

Optional Worksheet

Medical Record Review: Peritoneal Dialysis

Patient Name: _____ ID #: _____

Facility: _____ Surveyor: _____

Admit Date: _____ Review Date: _____

DOB: _____ Age: _____ ☐ Peritoneal catheter ☐ Fistula ☐ Graft ☐ Vascular Catheter

Diagnosis: _____ Reason Sampled: _____

☐ Comprehensive Review ☐ Focused Review

For a **comprehensive review**, look at all of the laboratory values, care areas for patient assessment and patient plan of care development and implementation, dialysis orders and treatment records, patient education and training, and required consents. For a **focused review**, look at the labs and care areas specific to the rationale for sampling that patient, dialysis orders and treatment records as appropriate, as well as areas of concern which arise from interviews or reviews of other patient records.

Laboratory Values: RECORD EXCEPTIONS ONLY. Check if no exceptions ☐.

Review 3-4 months of labs. Reference target values as listed on the Measures Assessment Tool. Record values outside listed ranges with the date of the value.

Lab test results reviewed between (date) _____ and (date) _____

Lab Reference Value	# Results Reviewed	Exception/ Date	Exception/ Date	Exception/ Date	Exception/ Date
Hgb (10-1 g/dL*)					
Hct (30- 36%)					
Ferritin (100-500 mg/ml)					
Transferrin Sat (>20%)					
K (3.5-5.5 mEq/L)					
Albumin BCG (≥4.0 mg/dL)					
Calcium (8.5-10 mg/dL)					
Phos (3.5-5.5 mg/dL)					
PTH (150-300 pg/mL* for adults; 200-300 pg/mL for pediatrics)					
Kt/V (≥1.7/week)					
PET test (optional)					
HBV antigen (negative)					
HBV antibody (≥10**)					

*values under review

**vaccine should be offered for HBV surface antibody level <10

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REVIEW OF PD ORDERS/FLOWSHEETS:

Record the current treatment orders and any recent changes:

Treatment Orders: Date: _____ EDW: _____ ☐ APD ☐ CAPD
 APD cycles/day: _____ Dialysate: _____ Volume: _____ Dwell: _____
 CAPD exchanges/day: _____ Dialysate: _____ Volume: _____ Dwell: _____
 ESA dose: _____ ESA frequency: _____ Other meds/treatments: _____

Review 8-12 weeks of PD "flowsheets" and RECORD EXCEPTIONS/VARIANCES ONLY. Check if no exceptions ☐.

Focus on whether the patient/helper is following the dialysis orders, and, if and how staff members monitor the PD patient's treatments and address issues and trends. Look for additional documentation of staff actions in progress notes, plan of care revisions, etc. Note that evidence of staff review may be for groups of flowsheets as the patient/helper provides them to the facility. Flowsheet review should be done every 2 months, at a minimum.

(Number of weeks) _____ Flowsheets reviewed between _____ and _____

EXCEPTIONS	DATES/COMMENTS
Treatment delivered different from ordered (V541):	
<input type="checkbox"/> # of CAPD exchanges, volume (V544)	
<input type="checkbox"/> # of APD cycles, volume (V544)	
<input type="checkbox"/> Dialysate (V544)	
<input type="checkbox"/> ESA (V547)	
<input type="checkbox"/> Other medications	
BP/fluid management (V543):	
<input type="checkbox"/> Hypertension	
<input type="checkbox"/> Hypotension	
<input type="checkbox"/> Estimated dry weight not achieved	
<input type="checkbox"/> Patient not recording weight/BP	
Staff monitoring:	
<input type="checkbox"/> Flowsheets not reviewed (V587)	
<input type="checkbox"/> No flowsheets in chart (V587)	
<input type="checkbox"/> Unusual and/or adverse events (V634)	

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EXCEPTIONS	DATES/COMMENTS
Other Concerns Identified:	

Patient Assessment (PA) and Patient Plan of Care (POC):

For **stable patients**, review the most recent (relative to sampling rationale) comprehensive PA and POC. For **unstable patients**, review the 3 most recent of each. Refer to facility policy and/or V520 for definitions of stable vs. unstable. Review the current record (e.g. progress notes, physician's orders, etc) to ensure that patient outcomes are monitored on an ongoing basis and failure to reach the expected goals is recognized promptly and addressed. Record the exceptions and concerns in the space provided.

