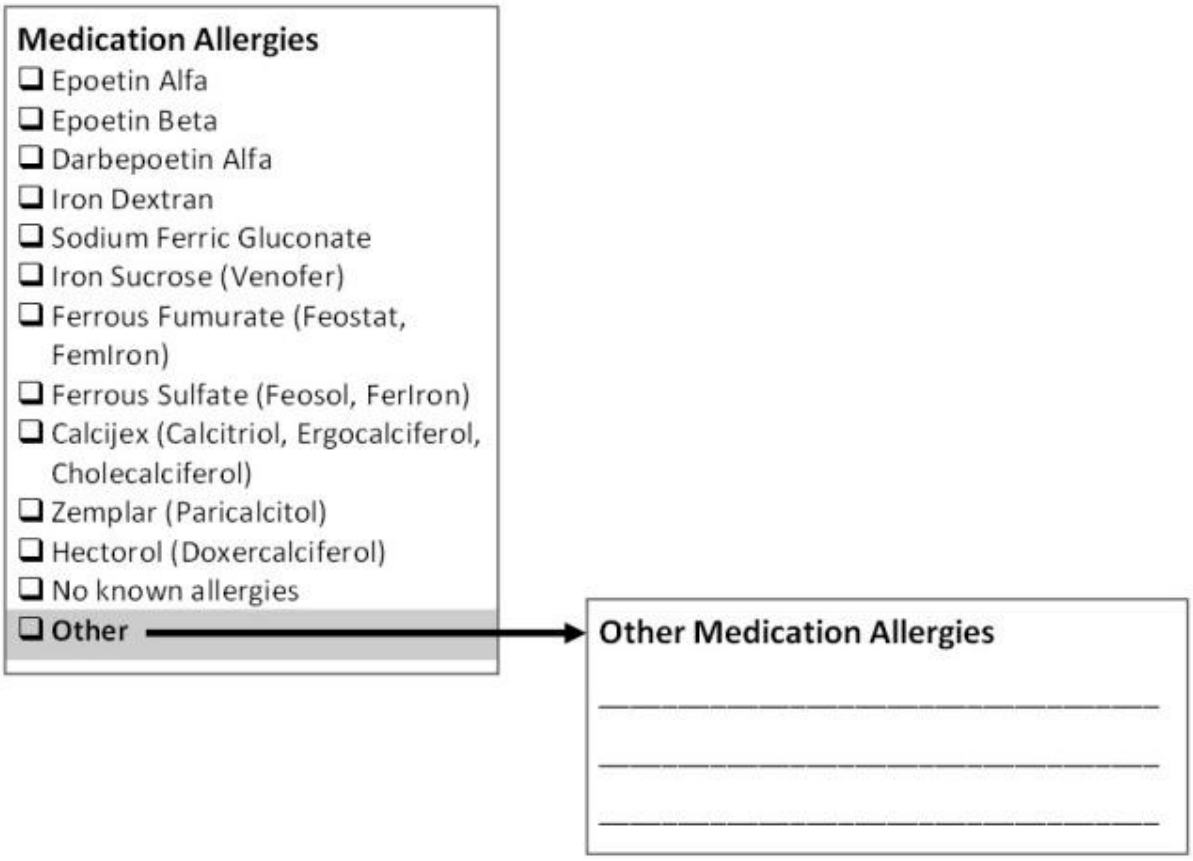
CROWNWeb Patient Hemodialysis Worksheet

Use the worksheet below to check-off/write-in patient HD clinical information. These are the minimally required fields to enter clinical information. **Some field selections may make other fields active, and are represented by the arrow going from one selection to the enabled field.**

