Lesson #6:
Patient Assessment, Plan of Care, Medical Records

Learning Objectives

At the conclusion of this lesson, you will be familiar with:

- Complications which can result from ESRD
- How to use the MAT for clinical practice standards
- The requirements for patient assessment & patient plan of care
- Medical record review to determine implementation of the patient plan of care
Patient Assessment, Patient Plan of Care & Medical Record Review

Presented by your ESRD Transition Team

Patient Assessment, Plan of Care, Medical Record Review

WOW!

This is an amazing time to be an ESRD surveyor!

The new Conditions of Patient Assessment & Patient Plan of Care are groundbreaking in the quest for optimal patient care!
Patient Assessment & Patient Plan of Care

What’s New?
Say **Goodbye** to Long Term Program & “Short Term” Care Plan approach!
Say **Goodbye** to “paper compliance” patient care planning!

**These new Conditions place high expectations on facilities for...**

- **Interdisciplinary** approach for **continually** assessing **individual** patient’s care needs, & for planning & implementing the care.
- Outcome goals that meet **current professionally-accepted clinical practice standards**

**Why is this so great?**

- The ESRD community has done an **excellent** job of coming together in the past 15 years
- Consensus achieved
- Clinical practice standards developed
And another **great** thing... with these new Conditions:

- CMS joined with the ESRD community in a **meaningful** way
- **Now** we surveyors have the **great opportunity** to really join with the ESRD community

  towards the common goal of...

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**Objectives for This Session:**

Become familiar with:
- Complications which can result from ESRD
- How to use the **MAT** for clinical practice standards
- The requirements for patient assessment & patient plan of care
- Medical record review to determine implementation of the patient plan of care

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ESRD Patient Population

- >100,000 new patients added on average per year
- Existing co-morbid conditions
  - 40% diabetics (#1 primary cause)
  - 55% cardiovascular disease
  - 80% history of hypertension
- 2006: NW data: 345,260 dialysis patients

The Functions of the Normal Kidney Include:

- Fluid volume control
- Waste products removal
- Maintain homeostasis, acid/base balance
- Blood pressure (BP) control—Renin angiotensin
- Red blood cell (RBC) production—Erythropoietin
- Healthy bone maintenance—Vitamin D conversion/activation

In the Absence of Kidney Function, ESRD Patients Frequently Have:

- Fluid overload/CHF
- Hypertension
- Electrolyte imbalance
- Build up of wastes
- Acidosis
- Anemia
- Renal osteodystrophy
- Significant psychosocial changes
Adequate Replacement Therapy

- Conventional dialysis, aka 3x/week replaces 10-15% of normal kidney function
- Important to get enough dialysis = adequacy

What are the Clinical Practice Standards?

- Developed by renal community workgroups & coalitions; e.g.
  - National Kidney Foundation Kidney Disease Outcomes Quality Initiative (NKF KDOQI) Guidelines
  - National Quality Forum (NQF): Clinical Performance Measures (CPM)
- Address management of complications of ESRD

A New Day...

- The new CfCs of Patient Assessment & Plan of Care require defined Standards
- The new CfCs use Standards developed by the ESRD community
- You have a fabulous tool for reference of these Standards in the MAT
- If an individual patient does not meet a goal on the MAT, expect to see revised plan for that aspect
Interdisciplinary Care vs. Multidisciplinary Care

<table>
<thead>
<tr>
<th>Interdisciplinary</th>
<th>Multidisciplinary</th>
</tr>
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<tbody>
<tr>
<td>Work collaboratively</td>
<td>Work sequentially</td>
</tr>
<tr>
<td>Communication by regular discussions about patient status &amp; the evolving plan of care</td>
<td>Medical record is the chief means of communication</td>
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The Interdisciplinary Team

Includes at a minimum:
- The patient or their designee (if the patient chooses)
- A registered nurse
- A physician treating the patient for ESRD
- A social worker
- A dietitian

Patient Assessment (V501) and Patient Plan of Care (V541)

These 2 Conditions:
- Are interrelated ("can't have one without the other")
- Address patient assessment & care delivery requirements in "care areas" associated with complications of ESRD
§ 494.80 Patient Assessment

- The IDT must provide each patient an individualized comprehensive assessment (V501)
- 14 assessment "criteria" (V502-515)
- Reassessments at defined frequencies (V516-520)

§ 494.90 Patient Plan of Care (V541)

- The IDT must develop & implement a written, individualized comprehensive patient plan of care (POC)
- POC based upon the comprehensive assessment
- Addresses each patient’s care needs
- Outcome goals in accordance with clinical practice standards

Correlation of PA & POC

<table>
<thead>
<tr>
<th>PA</th>
<th>POC</th>
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</thead>
<tbody>
<tr>
<td>Current health status (V502)</td>
<td>Incorporated into all POC tags, including adequate clearance (V544)</td>
</tr>
<tr>
<td>Appropriateness of dialysis prescription (V503)</td>
<td></td>
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<tr>
<td>Lab profile (V505)</td>
<td>Manage volume status (V543)</td>
</tr>
<tr>
<td>Medication/immunization history (V506)</td>
<td>Manage anemia (V547)</td>
</tr>
<tr>
<td>BP/fluid management needs (V504)</td>
<td>Home pt ESA (V548)</td>
</tr>
<tr>
<td>Assess anemia (V507)</td>
<td>ESA response (V549)</td>
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<tr>
<td>Assess renal bone disease (V508)</td>
<td>Manage mineral metabolism (V546)</td>
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</table>
Correlation of PA & POC

<table>
<thead>
<tr>
<th>PA</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Nutritional status (V509)</td>
<td>Effective nutritional status (V545)</td>
</tr>
<tr>
<td>Psychosocial needs (V510)</td>
<td>Psychosocial counseling/referrals/assessment tool (V552)</td>
</tr>
<tr>
<td>Evaluate family support (V514)</td>
<td></td>
</tr>
<tr>
<td>Access type/maintenance (V511)</td>
<td>VA monitor/referral (V550) Monitor/prevent failure (V551)</td>
</tr>
<tr>
<td>Evaluate for self/home care (V512)</td>
<td>Home dialysis plan (V553)</td>
</tr>
<tr>
<td>Transplantation referral (V513)</td>
<td>Transplantation status: plan or why not (V554)</td>
</tr>
<tr>
<td>Evaluate current physical activity level &amp; voc/physical rehab (V515)</td>
<td>Rehab status addressed (V555)</td>
</tr>
</tbody>
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Patient Assessment & Patient Plan of Care

- Consolidated into “care areas” for discussion
- Each will include:
  - Patient assessment requirements
  - Plan of care: use of the MAT
  - How to survey
  - What to review in the medical record for implementation

Health Status and Co-morbid Conditions
Health Status and Co-morbid Conditions Assessment

What is expected: (V502)
- Use of medical & nursing histories and physical exams
- APRN or PA may conduct medical areas of assessment as allowed by states
- Must include etiology of kidney disease and listing of co-morbid conditions

Dialysis Access

Dialysis Access: Assessment

What is expected: (V511)
IDT comprehensive assessment:
- Expect assessment for most appropriate access for the patient: AVF, graft, CVC, PD catheter
- Consider co-morbid conditions/risk factors, patient preference
- The efficacy of HD & PD patient’s access correlates to adequacy of dialysis treatments
Dialysis Access: Assessment
What is expected: (V511)
IDT evaluation may include:
• Evaluation for/of HD access:
  − Communication with radiologist, interventionist, vascular surgeon
  − Venous mapping, vascular access surveillance, new access placement
• Evaluation of PD access
  − Absence of infection (exit site/tunnel, peritonitis)
  − Patency & function

Dialysis Access: POC
What is expected: (V550)
IDT comprehensive plan shows evidence of:
• Patient evaluation as candidate for AVF
  − If CVC >90 days, action plan for a more permanent vascular access
• Location of patient access to preserve future sites, for long term patient survival
• Monitoring to ensure capacity to achieve & sustain adequate dialysis treatments

Dialysis Access: POC
What is expected: (V551)
IDT comprehensive plan shows evidence of:
• Vascular access surveillance
• Early detection of failure
• Timely referrals for interventions
• Medical record documentation of the action taken
Adequacy (the Dialysis Rx)

Adequacy: Assessment

What is expected: (V518)
IDT comprehensive assessment includes:
• HD patient- initially & monthly Kt/V (or equivalent measure, URR)
• PD patient- initially & at least every 4 months Kt/V (or equivalent measure, none currently)

Adequacy: POC

What is expected: V544
POC Demonstrates:
• Achievement of target: Kt/V of at least 1.2 (3 x/week HD) or 1.7 (PD)
  – Alternative equivalent (URR), currently none for PD,

  OR
Adequacy: POC (V544)

- Modification of the dialysis prescription
  - HD: change dialyzer size, time on dialysis, BFR, DFR, type of access
  - PD: change number of exchanges, volume (ml), dialysate dextrose content (%), dwell time; consider membrane integrity, infections (peritonitis)
  - Efficacy of the vascular access can also affect adequacy

OR

- Rationale for not achieving the expected target

Access & Adequacy: Medical Record Documentation

- If expected outcomes for dialysis access or adequacy are not achieved, there should be evidence of reassessment for that aspect of care
- If patient is not achieving the expected targets, expect to see documentation of the reason WHY & a change in plan
- Adjust the plan/implement the changes

Where to look:
- IDT Assessment
- Plan of care
- Implementation of care plan
  - Flowsheets
  - Progress notes
  - Physician orders, etc.
Clicker Question!!!

• Evaluation of a patient for dialysis access placement includes:
  A. Patient's co-morbid conditions
  B. Appropriateness of access type for patient
  C. Calcium & phosphorus level
  D. A & B

Clicker Question!!!

• The efficacy of the dialysis access correlates to the adequacy of the dialysis treatment.
  A. True
  B. False

Clicker Question!!!

