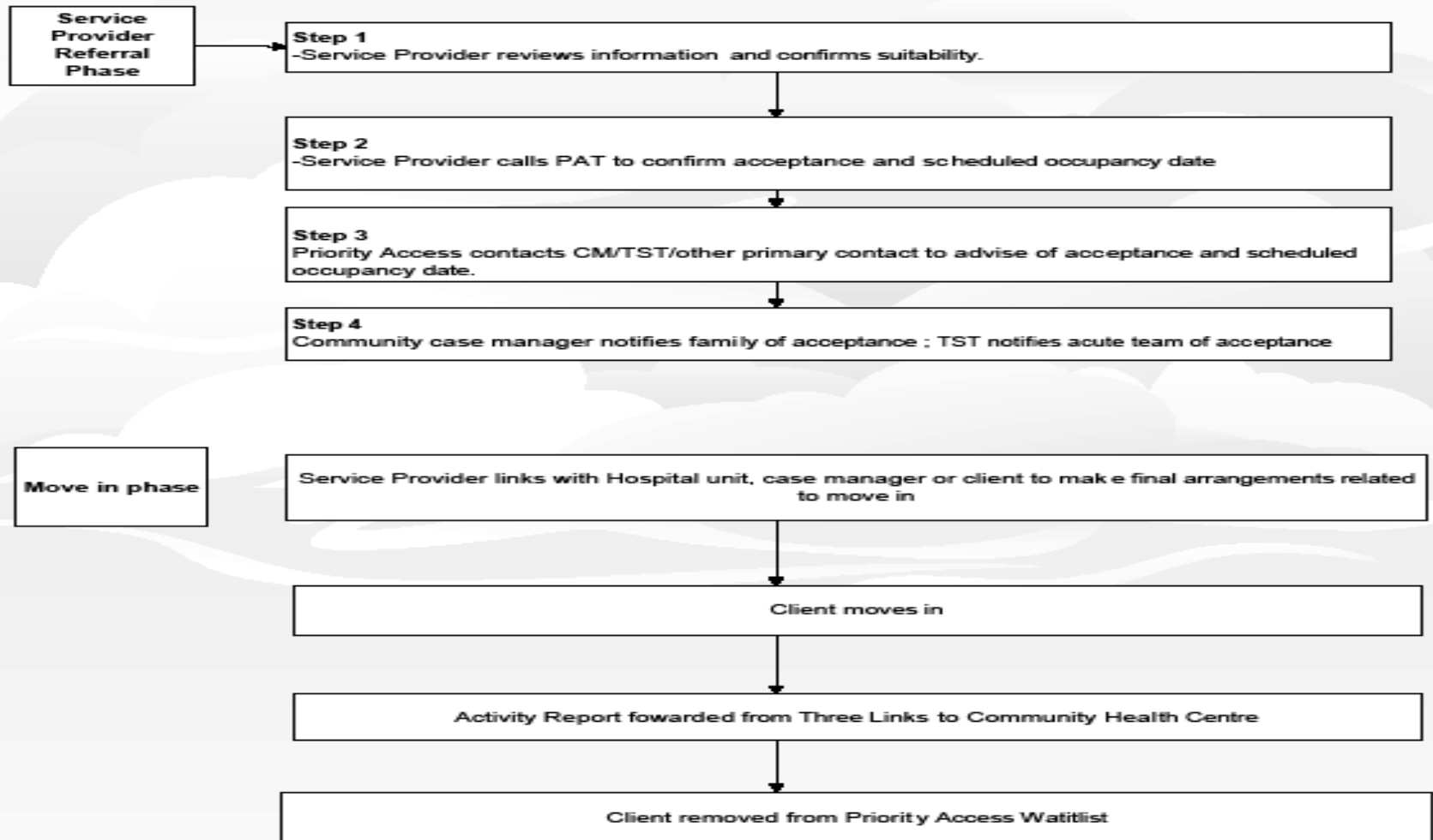


# Paper work and the Wait Listing Process

## Admission Process - Peritoneal Dialysis Three Links Care Centre



## Admission Process - Peritoneal Dialysis Three Links.



\*\*\* OUTSTANDING: team has to define  
"STABLE PD CLIENT"

PAT - Priority Access Team

**PREADMISSION SUMMARY:**

**NAME:**            **DOB:**

**PRIORITY/CARE LEVEL:**

**DIAGNOSIS:**

**HISTORY:**

**ALLERGY:**

**FAMILY:**

**RELIGION/LANGUAGE:**

**SMOKES/ETOH:**

**PHYSICIAN:**

**LOCATION:**

<b>RESPIRATORY</b>	
<b>NUTRITION</b> WT:    HT:	Dentures: Own teeth:          Dentist Visit:
<b>ELIMINATION</b>	
<b>CARDIAC</b>	Pacemaker:    Last checked:
<b>MOBILITY/SAFETY</b>	
<b>MOBILITY EQUIPMENT</b>	W/C/WALKER/CANE:
<b>ACTIVITY/INTERESTS</b> ADLS	
<b>MENTAL STATUS</b> *MEMORY *MOOD *BEHAVIOUR	FMMSE: _____DATE:          3MS: DATE:
<b>PAIN</b>	
<b>SKIN</b>	
<b>IMMUNIZATION STATUS/TESTS</b>	FLU: _____    TB: _____    PNEUMOVAC: CXR: _____
<b>DEGREE OF INTERVENTION</b>	
<b>FINANCES</b>	