PA/POC: RECORD EXCEPTIONS/CONCERNS ONLY. Check here if no exceptions ☐

- ☐ All IDT members (physician, RN, RD, MSW, patient) participate in PA (V501)
☐ All IDT members (physician, RN, RD, MSW, patient) participate in POC (V542)

Frequency	Patient Assessment	Plan of Care
Initial	<input type="checkbox"/> Within 30 days/13 Rx (V516)	<input type="checkbox"/> Within 30 days/13 Rx (V557)
3 month	<input type="checkbox"/> 3 months after initial (V517)	<input type="checkbox"/> 15 days after reassess (V558)
Stable patient	<input type="checkbox"/> Yearly from last reassess (V519)	<input type="checkbox"/> 15 days after reassess (V558)
Unstable patient	<input type="checkbox"/> Monthly (V520)	<input type="checkbox"/> 15 days after reassess (V558)

Current health status: ☐ (V502) ☐ Evidence of IDT Support (V592)
 Immunizations/meds history/TB: ☐ (V506) Offer: ☐ HBV (V126) ☐ Pneumonia/flu (V637)
 Dialysis adequacy: ☐ Monitored quarterly (V518) ☐ Target met (V544)
 BP/volume status: ☐ Assessed (V504) ☐ Volume managed (V543)
 Anemia: ☐ Assessed (V507) ☐ H/H monthly (V547) ☐ ESA response monitored (V549)
☐ Safe ESA storage at home (V548)
 Mineral & bone disorder: ☐ Assessed (V508) ☐ Targets met (V546)
 Nutrition PA/POC: ☐ by RD (V509) ☐ Targets met (V545)
 Psychosocial/rehab PA/POC: ☐ By MSW (V510) ☐ Family/support system (V514)
☐ Phys activity/voc rehab (V515) ☐ Counseling/referral; survey used for POC (V552)
 Dialysis Access: ☐ Assessed/maintained (V511)
 All Modalities: ☐ Informed (V458) ☐ Evaluated (V512)
 Transplant: ☐ Referral (V513) ☐ Transplant plan or why not (V554) ☐ Tracking (V561)
 Home patient: ☐ Home visits (V589) Medical staff: ☐ Seen monthly/progress note (V560)

Notes: _____

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Patient Training and Education Requirements **RECORD EXCEPTIONS ONLY.** Check if no exceptions ☐.

- ☐ Patient/family education/training (V562); ☐ Most training provided by qualified RN (V584)
☐ PD Training content (V585); ☐ Comprehension of training documented (V586)
☐ Emergency/disaster prep: pt w/contact info (V412);
☐ Receive info in understandable way (V453)
☐ Participate in care; stop/ refuse treatment (V456); ☐ Adv directives, facility's policy (V457)
☐ Informed all modalities/settings (V458); ☐ Informed: Patient care policies (V459)
☐ Informed: if facility reuses/options (V312, 460); ☐ Informed: his/her medical status (V461)
☐ Informed: services and charges (V462); ☐ Informed: rules/expectations of conduct (V464)
☐ Informed: process for internal (V465)/external grievance (V466); file anonymously (V467)
☐ Informed: discharge & transfer policies, including involuntary discharge (V468);

Comments: _____

Documentation of Consents (V451) RECORD EXCEPTIONS ONLY. Check if no exceptions ☐

- ☐ For treatment ☐ For blood transfusion ☐ To participate in experimental research