MEDICATION ALLERGIES

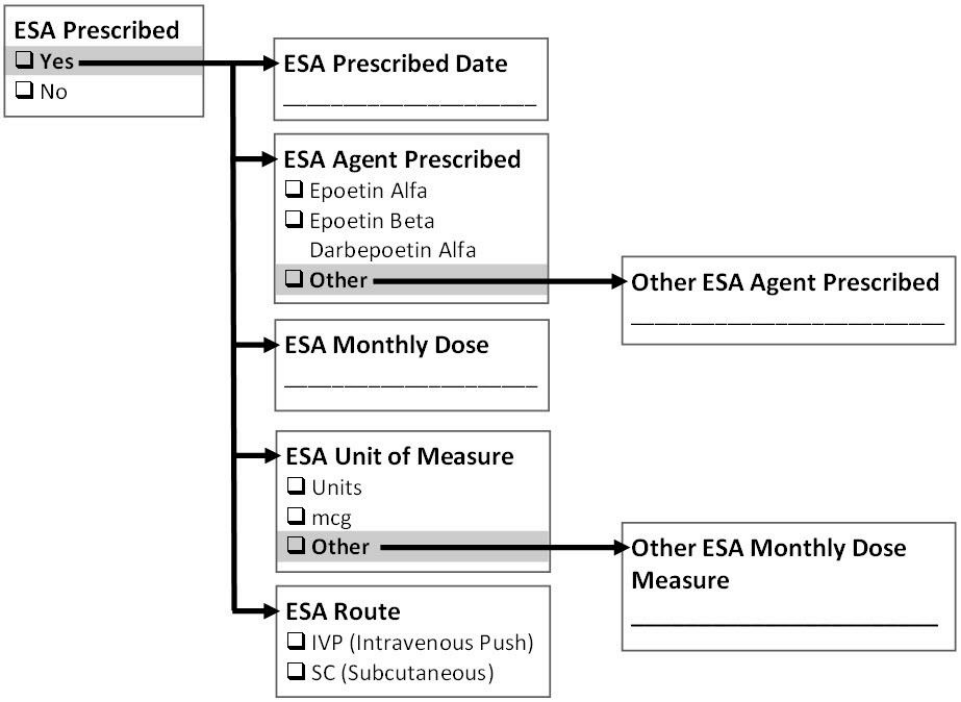


ADEQUACY

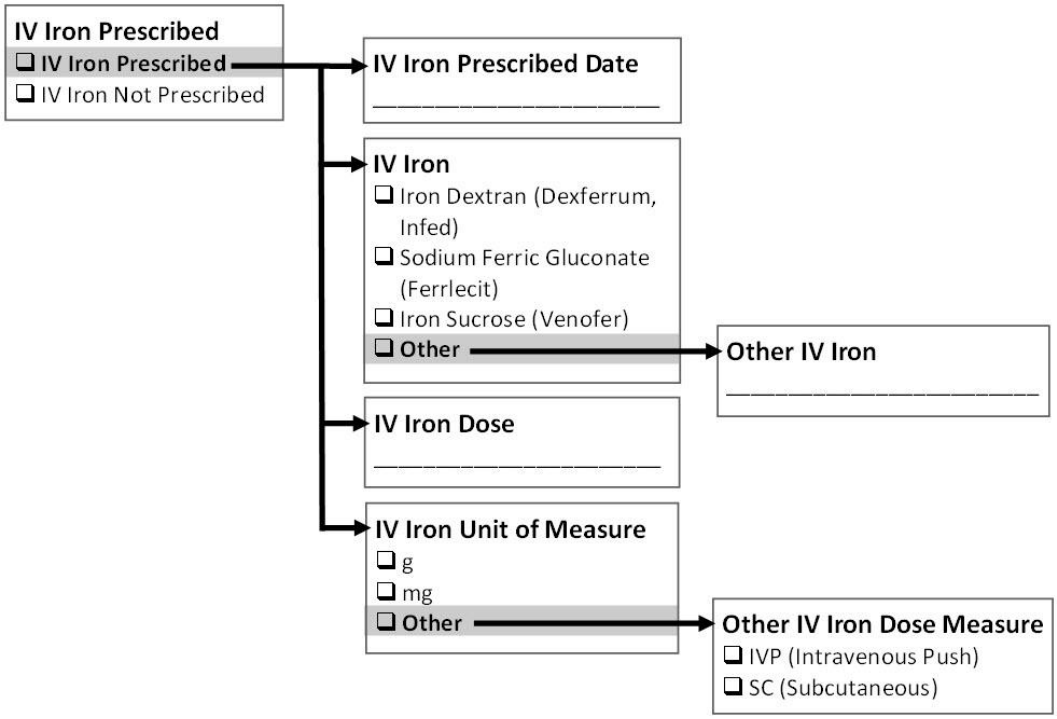
Interdialytic Time *(dd/hh/mm or mm)*	Post Dialysis Weight
_____	_____

This material was developed by FMQAI, the Florida ESRD Network, with funding from the Centers for Medicare & Medicaid Services (CMS) under CMS contract # HHSM-500-2011-00157G, provided for the CROWNWeb Outreach, Communication, and Training.