• If the patient does not meet the community based standard for dialysis access, a complete reassessment needs to be performed.
  A. True
  B. False
Blood Pressure and Fluid Management

Blood Pressure and Fluid Management Assessment

What is expected: (V504)
IDT assessment should include:
- Patients BP on and off dialysis
- Interdialytic weight gains
- Target weight and intradialytic symptoms

Blood Pressure and Fluid Management: POC

- IDT develops and implements POC to achieve established targets in fluid management (V622)
- Fluid management and blood pressure are closely linked:
  - BP medications affect ability to reach target without symptoms
  - Insufficient fluid removal exacerbates hypertension
  - Symptomatic Drops in BP during treatment require plan revision
- Outcome oriented plan
- If expected interdialytic or intradialytic goals for fluid management are not achieved, reassess this aspect
- Adjust the plan/implement the changes
Clicker Question!!!

- Pre-dialysis hypertension:
  A. May be a result of medication "hold"
  B. May be a result of fluid overload
  C. May be inadequately controlled primary hypertension
  D. May require revision in POC
  E. All of the above

Clicker Question!!!

- Repeated rapid symptomatic drop in BP during treatment:
  A. Is used to tell when the patient reaches his/her target weight
  B. Is a normal part of the dialysis treatment
  C. May be managed by the unit clerk or SW
  D. Requires plan revision for this aspect of care

Immunization Management
Immunization Assessment

What is expected: (V506)
- IDT to evaluate the patient’s immunization history/status for hepatitis, influenza, pneumococcus
- Evaluate for tuberculosis screening what is expected: (V127)
- Evaluate Anti-HBs on all vaccinees

Immunization: POC

What is Expected (V506)
- CDC Recommendations for Dialysis Patients
  - Be tested for at least once for baseline tuberculin skin test results, retest if exposure is suspected
  - Be offered influenza and pneumococcal vaccines
  - (V126) Vaccinate all susceptible patients for Hepatitis B

Immunization Medical Record Documentation

What to expect (V506, V126, V127)
- Record of testing and immunizations
- Documentation of immunity or acknowledgement of absence of immunity
- Documentation of further action planned if required
Anemia Management

Anemia Management: Assessment
What is expected: (V507)
- IDT to evaluate the patient’s laboratory values (Hct, Hgb, serum ferritin, transferrin saturation, iron stores)
- Evaluate co-morbid conditions
- Evaluate for ESA &/or iron therapy

Anemia Management: POC
- IDT develops & implements POC to achieve established targets in anemia management (V547)
- Goals based on current clinical practice standards
- MAT specifies targets for Hgb, Hct, & iron
- Outcome oriented plan
- If expected outcomes for anemia management are not achieved, IDT to reassess this aspect
- Must adjust the plan/implement the changes
Anemia Management: POC

- Laboratory results reviewed monthly
- Medication adjustment (may use algorithms/ESA protocols)
- Home patients: evaluate ESA administration & storage

Anemia Management: Medical Record

- IDT assessment
- Plan of care with measurable goals & timelines
- Implementation of care plan:
  - Flowsheets,
  - Progress notes,
  - Medication administration,
  - Physician orders, etc

Clicker Question!!!

- Anemia management assessment includes all of the following except:
  A. Laboratory values
  B. Dialysis time
  C. ESA & iron medications
  D. Co-morbid conditions
Clicker Question!!!

• If the patient does not meet current clinical practice standards for anemia management, a complete reassessment of the patient must be performed.
  A. True
  B. False

Nutritional Management

Nutrition: Assessment

What is expected:
• RD participates with the IDT in evaluation of patients in all clinical assessment areas
• RD required to conduct an individualized comprehensive review of the patient’s nutritional status to include diet, hydration status, metabolic/catabolic & cardiovascular status (V509)
Nutrition: POC

- IDT develops & implements POC to achieve established targets in nutritional management (V545)
- Goals based on community-based standards
- MAT specifies targets for albumin, body weight
- Outcome oriented plan
- If expected outcomes for nutrition management are not achieved, reassess this aspect
- Adjust the plan/implement the changes

Laboratory results reviewed monthly
Medication adjustment as needed
RD and IDT work with patient on dietary adjustments

Nutrition: Medical Record Documentation

- IDT assessment
- Plan of care with measurable goals & timelines
- Implementation of care plan
  - Flowsheets,
  - Progress notes,
  - Medication administration,
  - Physician orders, etc.
Clicker Question!!!

- Nutrition assessment includes all of the following except:
  A. Laboratory values
  B. Patient weight
  C. Medications
  D. Shoe size

Clicker Question!!!

- The dietitian need not participate with the interdisciplinary team in assessing the patient if she maintains good individual notes & the other team members are not interested in nutrition.
  A. True
  B. False

Mineral Metabolism, aka Renal Bone Disease
Renal Bone Disease: Assessment

What is expected (V508):
• IDT to evaluate the patient’s laboratory values (calcium, phosphorous, PTH)
• Evaluate medications for management of bone disease (phosphate binders, vitamin D analogs, calcimimetic agents)
• Evaluate relevant dietary factors

Mineral Metabolism: POC

• IDT develops & implements individualized POC to achieve established targets in renal bone disease management (V546)
• Goals based on community based standards
• MAT specifies targets for calcium, phosphorous & intact PTH

Mineral Metabolism: POC

• Outcome oriented plan
• Laboratory results reviewed monthly
• Medication adjustment as indicated
• If expected outcomes for bone management are not achieved, reassess this aspect
• Adjust the plan/implement the changes
Mineral Metabolism: Medical Record Documentation

- IDT Assessment
- Plan of care with measurable goals & timelines
- Implementation of care plan; look at:
  - Flowsheets
  - Progress notes
  - Medication administration
  - Physician orders, etc.

Clicker Question!!!

- If the patient does not meet community based standards for renal bone disease management, a plan (or plan revision) might include:
  A. Medication adjustment
  B. Dietary consultation
  C. Dialysis prescription adjustment
  D. All of the above

Clicker Question!!!

- Renal bone disease management assessment:
  A. Must be done with every assessment & reassessment
  B. Need only be done once throughout a patient's course of treatment
  C. Is unnecessary for most dialysis patients
  D. Was considered an event in the 2008 Summer Olympics
Psychosocial Assessment

<table>
<thead>
<tr>
<th>V Tag</th>
<th>Psychosocial Elements in Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>V512</td>
<td>Patient’s abilities, interests, preferences &amp; goals for participation in care, modality &amp; setting</td>
</tr>
<tr>
<td>V513</td>
<td>Psychosocial factors related to interest in &amp; candidacy for transplantation</td>
</tr>
<tr>
<td>V514</td>
<td>Family &amp; other support systems</td>
</tr>
<tr>
<td>V515</td>
<td>Physical activity &amp; vocational rehab status &amp; need for referral for physical &amp; voc rehab services</td>
</tr>
<tr>
<td>V520</td>
<td>Other psychosocial factors that may influence instability</td>
</tr>
<tr>
<td>V767</td>
<td>Reassessment related to involuntary discharge</td>
</tr>
</tbody>
</table>

Clicker Question!!!

- The psychosocial assessment would **NOT** be expected to include:
  - A. Patients’ expectations, goals, preferences
  - B. Family & other support systems
  - C. Vocational status & goals
  - D. Physical activity level
  - E. Home dialysis & transplant candidacy
  - F. Vascular access patency

Psychosocial: POC

<table>
<thead>
<tr>
<th>V Tag</th>
<th>Psychosocial Elements in Plan of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>V552</td>
<td>Use a standardized survey to assess pt’s physical &amp; mental functioning</td>
</tr>
<tr>
<td>V555</td>
<td>Help patient to achieve &amp; sustain desired level of rehabilitation, including education for pediatric pts</td>
</tr>
<tr>
<td>V562</td>
<td>Educate pt about quality of life, rehab, psychosocial risks/benefits related to access type, following the treatment plan &amp; modality selection</td>
</tr>
<tr>
<td>V543-555</td>
<td>Address other elements as needed to assure pts achieve &amp; sustain appropriate psychosocial status</td>
</tr>
<tr>
<td>V767</td>
<td>Plan for involuntarily discharged pt</td>
</tr>
</tbody>
</table>
Clicker Question!!!

• In which of these areas would the social worker NOT be expected to be involved in care planning:
  A. Dose of dialysis received (Kt/V or URR)
  B. Nutritional status
  C. Dose of ESAs
  D. Access selection
  E. Modality selection

Psychosocial: Medical Record

<table>
<thead>
<tr>
<th>V Tag</th>
<th>Social Worker’s Plan of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>V730</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Results of standardized survey of mental &amp; physical assessment (chosen by social worker)</td>
</tr>
<tr>
<td></td>
<td>• Results of KDQOL-36 survey after 3 months &amp; annually (CMS CPM for eligible adult patients)</td>
</tr>
<tr>
<td></td>
<td>• Plan for psychosocial interventions (counseling &amp; referral) to achieve &amp; sustain appropriate psychosocial status</td>
</tr>
<tr>
<td></td>
<td>• Plan for other elements of care that may be influenced by psychosocial status</td>
</tr>
</tbody>
</table>

Psychosocial: Medical Record

• IDT assessment
• POC with goals and timelines
• Implementation
  – Flowsheets
  – Progress notes
  – Results of psychosocial surveys
  – Plan of care
Clicker Question!!!

- The social worker is solely responsible for the psychosocial aspects of care.
  A. True
  B. False

Timelines: All Begins 10/14/08

Initial Assessments for New Patients:
- PA = 30 days/13 treatments whichever is later
- POC implemented within this same timeline

Reassessment for New Patients:
- 3 months after initial assessment completed
- POC updated and implemented within 15 days of reassessment

Then what?

- Stable patients = Annual reassessment
  - POC updated and implemented within 15 days

- All patients: Continuous monitoring = any aspect of care where the target is not met = revise that aspect of POC

- Unstable patients = monthly reassessment
  - POC updated and implemented within 15 days
Who Is “Unstable?”

Per V520, includes but is not limited to:

- Extended or frequent hospitalization (>8 days or > 3 X a month)
- Marked deterioration in health status
- Significant change in psychosocial needs
- **Concurrent** poor nutritional status, unmanaged anemia and inadequate dialysis

What About Current Patients?

