

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

Patient Demographic Information

Name		DOB	
Address, City, Zip		Phone	
Home Facility		Dialysis Modality (HD, PD)	
Emergency Contact (EC) Name		EC Phone	
Out of Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medications Needed	
			Date of Last Dialysis Treatment
			Available Transportation

Mental Status		Abdominal Assessment	
	Lethargy		Nausea/Vomiting
	Confused		Abdomen Firm, Tender to the Touch
	Agitated		Catheter Present in Abdomen, Site Red with Drainage
Medications Needed		Lower Extremities	
	Rates/Ronchi		Peripheral Edema 3–4+ (Not usually present for this patient)
	Short of Breath or Breathless (Unable to talk, respiration rate >30)		Muscle Twitching, Cramping
Cardiac Assessment		Hemodialysis Vascular Access or Catheter/Peritoneal Catheter	
	Irregular		Redness Around HD/PD Access Site
	Slow Heart Rate (<60 bpm)		Unable to Feel Pulse at HD Access Site
	Rapid Heart Rate (>100 bpm)	Other Notes	
	S3 or S4 Gallop		
TOTAL CHECKS		If five or more are checked, then patient appears to be in need of acute dialysis treatment. Serum potassium should be checked if a question of need remains.	