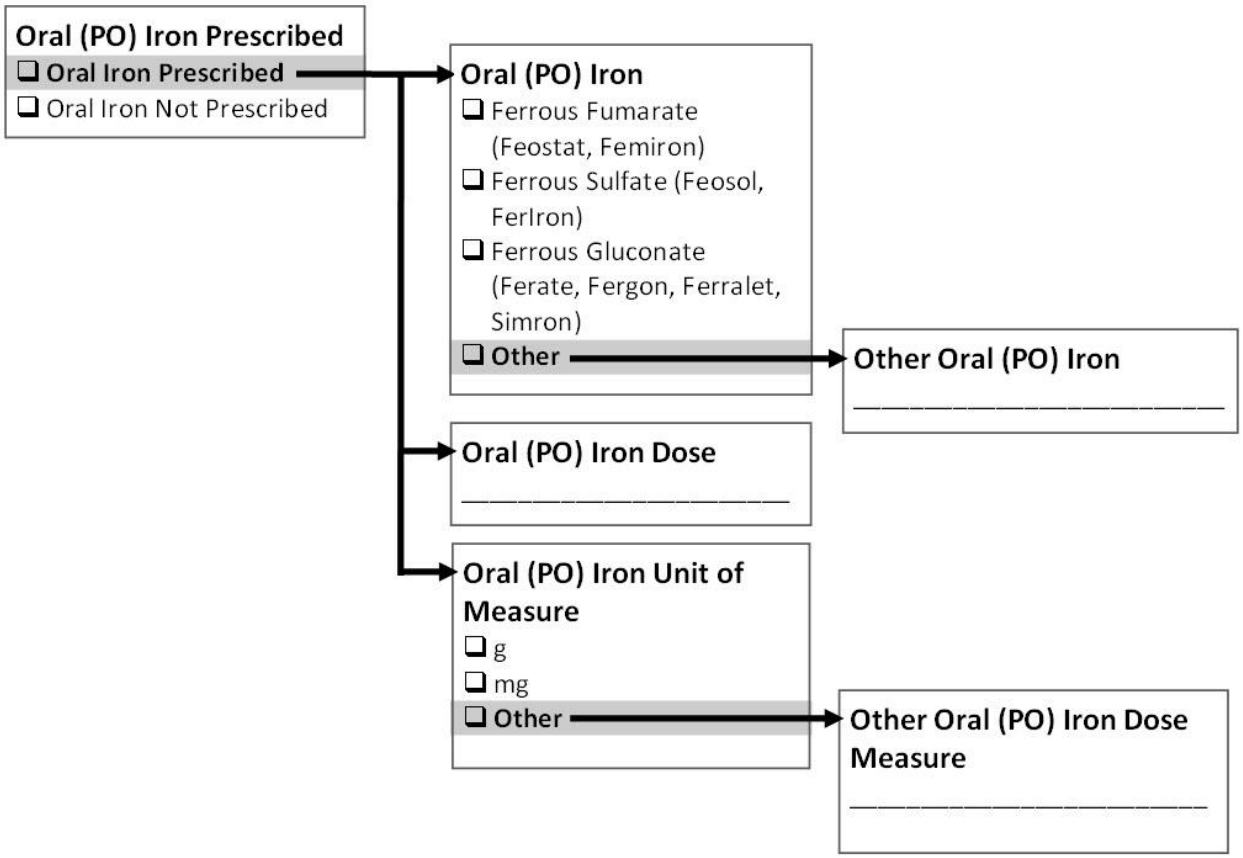
ESA


ESA Prescribed
❑ Yes
❑ No
ESA Prescribed Date
_____
ESA Agent Prescribed
❑ Epoetin Alfa
❑ Epoetin Beta
Darbepoetin Alfa
❑ Other
Other ESA Agent Prescribed
_____
ESA Monthly Dose
_____
ESA Unit of Measure
❑ Units
❑ mcg
❑ Other
Other ESA Monthly Dose Measure
_____
ESA Route
❑ IVP (Intravenous Push)
❑ SC (Subcutaneous)