As of October 12, 2008:

- Expect a plan to implement this new system
- Some assessments/POCs completed each month until all are done
- All current patients to be included in the new system within 12 months of 10/12/08
- Do not expect 3 month reassessment for current patients
- Expect updates for any aspect of care that does not meet targets

Transfer of Current Patients

After 10/14/08, when a patient is transferred, expect:

- Copy of most current IDT assessment and POC from transferring facility in patient’s medical record
- Reassessment within 3 months of admission
- Revision and implementation of POC within 15 days of completion of the reassessment
Also in POC: V 560

- Dialysis facility must ensure that all patients be seen by a physician, APNP or PA at least monthly, and periodically, for in-center HD patients, while the patient is on dialysis
- If patients are seen in the physician’s office, facility must have a system to ensure transfer of visit information

Clicker Question!!!

- Expect all current patients to have an IDT assessment and POC by October 14, 2008.
  A. True
  B. False

Clicker Question!!!

- For stable patients, the outcomes must be monitored on an on-going basis and
  A. Patient assessments repeated monthly
  B. POC updated every six months
  C. POC revised for any care aspect where the target is not met
  D. Only reviewed if the patient is hospitalized more than 8 days in a year
Questions?
Resources
Comparison of Interdisciplinary vs. Multidisciplinary Teams

Interdisciplinary teamwork can be contrasted with multidisciplinary teamwork. Multidisciplinary team members work sequentially where the medical record is the chief means of communication. Interdisciplinary teams work collaboratively with regular meetings to discuss patient status and the evolving plan of care.

Working as a team allows for:

- working for common goals
- pooling of expertise
- a forum for problem solving
- opportunities for personal growth and development
- shared burden and personal support, particularly for professional self-care

Shared decision-making and flexible leadership characterizes interdisciplinary teamwork. The team has an identity that is separate from the identities of individual team members. Team function is based on small group processes.

The skills of multiple disciplines working together in coordinated patient/family focused care teams are needed because:

- patients and families have different vulnerabilities in front of different providers (depending on a number of factors, including the discipline of the provider)
- each member of the team will elicit different aspects of the patient's and family's illness experience
- each member of the team will bring different management skills and perspectives
- teamwork permits sharing of physically and emotionally draining situations

Introduction to the CMPA
The Department of Health and Human Services (HHS), Centers for Medicare and Medicaid Services (CMS), published the Final Conditions for Coverage (CfC) for End-Stage Renal Disease (ESRD) Facilities on April 15, 2008. In anticipation of the final publishing of the CfC for ESRD facilities, CMS encouraged the National Kidney Foundation (NKF) and American Nephrology Nurses’ Association (ANNA) to establish a task force to develop resources and guidelines to assist facilities in complying with the requirement for a comprehensive, multidisciplinary patient assessment (CMPA). The CMPA replaces the requirement for individual assessments by each discipline (ref: § 494.80). The CMPA needs to be completed on the following schedule:

- The latter of 30 calendar days or 13 outpatient hemodialysis sessions beginning with the first outpatient dialysis session for all new patients
- 3 months after the completion of the initial assessment
- At least annually for stable patients
- At least monthly for unstable patients, including but not limited to, patients with the following:
  - Extended or frequent hospitalizations;
  - Marked deterioration in health status;
  - Significant change in psychosocial needs; or
  - Concurrent poor nutritional status, unmanaged anemia, and inadequate dialysis.

Initial and annual assessments are anticipated to be more comprehensive in nature than other assessments. When a patient’s unstable status triggers a new assessment, the reassessment will likely be more narrow in focus. However, the reassessment needs to include some review or evaluation in each of the 13 minimum criteria.

In addition to the CMPA schedule, the adequacy of the patient’s dialysis prescription must be assessed as follows:

- **Hemodialysis Patients:** At least monthly by calculating delivered Kt/V or an equivalent measure
- **Peritoneal Dialysis Patients:** At least every 4 months by calculating delivered weekly Kt/V or an equivalent measure
Minimum Criteria of the Assessment

The CMPA must consist of the following minimum criteria:

- Evaluation of current health status and medical condition, including co-morbid conditions
- Evaluation of the appropriateness of the dialysis prescription, blood pressure, and fluid management needs
- Laboratory profile, immunization history, and medication history
- Evaluation of factors associated with anemia, such as hematocrit, hemoglobin, iron stores, and potential treatment plans for anemia, including administration of erythropoiesis-stimulating agent(s)
- Evaluation of factors associated with renal bone disease
- Evaluation of nutritional status by a dietitian
- Evaluation of psychosocial needs by a social worker
- Evaluation of dialysis access type and maintenance (for example, arteriovenous fistulas, arteriovenous grafts, and peritoneal catheters)
- Evaluation of the patient’s abilities, interests, preferences, and goals, including the desired level of participation in the dialysis care process; the preferred modality (hemodialysis or peritoneal dialysis) and setting (for example, home dialysis), and the patient’s expectations for care outcomes
- Evaluation of suitability for a transplantation referral, based on criteria developed by the prospective transplantation center and its surgeon(s). If the patient is not suitable for transplantation referral, the basis for nonreferral must be documented in the patient’s medical record
- Evaluation of family and other support systems
- Evaluation of patient’s current physical activity level
- Evaluation for referral to vocational and physical rehabilitation services

Completion of Assessment

The interdisciplinary team is responsible for the completion of the assessment. The team, as defined in the CfC, includes: the patient or the patient’s designee (if the patient chooses), a registered nurse, a physician treating the patient for ESRD, a social worker and a dietitian. Each member of the team should contribute to the completion of the assessment. The CfC designates two areas to specific team members – Evaluation of Nutritional Status to the dietitian and Evaluation of Psychosocial Needs to the social worker. It is anticipated that each facility and treatment team will individually determine who is responsible for completing the remaining criteria based on their clinical judgment, professional expertise, and organizational structure. Team members should consult with each other in the process of completing the assessment in order to reach agreement on assessment points and to ensure integration.

Example Assessment Questions

The following set of questions was created as an example to ensure compliance with the CfC and to aid in the development of an effective plan of care. For responses noted in shaded boxes “□,” it is anticipated that the item will need to be addressed in the plan of care.
Patients have the right to refuse to answer questions and to refuse to participate in non-essential assessments. If a patient refuses to provide information for an assessment item, the team should document the patient’s refusal.

**Assessment to Plan of Care**

The CMPA is the first step in the care planning process and will generate a list of problems. The care team will create or adjust the plan of care to address the problems identified by the CMPA. The CfC (§494.90) state that the Plan of Care must:

- Be individualized
- Specify the services necessary to address the patient’s needs identified in the assessment
- Include measurable and expected outcomes
- Include estimated timetables to achieve outcomes
- Contain outcomes consistent with current evidence-base professionally-accepted clinical practice standards

The example assessment questions have been designed in such a way to try to allow for the measurement of progress, the use of evidenced-based assessment tools, and the engagement of the patient in the assessment process. This example is in no way intended as the absolute requirement. This CMPA is an example of one possibility to meet the expectations and should in no way be interpreted as a requirement to facilities. It is expected facilities will modify the CMPA based on their own documentation systems.

**Disclaimer**

This document was created for educational purposes only. The assessment questions are intended to provide examples of the types of questions that physicians, registered nurses, dietitians, and social workers may want to use to meet the requirements for a CMPA. The validity and reliability of the questions have not been confirmed. It is the responsibility of the user to verify that the use of any of the questions from cited sources does not violate any copyright laws.

The implementation and interpretation of the new Conditions for Coverage for End-Stage Renal Disease Facilities is anticipated to be a dynamic process. This document reflects the information available to the kidney community as of its version date. Please confirm with NKF or ANNA whether further information, resources, or guidance has been provided on this subject. The information provided is not intended to establish or replace policies and procedures provided by dialysis providers to their facilities. Please check with your dialysis facility management before implementing any information provided here.
## Reason for Assessment

**Complete for each assessment**

### R1. State Reason for Assessment

- [ ] Initial
- [ ] 90 day
- [ ] Annual (stable patients)
- [ ] Monthly (unstable patients)

**R1a. If monthly, choose reason for unstable status. Choose all that apply.**

- [ ] Hospitalization – frequent or extended stay
- [ ] Marked deterioration in health status
- [ ] Change in psychosocial needs
- [ ] Poor nutritional status and unmanaged anemia and inadequate dialysis
- [ ] Other:

## Demographics

**Complete for initial assessment only**

### D1. What is the patient’s name?

- Last name:
- Legal first name:
- Preferred first name:
- Middle initial:

### D2. What is the patient’s date of birth?

/ / 

### D3. What is the patient’s sex?

- [ ] Male
- [ ] Female
- [ ] Intersex, transsexual, or other:
  - (Please specify)

### D4. What is the patient’s gender identity?

- (Check all that apply)
  - [ ] Woman
  - [ ] Transgender
  - [ ] Man
  - [ ] Other:

### D5. Is the patient of Hispanic or Latino origin or descent? (2728 Coding)

- [ ] Yes
  - What is their country/area of origin or ancestry?
- [ ] No

### D6. What is the patient’s race? (2728 Coding)

- [ ] White
- [ ] Black or African American
- [ ] American Indian/Alaska Native
  - What is the name of Enrolled/Principal Tribe?
  - [ ] Asian
  - [ ] Native Hawaiian or Other Pacific Islander
    - What is their county/area of origin or ancestry?