**ADMISSION DATE: January 16, 2008 @ 1000HRS. RM XXX KINNEY PLACE**  
**Peritoneal Dialysis**

**PREADMISSION SUMMARY WORKING FORM:**

**NAME:** Betty **DOB:** March 99 , 1939 **PHN:** abc abc abcd **LTC #:** abcdefg

**DIAGNOSIS:** HTN, CAD, COPD, Diabetic Retinopathy, Chronic Renal Failure-  
Peritoneal Dialysis, NIDDM, Hepatic Cirrhosis,  
Agoraphobia, Ischemic Heart Disease

**HISTORY:** CVA, tendon repair-rt hand, PD since May 2006, Sept 2007 hypokalemia  
and hyponatremia

**SMOKES/ETOH:** Increased drinking at certain times in the year (chronic and long  
standing)

**ALLERGY:** (ASA) Aspirin-causes hives, Codeine

**FAMILY:** Susan Q, No next of Kin

**RELIGION/LANGUAGE:** English

**PRIORITY/CARE LEVEL:** IC3

**LOCATION:** Home

**PHYSICIAN:** Dr Jones (Dr House Dr)

<b>RESPIRATORY</b>	SOB
<b>NUTRITION</b> WT: HT:	<b>DENTURES:</b> Partial upper and lower <b>DENTIST VISIT:</b> ? Renal Diet Independent with feeding, no swallowing or chewing problems
<b>ELIMINATION</b>	Independent with toileting, may require reminders and schedule. Regularly incontinent of bladder and bowels-requires incontinent pads x 24hrs. Recently admitted to SPH for failure to thrive Dec, 2007-forgetting to do PD.
<b>CARDIAC</b>	Cardiac history
<b>MOBILITY/SAFETY</b>	Vision highly impaired-diabetic retinopathy, wears glasses. Independent with transfers
<b>MOBILITY EQUIPMENT</b>	Independent. Looking at purchasing motorized w/c for outdoor use. Own Cyclor machine to be delivered to TLCC on Tuesday.
<b>ACTIVITY/INTERESTS/ ADLS</b>	Assist with dressing, hygiene and baths. Loner, does not participate in social gatherings as this causes her some discomfort especially when family is the subject of discussion.
<b>MENTAL STATUS</b> *MEMORY *MOOD *BEHAVIOUR	<b>FMMSE:</b> 29/30 <b>DATE:</b> Nov 2007 Lost son and husband in a tragic MVA-does not like to discuss
<b>PAIN</b>	Needs assessment
<b>SKIN</b>	Lt heel ulcer, paint with povidine daily.
<b>IMMUNIZATION STATUS/TESTS</b>	<b>FLU:</b> <b>PNEUMOVAC:</b> 2004 (suggested to get booster this yr-?) <b>CXR:</b> <b>CT SCAN:</b> <b>X-ray:</b>
<b>DEGREE OF INTERVENTION</b>	Has living will signed April 2006. susan Q is appointed as proxy.
<b>FINANCES</b> Rate Code A	<b>Financial Contact:</b> Friends help with banking. In the process of getting bank book sorted and picture ID taken. May require referral to Public Trustee or St James. (purse stolen and lost all ID, bank account not sorted out yet, no Picture ID as of yet)

## **Things required when transferring PD residents to TLCC:**

### **Equipment:**

1. Order 2 week supply to be delivered on date resident is transferred to facility
2. Order Home Choice Cycler to come with Pt.
3. Order 2 week supply of dialysate solutions
4. 1 Box Minicap 504466P
5. 1 Box 4 Prong Cycler Set (cassette) R5C4479
6. 1 Box 12ft Drain line Extention 5C4464P
7. 1 Box face masks EK80425
8. 2 Boxes 2X2 Gauze EK7424
9. 2 Boxes 4X4 Gauze EK7425
10. 1 Box Mepore Dressing 9x10cm EK7445
11. 2 Microtape EK7603
12. 1 Bottle Chlorhexidine Skin Cleanser 4% EK1700
13. 2 Red Clamps EK5853
14. 2 Ceda Rinse 540ml EK4018

## **Discharge Planning:**

Medication Prescription (fax to West Coast Pharmacy 604-270-4594 and Three Links 604-438-7563)

PD Prescription (fax to West Coast Pharmacy 604-270-4594 and Three Links 604-438-7563)

Copy of lab work requirements

Last weight prior to discharge

PD DR orders (dialysis)