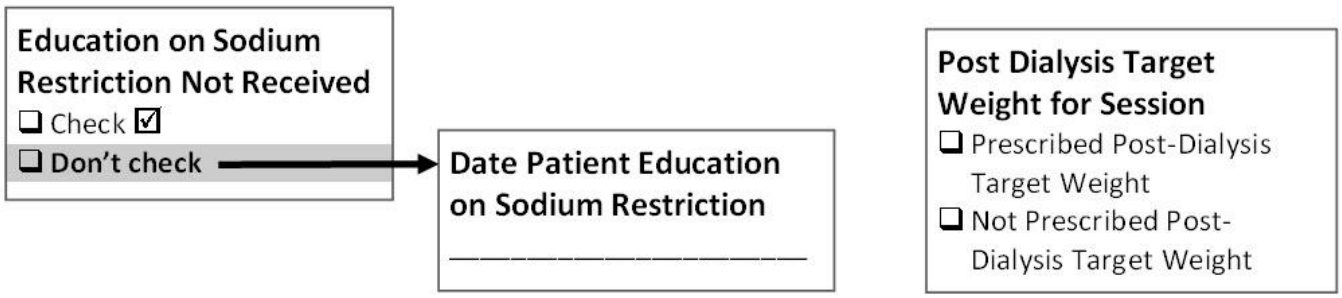
IRON

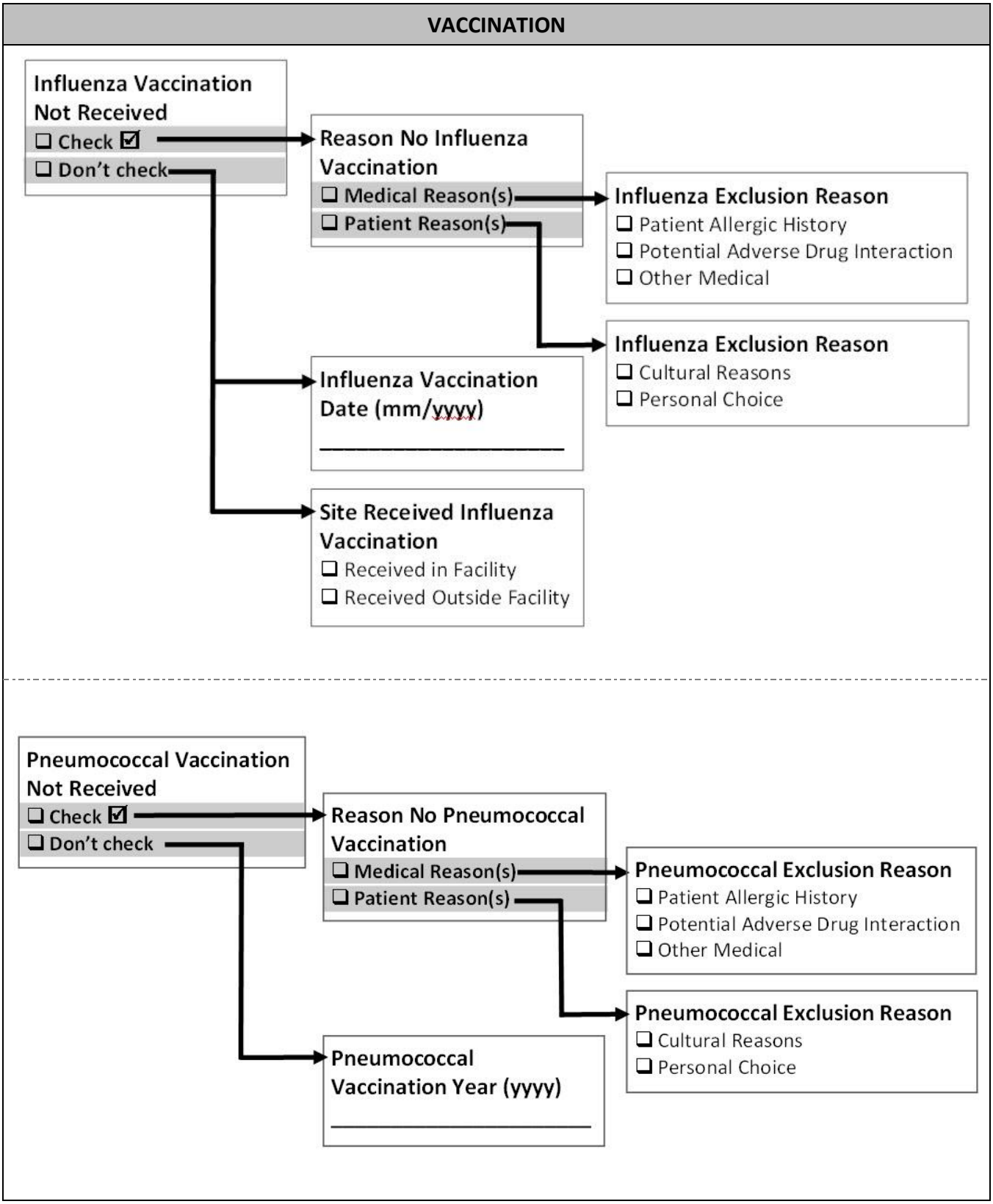

IV Iron Prescribed
❑ IV Iron Prescribed
❑ IV Iron Not Prescribed
IV Iron Prescribed Date
_____
IV Iron
❑ Iron Dextran (Dexferrum, Infed)
❑ Sodium Ferric Gluconate (Ferrlecit)
❑ Iron Sucrose (Venofer)
❑ Other
Other IV Iron
_____
IV Iron Dose
_____
IV Iron Unit of Measure
❑ g
❑ mg
❑ Other
Other IV Iron Dose Measure
❑ IVP (Intravenous Push)
❑ SC (Subcutaneous)

IRON (continued)

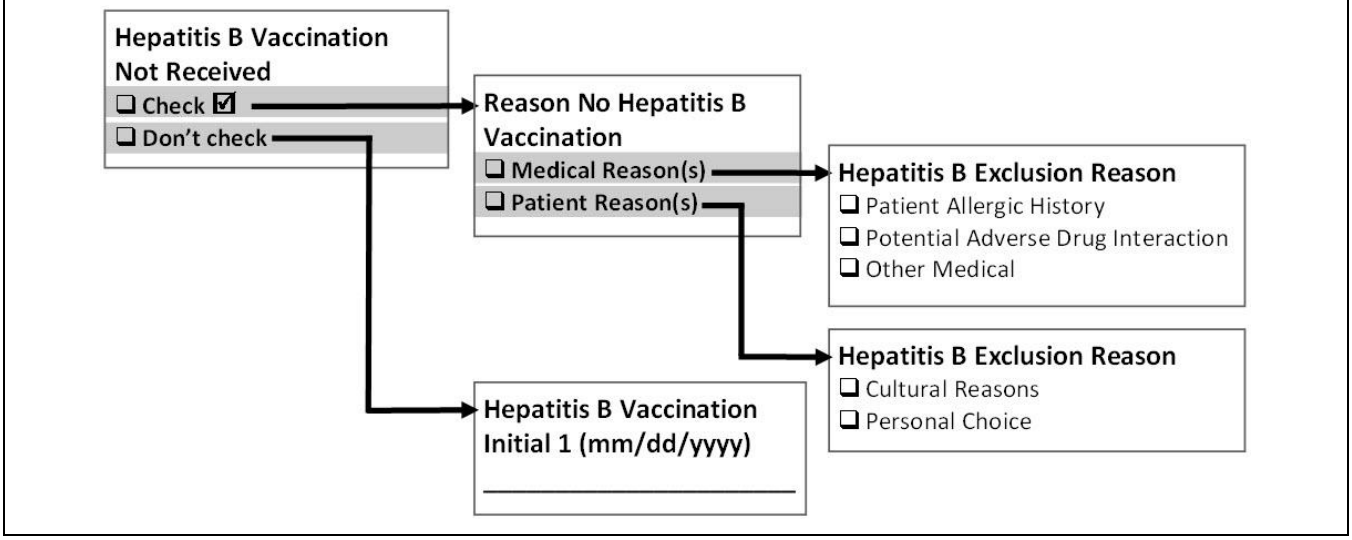


FLUID WEIGHT MANAGEMENT




VACCINATION
Influenza Vaccination Not Received
❑ Check ☑
❑ Don't check
Reason No Influenza Vaccination
❑ Medical Reason(s)
❑ Patient Reason(s)
Influenza Exclusion Reason
❑ Patient Allergic History
❑ Potential Adverse Drug Interaction
❑ Other Medical
Influenza Exclusion Reason
❑ Cultural Reasons
❑ Personal Choice
Influenza Vaccination Date (mm/yyyy)
_____
Site Received Influenza Vaccination
❑ Received in Facility
❑ Received Outside Facility
Pneumococcal Vaccination Not Received
❑ Check ☑
❑ Don't check
Reason No Pneumococcal Vaccination
❑ Medical Reason(s)
❑ Patient Reason(s)
Pneumococcal Exclusion Reason
❑ Patient Allergic History
❑ Potential Adverse Drug Interaction
❑ Other Medical
Pneumococcal Exclusion Reason
❑ Cultural Reasons
❑ Personal Choice
Pneumococcal Vaccination Year (yyyy)
_____

VACCINATION (continued)



VITAMIN D ANALOG