### D7. What is the date of the patient’s first chronic dialysis treatment?

/ / 

### D8. What is the date the patient started chronic dialysis at the current facility?

/ / 

### D9. What is the patient’s learning preference:

- [ ] Seeing
- [ ] Hearing
- [ ] Doing
**Medical History**

**Complete for initial assessment only**

<table>
<thead>
<tr>
<th>N1. Cardiovascular</th>
<th>□ N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Cardiomyopathy:</td>
<td></td>
</tr>
<tr>
<td>□ Ischemic</td>
<td></td>
</tr>
<tr>
<td>□ Hypertrophic</td>
<td></td>
</tr>
<tr>
<td>□ Unknown</td>
<td></td>
</tr>
<tr>
<td>□ Ischemic heart disease:</td>
<td></td>
</tr>
<tr>
<td>□ Angina at rest</td>
<td></td>
</tr>
<tr>
<td>□ Angina on exertion</td>
<td></td>
</tr>
<tr>
<td>□ Angina on dialysis</td>
<td></td>
</tr>
<tr>
<td>□ Heart failure:</td>
<td></td>
</tr>
<tr>
<td>□ Left</td>
<td></td>
</tr>
<tr>
<td>□ Right</td>
<td></td>
</tr>
<tr>
<td>□ Unknown</td>
<td></td>
</tr>
<tr>
<td>□ Dysrhythmia:</td>
<td></td>
</tr>
<tr>
<td>□ Atrial fibrillation</td>
<td></td>
</tr>
<tr>
<td>□ Ventricular dysrhythmia</td>
<td></td>
</tr>
<tr>
<td>□ Hypertension</td>
<td></td>
</tr>
<tr>
<td>□ Left ventricular hypertrophy</td>
<td></td>
</tr>
<tr>
<td>□ Myocardial infarction</td>
<td></td>
</tr>
<tr>
<td>□ Coronary artery bypass graft</td>
<td></td>
</tr>
<tr>
<td>□ Pacemaker</td>
<td></td>
</tr>
<tr>
<td>□ Internal defibrillator</td>
<td></td>
</tr>
<tr>
<td>□ Endocarditis</td>
<td></td>
</tr>
<tr>
<td>□ Pericarditis</td>
<td></td>
</tr>
<tr>
<td>□ Heart transplant</td>
<td></td>
</tr>
<tr>
<td>□ Valvular heart disease</td>
<td></td>
</tr>
<tr>
<td>□ Ischemic Skin Lesions □ No □ Yes Treatment:</td>
<td></td>
</tr>
<tr>
<td>□ Peripheral vascular disease</td>
<td></td>
</tr>
<tr>
<td>□ Amputation: □ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>If yes, specify body part:</td>
<td></td>
</tr>
<tr>
<td>□ Aortic aneurysms</td>
<td></td>
</tr>
<tr>
<td>□ Renal artery stenosis</td>
<td></td>
</tr>
<tr>
<td>□ Dyslipidemia</td>
<td></td>
</tr>
<tr>
<td>□ ESA prior to dialysis initiation □ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>If yes, which type and dose if known:</td>
<td></td>
</tr>
<tr>
<td>□ Iron dosing prior to dialysis initiation □ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>If yes, type, dose and freq:</td>
<td></td>
</tr>
<tr>
<td>□ Prior transfusions □ Yes □ No If yes, explain:</td>
<td></td>
</tr>
<tr>
<td>□ Transfusion reactions</td>
<td></td>
</tr>
<tr>
<td>Explanations:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>N2. Pulmonary</th>
<th>□ N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Asthma</td>
<td></td>
</tr>
<tr>
<td>□ Chronic obstructive pulmonary disease (COPD)</td>
<td></td>
</tr>
<tr>
<td>□ Allergic rhinitis</td>
<td></td>
</tr>
<tr>
<td>□ Tuberculosis (TB)</td>
<td></td>
</tr>
<tr>
<td>□ Sarcoidosis</td>
<td></td>
</tr>
<tr>
<td>□ Supplemental oxygen dependence</td>
<td></td>
</tr>
<tr>
<td>□ Tobacco history and/or use</td>
<td></td>
</tr>
<tr>
<td>□ Exposure to second hand smoke</td>
<td></td>
</tr>
<tr>
<td>□ Smoking cessation education provided</td>
<td></td>
</tr>
<tr>
<td>□ Sleep apnea</td>
<td></td>
</tr>
<tr>
<td>Treatment for sleep apnea</td>
<td></td>
</tr>
<tr>
<td>□ Other:</td>
<td></td>
</tr>
</tbody>
</table>

Explanations:
### N3. Endocrine  □ N/A
- □ Hyperthyroidism
- □ Hypothyroidism
- □ Secondary hyperparathyroidism
- □ Vitamin D insufficiency or deficiency
- □ Parathyroidectomy
- □ Diabetes mellitus
  - □ Type I
  - □ Type II
- □ Diet-controlled
- □ Insulin-controlled
- □ Self-monitoring

**Explanations:**

### N4. Gastrointestinal Disorders  □ N/A
- □ Constipation
- □ Poor appetite
- □ Diverticulosis
- □ Esophageal disorders
- □ Gastroparesis
- □ Peptic ulcer disease
- □ GI disease
  - Specify:
- □ Diarrhea
- □ Nausea
- □ GERD (gastroesophageal reflux disease)
- □ Dysguesia
- □ GI bleeding
- □ Feeling of fullness (PD patients)
- □ Liver transplant

**Explanations:**

### N5. Neurological Disorders  □ N/A
- □ Seizure disorder
- □ TIA (transient ischemic attacks)
- □ CVA (stroke)
- □ Peripheral neuropathy
- □ Dysphagia
- □ Carpal tunnel syndrome
- □ Peripheral neuropathy
- □ Restless leg syndrome
- □ Parkinson’s disease

**Explanations:**

### N6. Musculoskeletal  □ N/A
- □ Osteoarthritis
- □ Rheumatoid arthritis
- □ Osteoporosis
- □ Metabolic bone disease of CKD
- □ Fractures (explain below)
- □ Joint replacements
- □ Gout
- □ Fibromyalgia
- □ Back Injury

**Explanations:**

### N7. Genitourinary  □ N/A
- □ Residual urine
- □ Volume/day:
- □ Painful urination
- □ Gynecological issues
- □ Prostate issues
- □ Pregnancy issues

**Explanations:**
### N8. Immune  □ N/A

- Amyloidosis
- HIV/AIDS
- Scleroderma
- Other

Explanations:

### N9. Mental Health  □ N/A

Does the patient report any past or current mental health issues, concerns, or mood disturbances *(feelings of depression or anxiety)*?

- Yes  □ No

- Dementia
- Anxiety disorder
- Depression
- Alcohol or substance abuse
- Post-traumatic stress syndrome
- Other

Explanations:

### N10. Cancer  □ N/A

- Breast
- Gynecologic
- Lung
- Prostate
- Multiple myeloma
- Bone
- Other

- Colon
- Hematologic
- Melanoma
- Renal
- Skin
- Squamous cell
- Basal cell
- Other:

Explanations:
### N11. Infection ❑ N/A

- Acute Hepatitis B ❑ Chronic Hepatitis B
- Acute Hepatitis C ❑ Chronic Hepatitis C
- Respiratory infection
- Recent exposure to communicable disease:
- History of at risk behavior (unprotected sex, IV drug abuse)
- MRSA within the last 5 years
- History of VRE or other drug-resistant bacteria
- Infected ulcers or pressure sores:
- Access related infection: Specify:
  - Peritonitis
  - Bacteremia or septicemia
  - Other:

#### Vaccination Status

- **Influenza**
  - Up to date ❑ not a candidate or refuses ❑ needs vaccine

- **Pneumococcal**
  - Up to date ❑ not a candidate or refuses ❑ needs vaccine

- **Hepatitis B**
  - series completed ❑ series in process ❑ not a candidate or refuses
  - needs vaccine series started or booster

#### Explanations:

### N12. Hematologic Conditions ❑ N/A

- Sickle cell disease
- Bleeding disorder ❑ Heparin allergy ❑ Heparin-induced thrombocytopenia
- Other

#### Explanations:

### N13. Head Ears Eyes Nose Throat (HEENT) ❑ N/A

- Retinopathy
- Impaired vision ❑ Glaucoma
- Dental status
  - Good dentition ❑ Poor dentition ❑ Dentures
  - Difficulty chewing ❑ Difficulty swallowing

#### Explanations:

### N14. Miscellaneous ❑ N/A
### N15. Surgical History

- [ ] N/A

**Complete for each reassessment**

### N16.

- Has the patient experienced any events or developed any new conditions since last assessed, such as fall, surgery, illness, or deterioration in status? List any additions to the above co-morbid conditions. Check box if care planning needed.

**Explanations:**

### Evaluation of Current Health Status

**Complete for each assessment**

### HS1.

- Other providers involved in patient’s care
  (Include area of practice such as primary care, OB, etc. Telephone numbers are helpful.)

  - Dentist
  - Mental health provider

### HS2.

- General Health Status
  - How does the patient rate his/her health status?  □ Good  □ Fair  □ Poor
  - Dates of most recent routine health screening
    - Colonoscopy:  [ ]
    - PAP:  [ ]
    - Mammogram:  [ ]
    - Prostate screening:  [ ]
    - Dental exam:  [ ]
    - Other:  [ ]

### HS3.

- ESRD diagnosis from 2728 if available:
  - Do you know what caused your kidneys to stop working?

### HS4.

- Cardiac or radiologic results if available, include dates:

### HS5. Nursing Review of Systems Assessment

- Level of consciousness: Is patient alert?  □ Yes  □ No  Oriented x 3?  □ Yes  □ No
  - Responsive to stimuli?  □ Yes  □ No
  - Explanations:  [ ]
Heart sounds, – rate, rhythm, abnormal sounds:

Fluid status –
☐ chronically over ☐ chronically under ☐ at target weight
Neck veins: ☐ distention ☐ flat
Periphery – edema, perfusion, lack of skin turgor
Dry tongue ☐ Yes ☐ No
Chest pain ☐ Yes ☐ No
Palpitations ☐ Yes ☐ No
Dizziness or light-headedness ☐ Yes ☐ No

Explanations

Lung sounds:
Labored breathing ☐ Yes ☐ No  Cyanosis ☐ Yes ☐ No
Cough ☐ Yes ☐ No  Shortness of breath ☐ Yes ☐ No
Sputum production? ☐ Yes ☐ No
Does the patient use oxygen? ☐ Yes ☐ No
Explanations

GI:
Bowel patterns:
Abdominal distention – fluid related or motility related
Bowel sounds
Is the patient continent of bowel? ☐ Yes ☐ No
Constipation ☐ Yes ☐ No
Nausea/Vomiting ☐ Yes ☐ No
Diarrhea ☐ Yes ☐ No
Abdominal discomfort ☐ Yes ☐ No
Anorexia ☐ Yes ☐ No
Difficulty swallowing ☐ Yes ☐ No
Explanations

GU:
Residual urine volume: ☐ greater than 1 cup/day ☐ less than 1 cup/day
☐ actual or ☐ estimated output
Is the urine clear? ☐ Yes ☐ No
Pain with urination? ☐ Yes ☐ No
Is the patient continent of bladder? ☐ Yes ☐ No
Explanations

Extremities:
Edema include location and degree:

Skin integrity: Do you have any areas of broken skin? ☐ Yes ☐ No

Access:

What problems cause you concern? Please tell me about those.
**HS6. Medication History (including OTC)**

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies reviewed:</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Medications reviewed:</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Do you have another provider prescribing medications?</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Which medications and what is the provider’s name?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What pharmacy do you use?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have problems related to the medications you take?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**HS7. Laboratory Profile**

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab results reviewed:</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

---

**HS8. Immunization History**

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization status reviewed and up to date</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>If no, what immunization(s) are due?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Appropriateness of Dialysis Prescription**

**DP1. Volume Status**

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure Elevated (K/DOQI C-level Recommendation 140/90 Predialysis)</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Blood Volume Monitoring shows refill (if available)</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Estimated dry weight:</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Chronically unable to achieve dry weight</td>
<td>☐</td>
<td>☑</td>
</tr>
</tbody>
</table>

---

**DP2. Patients on Hemodialysis**

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequacy meeting targets:</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Is Kt/V adjusted for &gt; 3 hemo treatments/week:</td>
<td>☐</td>
<td>☑</td>
</tr>
</tbody>
</table>

**Adverse Intradialytic Symptoms**

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interdialytic Weight Gains:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cramping</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Hypertension</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Dizziness</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Cardiovascular complication</td>
<td>☐</td>
<td>☑</td>
</tr>
</tbody>
</table>

**Dialysate Chemistries**

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>K:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ca++:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bicarb:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Na:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temp:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Delivery system:**

**Comments:**
### Patients on Peritoneal Dialysis

- **CCPD**
- **CAPD**

**Total daily volume:**

- **Kt/V**

**PET results**

- **Low**
- **Low average**
- **High average**
- **High**

**Usual Dextrose:**

- **N/A**
- **Icodextran**

**Which exchange:**

---

### Evaluation of Anemia Management

**Complete for each assessment**

#### A1. Anemia Evaluation

- **Is Hgb 10-12?**
  - Yes
  - No

**Hgb:**

- Retic:
- CHr:
- WBC:

**Ferritin:**

- Tsat:
- Iron:
- TIBC:

- **Active infection?**
  - Yes
  - No

- **Organism:**

- **Co-morbid conditions affecting anemia:**
  - Yes
  - No

  **If yes, what?**

- **Recent transfusions:**
  - Yes
  - No

- **Predisposition to bleeding?**
  - Yes
  - No

- **Rapid change in Hgb?**
  - Yes
  - No

- **Occult blood tested?**
  - Yes
  - No

  **If yes, date and results:**

- **ESA name:**
- **ESA dose:**
- **Date of last ESA change:**

- **Iron dose:**
- **Date of last iron dose change:**

- **Other:**

---

### Factors Associated With Nutritional Status

**Complete for each assessment**

#### NS1. Anthropometrics

- **Height:**
- **Estimated dry weight:**
- **BMI:**

- **Usual body weight:**
- **% UBW:**

- **Recent weight change?**
  - Yes
  - No

- **Weight loss greater than 5% in one month**

- **Frame size:**
  - Small
  - Medium
  - Large

- **Reference weight:**
- **% Reference weight:**

- **Adjusted body weight:**
  - for obesity
  - for amputees

**Nutrition-related medications:**

- **Vitamin supplement**
- **GI medications**
- **Stool softeners**
- **Non-Rx vitamin/minerals**
- **Other:**
NS2. Diabetes Self-Management ☐ N/A

Diet:
Foot checks: ☐ Yes ☐ No If yes, how often: ☐ By who:
Dental care: Daily brushing? ☐ 0 ☐ 1 ☐ 2 ☐ 3+ Daily flossing? ☐ Yes ☐ No
Regular check-ups? ☐ Yes ☐ No
Blood glucose monitoring frequency:
Device brand:
Usual blood glucose:
Hgb A1C:
Diabetes medications: ☐ oral agent ☐ insulin type dose
Education:
Diabetes Management:
Comments:

NS3. Mineral Bone Disorder Management

Lab Review:
Phosphorus: Trends: ☐ usually in goal ☐ usually high ☐ other
Calcium: Trends: ☐ usually in goal ☐ usually high ☐ other
PTH: Trends: ☐ usually in goal ☐ usually high ☐ other
Medications: ☐ phosphorus binder Adherence: ☐ good ☐ fair ☐ poor
☐ calcium supplement
☐ vitamin D
Diet issues: Adherence ☐ good ☐ fair ☐ poor
Education: Understands diet ☐ Yes ☐ No
Comments:

NS4. Cultural Factors Related to Diet

Religious food preferences:
Cultural foods:
Party responsible for purchasing and preparing food: ☐ patient ☐ spouse ☐ other:
Reading ability:
Primary language for food prep: ☐ English ☐ Spanish ☐ Other:
Vision: ☐ good ☐ glasses ☐ contacts blind
Hearing: ☐ good ☐ hearing aids ☐ hard of hearing
Lives alone? ☐ Yes ☐ No
Has meals alone? ☐ Yes ☐ No
People with whom meals are shared:
Frequency for dining out: number of meals eaten out/week:
Types of food usually ordered:
Does patient receive food assistance? ☐ Yes ☐ No
If yes, source:
### NS5. Subjective Data

<table>
<thead>
<tr>
<th>Appetite:</th>
<th>improving</th>
<th>decreasing</th>
<th>good</th>
<th>fair</th>
<th>poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Typical meal pattern:</td>
<td>morning:</td>
<td>noon:</td>
<td>evening:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Usual intake (24-hour recall):</td>
<td>Number of meals/day:</td>
<td>number of snacks/day:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food preferences:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food allergies:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pica?</td>
<td>Yes</td>
<td>No</td>
<td>Type:</td>
<td>clay</td>
<td>dirt</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutritional supplements, including enteral nutritional supplements, herbal, minerals, and vitamins not previously listed:</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Previous diets/nutrition education:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight history, patient’s desired weight:</td>
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<tr>
<td>Weight changes:</td>
<td>planned</td>
<td>unplanned</td>
<td>loss</td>
<td>gain</td>
<td>amount</td>
</tr>
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</table>

### NS6. Objective Data

<table>
<thead>
<tr>
<th>Albumin:</th>
<th>nPCR:</th>
<th>K:</th>
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</thead>
<tbody>
<tr>
<td>Evaluation of nutritional intake:</td>
<td>calories</td>
<td>adequate</td>
</tr>
<tr>
<td>Protein</td>
<td>adequate</td>
<td>inadequate</td>
</tr>
<tr>
<td>Variety of food groups</td>
<td>adequate</td>
<td>inadequate:</td>
</tr>
<tr>
<td>Evaluation of nutritional status:</td>
<td>Well-nourished</td>
<td>Malnourished</td>
</tr>
</tbody>
</table>

### Evaluation of Dialysis Access

**Complete for each assessment**

### DA1. Hemodialysis

<table>
<thead>
<tr>
<th>Type of access:</th>
<th>Simple fistula</th>
<th>Transposed vein</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graft:</td>
<td>Poly</td>
<td>Vectra</td>
</tr>
<tr>
<td>Catheter (see catheter section DA8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date placed:</td>
<td>Surgeon:</td>
<td></td>
</tr>
<tr>
<td>Previous access history:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### DA2. Average Blood Flow Rate (BFR): 

<table>
<thead>
<tr>
<th>Average arterial pressure:</th>
<th>Average venous pressure:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannulation method:</td>
<td></td>
</tr>
<tr>
<td>Buttonhole:</td>
<td>Rotation:</td>
</tr>
</tbody>
</table>

### DA3. Does patient use any preparation to limit pain with needle insertion: | Yes | No |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lidocaine intradermal</td>
<td>Lidocaine cream</td>
<td>Lidocaine patch</td>
</tr>
<tr>
<td>Emla cream</td>
<td>Emla patch</td>
<td>Ethyl chloride spray</td>
</tr>
<tr>
<td>Venous mapping done prior to placement:</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
### Anticoagulation
- **Heparin dose:**
- **Other home anticoagulation medication:** Yes ☐ No ☐
- **Explanation:**

### History of Infection
- **Yes ☐ No ☐**
- **Hospital Acquired** Yes ☐ No ☐
- **If yes, organism**
  - Staph aureus ☐
  - Staph aureus methicillin resistant (MRSA) ☐
  - Staph epi ☐
  - Staph epi methicillin resistant ☐
  - Enterococcus ☐
  - Enterococcus vancomycin resistant (VRE) ☐
  - EColi ☐
  - Pseudomonas ☐
  - Other:
- **Treatment:**
  - Vancomycin ☐
  - Cefazolin ☐
  - Gentamycin ☐
  - Azactam ☐
  - Zinzolid ☐
  - Other:

### Physical Description of Access
- **Straight ☐ Curved ☐ Loop tortuous ☐ Aneurisms ☐**
- **Direction of flow:**
  - Other:

### Access Surveillance Method
- **Physical finding (persistent swelling, collateral veins, prolonged bleeding, altered characteristics of pulse or thrill)** ☐
- **Intra-access flow** ☐
- **Static pressure** ☐
- **Duplex ultrasound** ☐
- **Recirculation**
- **Interventions required** Yes ☐ No ☐
- **Angioplasty** Date: Where:
- **Surgical Revision** Date: Where:
- **Declotting procedures** Date: Where:
DA8. Catheter
Type of central venous catheter: ☐ Quinton ☐ Arrow ☐ Other
Temporary catheter: ☐ Quinton ☐ Other

Catheter Dysfunction
☐ Manipulation or replacement Date: Where:
☐ Thrombolytic agent ☐ Alteplase ☐ Urokinase ☐ Other Frequency
☐ Reversed lines

DA9. Peritoneal Dialysis
Type of catheter: ☐ Straight ☐ Coiled ☐ Swan neck ☐ Cruz ☐ Other
Insertion date:
☐ Thrombolytic agent ☐ Alteplase ☐ Urokinase ☐ Heparin ☐ Other
Frequency: Dose:
Catheter function:
☐ Patent ☐ Migration ☐ Repositioned/replaced

DA10. History of exit site infections: ☐ Yes ☐ No
If yes, organism
☐ Staph aureus
☐ Staph aureus methicillin resistant (MRSA)
☐ Staph epi
☐ Staph epi methicillin resistant
☐ Enterococcus
☐ Enterococcus vancomycin resistant (VRE)
☐ EColi
☐ Pseudomonas
☐ Fungus
☐ Other:
Treatment
☐ Vancomycin
☐ Cefazolin
☐ Gentamycin
☐ Azactam
☐ Zinzolid
☐ Other:

DA11. Exit site care ☐ Soap and water ☐ Other:
Is antibiotic cream used: ☐ Yes ☐ No
Exit site width:
Cuff status:
Recent trauma:
### Evaluation of Physical Activity

**Complete for each assessment**

<table>
<thead>
<tr>
<th>PA1.</th>
<th>Activity assessment (exercise activity is equal to 30 minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Inactive (1 or less exercise activities per week)</td>
</tr>
<tr>
<td></td>
<td>□ Inactive light (1 to 2 exercise activities per week)</td>
</tr>
<tr>
<td></td>
<td>□ Active (3 to 4 exercise activities per week)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PA2.</th>
<th>Type of activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Walking</td>
</tr>
<tr>
<td></td>
<td>□ Jogging</td>
</tr>
<tr>
<td></td>
<td>□ Bicycling</td>
</tr>
<tr>
<td></td>
<td>□ Swimming</td>
</tr>
<tr>
<td></td>
<td>□ Conditioning or weight training</td>
</tr>
<tr>
<td></td>
<td>□ Dancing</td>
</tr>
<tr>
<td></td>
<td>□ Home activities such as gardening or snow shoveling</td>
</tr>
<tr>
<td></td>
<td>□ Other activities:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PA3.</th>
<th>Waist girth and waist-to-girth ratio (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>To calculate ratio: In a relaxed standing position, measure the narrowest point at waist and divide this by measuring the widest point of hips. A value greater than 0.8 for women and 0.9 for men have a higher risk to develop conditions such as heart disease, high blood pressure, or diabetes.</td>
</tr>
<tr>
<td></td>
<td>Is patient at an increased health risk: □ Yes □ No</td>
</tr>
</tbody>
</table>

| PA4. | Physical limitations: □ Yes □ No |
|      | Explanation:                     |

| PA5. | Does patient desire to start or increase activity level? □ Yes □ No |
|      | Explanation:                     |
|      | Comments:                        |

### Fall Assessment

**Complete for each assessment**

<table>
<thead>
<tr>
<th>F1.</th>
<th>Assessment of balance score:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Assessment of gait score:</td>
</tr>
<tr>
<td></td>
<td>Method used: Example: Tinetti assessment</td>
</tr>
<tr>
<td></td>
<td>Other assessment:</td>
</tr>
</tbody>
</table>

| F2. | Past history of falls: □ Yes □ No |

| F3. | Physical limitations: |

| F4. | Known or diagnosed cognitive deficits reported by patient or family: |

| F5. | Medications (psychotropics/sedatives/hypnotics/antihistamines/alcohol/pain/etc.): |
### F6. Assistive devices:
- [ ] None
- [ ] Cane/Crutch
- [ ] Walker
- [ ] Manual wheelchair
- [ ] Electric wheelchair
- [ ] Limb prosthesis

### F7. Postural hypotension:

### F8. Do you have strategies for avoiding falls?
- [ ] Yes
- [ ] No

**Explanation:**

### F9. Patient risk for fall:
- [ ] low
- [ ] moderate
- [ ] high

## Pain Assessment

**Complete for each assessment**

### P1. Frequency of pain
- [ ] No pain
- [ ] Pain daily
- [ ] Pain every other day
- [ ] Pain weekly
- [ ] Pain monthly
- [ ] Pain related only to a specific activity

**Intensity of pain**
- [ ] Mild
- [ ] Moderate
- Times when pain is excruciating

### P2. Location of pain:

**Character of pain:**
- [ ] throbbing
- [ ] burning
- [ ] stabbing
- [ ] aching

**How long ago did you start experiencing this type of pain?**

**Worst pain you ever had:**

### P3. Intensity of pain on a scale from 1-10 with 10 the worst pain you ever experienced:

### P4. How much does pain affect your life?

**What do you do to decrease/eliminate pain?**

**What makes the pain worse?**

### P5. Are you taking medications for pain?
- [ ] Yes
- [ ] No

**If yes, what medications:**
- [ ] Does the medication provide relief?
- [ ] Yes
- [ ] No

**What side effects do you experience?**

**Do you have other strategies for dealing with pain?**

**How do you respond to pain (i.e., cry out, moan, become withdrawn or angry, etc.)?**
Communication Status

Complete for initial assessment and at least annually

**CS1.** Are there physical or cognitive barriers that affect the patient’s ability to communicate?

- [ ] Yes
- [ ] No

**CS1a.** If yes, describe:

**CS2.** Are there any barriers to the patient’s ability to communicate verbally in English? EXCLUSIVE OF COGNITIVE OR PHYSICAL BARRIERS?

<table>
<thead>
<tr>
<th>No Limitation</th>
<th>Barriers Present</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not able to communicate in English</td>
</tr>
<tr>
<td></td>
<td>Requires interpretation assistance at all times</td>
</tr>
<tr>
<td></td>
<td>Only able to communicate basic needs to staff</td>
</tr>
<tr>
<td></td>
<td>Uses single words or short phrases – requires interpretation assistance for conversations and care planning</td>
</tr>
<tr>
<td></td>
<td>Able to communicate with staff in most situations</td>
</tr>
<tr>
<td></td>
<td>Able to carry on conversations with staff. Requires occasional interpretation assistance for more complex conversations.</td>
</tr>
<tr>
<td></td>
<td>Able to communicate in English</td>
</tr>
</tbody>
</table>

If a BARRIER IS PRESENT, answer the following questions:

**CS2a.** What is the patient’s primary language for communicating with facility staff?

**CS2b.** When interpretation assistance is required, how does the patient communicate with the care team? (Check all that apply)

- [ ] Family
- [ ] Friends and/or other social supports
- [ ] Professional interpreter
- [ ] Community agency
- [ ] Facility staff (able to communicate with the patient in their primary language)
- [ ] None of the above (care team unable to effectively communicate with the patient)
CS3. Is the patient able to read printed materials?

<table>
<thead>
<tr>
<th>Language</th>
<th>Yes</th>
<th>No</th>
<th>Limited</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Advance Care Planning

Complete for each assessment

AP1. Does patient have any of the following?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Copy at Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advance Directive (living will, durable power of attorney for healthcare, and health care proxy)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do Not Resuscitate Order at Facility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do Not Resuscitate Order in Community</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Court Appointed Guardian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Durable Power of Attorney for Financial</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

AP1a. If the patient DOES NOT have an advance directive, does the patient or a support person want information on advance directives?

- Yes
- No - not interested
- No - already has
- Unknown

AP2. If the patient has a “Do Not Resuscitate Order” at facility or in the community, does the patient have pre-funeral arrangements made?

- Yes
- No
- Unknown

AP2a. If yes, list name and phone number of funeral home and other details:

Social Barriers

Complete for each assessment

SB1. Have there been any changes to the patient’s insurance status since the last assessment? (If initial assessment mark “Yes”) □ Yes □ No
**SB1a.** If yes, what is the patient’s current insurance status?

<table>
<thead>
<tr>
<th>Insurance</th>
<th>Active</th>
<th>Pending</th>
<th>Primary</th>
<th>Secondary</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ No Insurance</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Comments:

**SB2.** Is the patient’s insurance status a barrier to positive treatment outcomes? ☐ Yes ☐ No

**SB2a.** If yes, explain:
*Examples: unable to afford co-pays, difficulty paying monthly premiums, etc.*

**SB3.** What is the patient’s mode of transportation to dialysis? (Check all that apply)

- ☐ Walk
- ☐ Taxi (Self-pay)
- ☐ Drives self
- ☐ ADA transport
- ☐ Public bus
- ☐ Insurance funded transport
- ☐ Family
- ☐ Other:
- ☐ Friends
- ☐ Other:

**SB4.** Does the patient have reliable transportation to/from dialysis? ☐ Yes ☐ No

**SB4a.** If no, explain:

**SB5.** Is the patient currently a student? ☐ Yes ☐ No

**SB5a.** If yes, explain:

**SB6.** What is the patient’s employment status?

<table>
<thead>
<tr>
<th>Prior Employment</th>
<th>Current Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If INITIAL – use 6 months prior to starting dialysis</strong></td>
<td><strong>If REASSESSMENT – use status at last assessment</strong></td>
</tr>
<tr>
<td>☐ Employed full-time</td>
<td>☐ Employed full-time</td>
</tr>
<tr>
<td>☐ Employed part-time</td>
<td>☐ Employed part-time</td>
</tr>
<tr>
<td>☐ Retired</td>
<td>☐ Retired</td>
</tr>
<tr>
<td>☐ Medical leave of absence</td>
<td>☐ Medical leave of absence</td>
</tr>
<tr>
<td>☐ Not employed - by choice</td>
<td>☐ Not employed - by choice</td>
</tr>
<tr>
<td>☐ Not employed - looking for work</td>
<td>☐ Not employed - looking for work</td>
</tr>
<tr>
<td>☐ Not employed - disabled</td>
<td>☐ Not employed - disabled</td>
</tr>
</tbody>
</table>
SB6a. If NOT working, what is the patient’s vocational rehabilitation status?
- □ Already working with VR agency
- □ Patient referred to VR
- □ Patient has expressed interest in VR but has not followed up
- □ Patient not interested
- □ Patient not eligible
- □ Patient looking for employment on own

SB7. Is the patient’s dialysis a barrier to positive vocational outcomes?  □ Yes  □ No
SB7a. If yes, what barriers does the patient report that prevents him/her from working or attending school?
Examples: missing workdays, not enough energy to perform job, not able to attend school, etc.

SB8. What is the patient’s status with regard to the following social needs?

<table>
<thead>
<tr>
<th>Social Need</th>
<th>No problems reported</th>
<th>Maximum assistance in place</th>
<th>Referral needed or in process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income (wages, social security, welfare, etc.)</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Food</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Medication</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Utilities</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Housing/Rent</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Legal</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Immigration</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Other:</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Other:</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

**Mobility Status, Activities of Daily Living, & Physical Rehabilitation**

**Complete for each assessment**

A1. Has the patient been referred for physical rehabilitation services?  □ Yes  □ No

A1a. If no, does the patient want to be referred to physical rehabilitation?  □ Yes  □ No

A2. Level of Assistance with Activities of Daily Living

- □ Independent

- □ Assistance required: (Indicate activities requiring assistance)
  - Bathing
  - Toileting
  - Dressing
  - Medication management
  - Meal preparation
  - Housekeeping
  - Laundry
  - Transportation
  - Shopping
  - Finances
  - Medical appointments
  - Other:

- □ Requires total care
If assistance is REQUIRED (or total care required), **answer these questions:**

<table>
<thead>
<tr>
<th>A2a. Is there adequate support or services in place to provide assistance?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☒ No</td>
</tr>
</tbody>
</table>

**A2b.** Describe support or services in place: (include persons providing assistance, barriers, and/or lack of assistance):

**Living Situation**

**Complete for each assessment**

<table>
<thead>
<tr>
<th>L1. With whom does the patient live?</th>
<th>L3. Is the patient’s current living situation a barrier to positive treatment outcomes?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Lives alone</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ Parents</td>
<td>☒ No</td>
</tr>
<tr>
<td>☐ Spouse</td>
<td></td>
</tr>
<tr>
<td>☐ Child/children</td>
<td></td>
</tr>
<tr>
<td>☐ Significant other/friend/relative</td>
<td></td>
</tr>
<tr>
<td>☐ Other:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>L2. Where does the patient reside?</th>
<th>L3a. If yes, describe barrier:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Owns home/condo/mobile home</td>
<td></td>
</tr>
<tr>
<td>☐ Rents apt/house</td>
<td></td>
</tr>
<tr>
<td>☐ Assisted living</td>
<td></td>
</tr>
<tr>
<td>☐ Public housing</td>
<td></td>
</tr>
<tr>
<td>☐ Long-term care facility (nursing home)</td>
<td></td>
</tr>
<tr>
<td>☐ Acute rehabilitation center</td>
<td></td>
</tr>
<tr>
<td>☐ Shelter</td>
<td></td>
</tr>
<tr>
<td>☐ Correctional facility</td>
<td></td>
</tr>
<tr>
<td>☐ Homeless</td>
<td></td>
</tr>
<tr>
<td>☐ Adult family home/group home</td>
<td></td>
</tr>
</tbody>
</table>
## Support System & Spirituality

**Complete for initial assessment and at least annually**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>S1.</strong> What is the patient’s relationship status?</td>
<td><strong>S5.</strong> Is the patient involved in community activities, groups, social events, or volunteering?</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Domestic partner</td>
<td>□ Yes</td>
</tr>
<tr>
<td>□ Single</td>
<td>□ No</td>
</tr>
<tr>
<td>□ Married</td>
<td></td>
</tr>
<tr>
<td>□ Widowed</td>
<td></td>
</tr>
<tr>
<td>□ Divorced</td>
<td></td>
</tr>
<tr>
<td>□ Separated</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>S2.</strong> Describe family composition: Dependent children, relatives in the home, etc.</th>
<th><strong>S5a.</strong> If yes, describe:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **S3.** What is the level of involvement of family and friends on a regular basis with the patient? Visits, phone calls, emails, etc | **S6.** What has the patient previously done for enjoyment or recreation? |
| □ Daily | □ Yes |
| □ Weekly | □ No |
| □ Monthly |   |
| □ Less frequently than monthly |   |

| **S4.** How does the patient cope with life events and daily stress? (Check all that apply) | **S6a.** Is (s)he able to engage in these activities now? |
| □ Keeps it to him/herself | □ Yes |
| □ Talk to family | □ No |
| □ Talk to friends |   |
| □ Pray |   |
| □ Talk with a professional |   |
| □ Support group |   |
| □ Resources on the Internet |   |

| **S7.** Does the patient report having adequate support (patient’s perspective)? | **S7a.** If no, what support is desired: |
| □ Yes |   |
| □ No |   |

### Complete for initial assessment only

|   |   |
| **S8.** Is the patient part of a spiritual or religious community? |   |
| □ Yes |   |
| □ No |   |

Describe:

|   |   |
| **S9.** Are there any specific cultural or spiritual practices/restrictions the health care team should know about in providing the patient’s medical care? Dietary restrictions, use of blood products |   |
| □ Yes |   |
| □ No |   |

Describe:
## Cognitive Patterns & Cognitive Skills for Daily Decision-making

**Complete for each assessment**

<table>
<thead>
<tr>
<th>C1.</th>
<th>Is there evidence of a change in cognitive status from the patient’s baseline since the last assessment? (if initial assessment, compare to reported status 6 months prior to starting dialysis treatments)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes □  No □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C2.</th>
<th>The patient’s ability to make decisions regarding daily life:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Independent</td>
</tr>
<tr>
<td></td>
<td>□ Modified independence – some difficulty in new situations</td>
</tr>
<tr>
<td></td>
<td>□ Moderately impaired – requires assistance in making decisions</td>
</tr>
<tr>
<td></td>
<td>□ Severely impaired – never/rarely makes decisions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C3.</th>
<th>Does the patient appear to have a problem with the following?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Short-term memory [ ] Yes □  No □</td>
</tr>
<tr>
<td></td>
<td>Long-term memory [ ] Yes □  No □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C3a.</th>
<th>If yes, check all that the patient was normally able to recall during the last 5 days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Current season</td>
</tr>
<tr>
<td></td>
<td>□ Day of the week</td>
</tr>
<tr>
<td></td>
<td>□ Staff names and faces</td>
</tr>
<tr>
<td></td>
<td>□ That (s)he is in a dialysis facility</td>
</tr>
<tr>
<td></td>
<td>□ None of the above is recalled</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C4.</th>
<th>During the past 2 weeks, has the patient demonstrated any of the following behaviors?</th>
</tr>
</thead>
</table>

**CAM Confusion Assessment Method**

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Behavior not present</th>
<th>Behavior continuously present, does not fluctuate</th>
<th>Behavior present, fluctuates (comes and goes, changes in severity)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Inattention – Did the patient have difficulty focusing attention (easily distracted, out of touch, or difficulty keeping track of what was said)?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>b. Disorganized thinking – Was the patient’s thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>c. Altered level of consciousness – Did the patient have altered level of consciousness (not related to low blood pressure)?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>d. Psychomotor retardation – Did the patient have an unusually decreased level of activity (sluggishness, staring into space, moving slowly)?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C4a.</th>
<th>What sources of information were used in answering this section?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Patient’s self-report  □ Observations of dialysis staff  □ Social supports/family</td>
</tr>
<tr>
<td></td>
<td>□ Medical records  □ Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C4b.</th>
<th>Does the patient’s behavior change during dialysis treatments?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

Describe:
Mental Health Status

Complete for initial assessment only

**M1.** Has the patient participated in counseling?
☐ Yes in the past
☐ Currently in counseling
☐ No

**M1a.** If yes or CURRENTLY in counseling, how does the patient describe his/her counseling experience?
Describe:

**M2.** Has the patient ever taken a psychotropic medication? *(Possible interview question: “Have you ever taken any medication to help you relax, to help you sleep or to help you feel less sad or less angry?”)*
☐ Yes  ☐ No
☐ Unknown

Comments:

**M3.** Does the patient report any history of substance use? *(Possible interview question: “Have you ever used a substance other than alcohol, such as a drug, to help you calm down, feel better, reduce pressure on yourself, or just have fun?”)*
☐ Yes  ☐ No

**M3a.** If yes, complete the following:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Current Use</th>
<th>If currently using, frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Less than monthly</td>
</tr>
<tr>
<td>☐ Yes ☐ No</td>
<td>☐ ☐ ☐ ☐ ☐</td>
<td></td>
</tr>
<tr>
<td>☐ Yes ☐ No</td>
<td>☐ ☐ ☐ ☐ ☐</td>
<td></td>
</tr>
<tr>
<td>☐ Yes ☐ No</td>
<td>☐ ☐ ☐ ☐ ☐</td>
<td></td>
</tr>
<tr>
<td>☐ Yes ☐ No</td>
<td>☐ ☐ ☐ ☐ ☐</td>
<td></td>
</tr>
<tr>
<td>☐ Yes ☐ No</td>
<td>☐ ☐ ☐ ☐ ☐</td>
<td></td>
</tr>
</tbody>
</table>

**M4.** Has the patient ever received drug or alcohol treatment?
☐ Yes  ☐ No

**M4a.** If yes, describe:
M5. Ask the patient the following questions, (A.U.D.I.T Questions⁵)

☐ If unable to interview patient, specify reason:

M5a. How often do you have a drink containing alcohol?

☐ Never
☐ Monthly or less
☐ 2 to 4 times a month
☐ 2 to 3 times a week
☐ 4 or more times a week

M5b. How many drinks containing alcohol do you have on a typical day when you are drinking?

☐ N/A – never drinks
☐ 1 or 2
☐ 3 or 4
☐ 5 or 6
☐ 7,8, or 9
☐ 10 or more

M5c. Has a relative, friend, doctor, or another health worker been concerned about your drinking or suggested that you cut down?

☐ No or never drinks
☐ Yes, but not in the last year
☐ Yes, during the last year

Complete for each assessment

M6. Are there signs/symptoms present for depression or anxiety problems?

☐ Yes   ☐ No

M6a. If yes, what are the signs/symptoms and their severity level?

<table>
<thead>
<tr>
<th>Signs/Symptoms</th>
<th>Not a problem</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressed mood most of the day</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Decreased interest/pleasure in most activities</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A problem with appetite/weight change</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Significant sleep disturbance</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Psychomotor retardation or agitation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Fatigue, loss of energy</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Feelings of worthlessness or guilt</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Poor concentration</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Suicidal ideation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Panic attacks</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Irritable mood</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Early awakening</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

This signs/symptoms list is derived from the Diagnostic and Statistical Manual of Mental Disorders (DSM). The list is not comprehensive and is not intended to diagnosis depression. Further assessment should be completed if signs/symptoms are present. Somatic symptoms may be due to medical causes.
Complete for each assessment (EXCEPT FOR INITIAL ASSESSMENT)

M7. Has the patient started taking a psychotropic medication?
   Yes ☐ No ☐

M7a. If yes, list medication(s) and effectiveness per patient’s report

<table>
<thead>
<tr>
<th>Name of Medication &amp; Dosage</th>
<th>Date Started</th>
<th>Effective</th>
<th>Not Effective</th>
<th>Adverse Reaction</th>
<th>Not Yet Determined</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

M8. Has the patient started counseling or a support group?
   Yes ☐ No ☐

M8a. If yes, describe:

Depression Screening Questions (PHQ-2) ⁶

M9. Questions:
   ☐ If unable to interview patient, specify reason:

Say to the patient: “Over the past two weeks, have you often been bothered by:”

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If the patient responds “yes” to either questions, follow-up with further assessment for depression.

Rehabilitation Goals

Complete for initial assessment and at least annually

R1. What are the patient’s goals (vocational, educational, personal, etc.) for the next year?

   For the next 5 years?

Self-Management & Level of Participation in Care

Complete for initial assessment only

SM1. On the following items, indicate the patient’s level of understanding:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Not Able</th>
<th>Limited</th>
<th>Adequate</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic kidney disease</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Treatment options</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Dialysis vascular access options</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
SM2. Was the patient referred to a pre-dialysis education program or session?
□ Yes  □ No

SM2a. If yes, did the patient attend the program or session?
□ Yes, location:
□ No, reason:

Complete for each assessment (EXCEPT FOR INITIAL ASSESSMENT)

SM3. Patient Interview

Say to the patient: “Over the past month, how easy or difficult has it been for you to do any of the following?” Read the options to the patient.

<table>
<thead>
<tr>
<th></th>
<th>N/A</th>
<th>Very Easy</th>
<th>Somewhat Easy</th>
<th>Neither Easy nor Difficult</th>
<th>Somewhat Difficult</th>
<th>Very Difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Come to each hemodialysis treatment.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Complete the full-prescribed hemodialysis treatment time.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Take medications as prescribed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Follow dietary restrictions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Follow fluid restrictions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SM3a. For anything that was SOMEWHAT or VERY DIFFICULT, what would be helpful:
<table>
<thead>
<tr>
<th>SM4. Does the patient assist with self-care (putting in/taking out own needles, setting up machine, etc.).</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Not permitted in facility</td>
</tr>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SM5. What is the percentage of treatments missed in the last 30 days? (Disregard treatments missed due to hospitalization/travel/or other where treatment was received in another setting)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SM6. What is the percentage of shortened treatments in the last 30 days?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SM7. Does the patient take responsibility for following their medication schedule?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ No (If no, check one of the following)</td>
</tr>
<tr>
<td>☐ Relies on caregiver/support partner to administer medications</td>
</tr>
<tr>
<td>☐ Not interested</td>
</tr>
<tr>
<td>☐ Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SM8. Does patient appear comfortable asking staff/physician questions?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>☐ N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SM8a. If NO, what factors limit the patient’s comfort in asking questions?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Does not know what questions to ask</td>
</tr>
<tr>
<td>☐ Cannot speak</td>
</tr>
<tr>
<td>☐ Does not speak English or any language staff speak</td>
</tr>
<tr>
<td>☐ Cognition</td>
</tr>
<tr>
<td>☐ Thinks asking questions is disrespectful</td>
</tr>
<tr>
<td>☐ Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SM9. How does patient express concerns/complaints?</th>
</tr>
</thead>
</table>
### Preferences in Home Dialysis

**Complete for each assessment**

<table>
<thead>
<tr>
<th>HD1. Did the patient initiate dialysis AT YOUR FACILITY within the last 12 months?</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>HD1a. If yes, did the patient’s nephrologist or dialysis team provide information about home dialysis (home hemodialysis and PD) within the first 30 days of treatment?</td>
<td>Yes</td>
<td>No</td>
<td>Patient doesn’t recall</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HD2. Has the patient been dialyzing at your facility for MORE than 12 months?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>HD2a. If yes, did the patient’s nephrologist or dialysis team provide information about home dialysis (home hemodialysis and PD) within the last 12 months?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HD3. Does the patient want to pursue home dialysis?</th>
<th>Yes</th>
<th>No (specify why)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HD3a. Unsuitable home situation</td>
<td>Medical complication</td>
<td>Satisfied with in-center hemodialysis</td>
</tr>
<tr>
<td>HD3b. Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HD3c. Undecided (specify why):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HD4. Has the patient expressed interest in learning more about home dialysis options?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Comments:

### Interest and Suitability for Transplant

**Complete for initial assessment and at least annually**

<table>
<thead>
<tr>
<th>T1. Did this patient initiate dialysis AT YOUR FACILITY within the last 12 months?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1a. If yes, did the patient’s nephrologist or dialysis team provide information about how to get a transplant within the first 30 days of treatment?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>T2. Has the patient been dialyzing at your facility for MORE than 12 months?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>T2a. If yes, did the patient’s nephrologist or dialysis team provide information about how to get a transplant within the last 12 months?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>T3.</td>
<td>Does the patient want to be evaluated for a kidney transplant?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐  No ☐  Undecided ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>T3a. If no, specify:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Financial barrier  ☐ Medical complication</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Age  ☐ Satisfied with dialysis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Other:</td>
<td></td>
</tr>
</tbody>
</table>

| T4. | Are there any contraindications to referring patient for transplant evaluation? |
|     | T4a. If yes, contraindication identified by: |
|     | ☐ Transplant center  ☐ Dialysis facility |
|     | Specify contraindication(s) (as indicated by the transplant centers selection criteria): |

| T5. | Has the patient been referred to a transplant center for an evaluation? |
|     | Yes ☐  No ☐  Unknown ☐ |
|     | T5a. If yes, specify date / / |
|     | Specify who referred patient: |
|     | ☐ Nephrologist  ☐ Social worker  ☐ Nurse |
|     | ☐ Patient self-referral  ☐ Secretary  ☐ Other: |
|     | Specify how patient was referred: |
|     | ☐ Written communication (letters, standard form, email) |
|     | ☐ Phone call |
|     | ☐ Other: |
|     | T5b. If no, specify reasons for not referring: |
|     | ☐ Contraindication(s)  ☐ Patient already on the waitlist |
|     | ☐ Physician judgment or refuses to refer  ☐ Unknown |
|     | ☐ Patient not interested/undecided  ☐ Other: |
Notes and Citations

1. These are additional recommended assessment questions regarding Spirituality.
   - Do you consider yourself to be a religious or spiritual person?
   - What things do you believe in that give meaning to your life?
   - How might your beliefs influence your behavior during this illness?
   - What role might your beliefs play in helping you with your kidney disease?
   - What can your dialysis team do to support spiritual issues in your health care?
   - Is there a person or group of people who can help support you in your illness?

2. These questions were modified from questions on the CMS Long Term Care Resident Assessment Instrument Version 3.0 of the MDS (Minimum Data Set) which can be located at the following Web site: http://www.cms.hhs.gov/NursingHomeQualityInitits/25_NHQIMDS30.asp - TopOfPage. The Confusion Assessment Method (CAM) is included in the MDS draft and is a standardized assessment tool. For additional information regarding the use of a CAM, see the following Web site as a resource: http://hospitalelderlifeprogram.org/pdf/The_Confusion_Assessment_Method.pdf. If a facility or social worker chooses to use the tool or another version of the CAM, it is the responsibility of the user to research and comply with any copyright requirements.

3. The questions regarding “Preferences in Home Dialysis” should be complimented by the use of the METHOD TO ASSESS TREATMENT CHOICES FOR HOME DIALYSIS” (MATCH-D) TOOL (available http://www.homedialysis.org/files/pdf/pros/MatchD2007.pdf)

4. Taken with permission from the following: ESRD Special Study: Developing Dialysis Facility-Specific Kidney Transplant Referral Clinical Performance Measures, performed under Contract Number 500-03-NW09, entitled "End-Stage Renal Disease Network Organization Number 9", sponsored by the Centers for Medicare & Medicaid Services, Department of Health and Human Services. http://www.therenalnetwork.org/images/TransTEPfinalrpt805.pdf

5. These questions come from the Alcohol Use Disorders Identification Test (AUDIT) which is a free assessment tool developed by the UN Whole Health Organization. The assessment tool may be administered as an interview or as a questionnaire. The tool comes in both Spanish and English. A PDF version of the tool and manual is available for download at http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf.

6. The PHQ-2 is derived from the Physicians Health Questionnaire (PHQ-9), which is copyrighted, and is available in English and Spanish. To read about the PHQ-9, locate scoring instructions and register for download go to http://www.depression-primarycare.org/clinicians/toolkits/ or http://www.phqscreeners.com/.

7. One example of a fall risk assessment can be found in the following reference. Tinetti, M.E., Williams, T.F., Mayewski, R. (1986). Fall risk index for elderly patients based on number of chronic disabilities. American Journal of Medicine, 80, 429-434.

The Centers for Disease Control and Prevention have current immunization recommendations for children and adults available on their Web site [http://www.cdc.gov/vaccines](http://www.cdc.gov/vaccines).

The Conditions for Coverage for End-stage Renal Disease Facilities were published April 15, 2008 by the Department of Health and Human Services, Centers for Medicare & Medicaid Services. To go into effect **October 14, 2008**

You can find the entire conditions for coverage at: [http://edocket.access.gpo.gov/2008/pdf/08-1102.pdf](http://edocket.access.gpo.gov/2008/pdf/08-1102.pdf)