


Name of Policy: <u>Discharge of Patients from Hemodialysis Program</u> Policy Number: 3364-118-02 Department: End Stage Renal Disease Program/ Hemodialysis (Nursing Service) Approving Officer: Chief Nursing Officer Responsible Agent: Assistant Nursing Director, Hemodialysis Unit Scope: The University of Toledo Medical Center	 Effective Date: 06/01/2023 Initial Effective Date: September, 1981				
<table> <tr> <td><input type="checkbox"/> New policy proposal</td> <td><input type="checkbox"/> Minor/technical revision of existing policy</td> </tr> <tr> <td><input type="checkbox"/> Major revision of existing policy</td> <td><input checked="" type="checkbox"/> Reaffirmation of existing policy</td> </tr> </table>		<input type="checkbox"/> New policy proposal	<input type="checkbox"/> Minor/technical revision of existing policy	<input type="checkbox"/> Major revision of existing policy	<input checked="" type="checkbox"/> Reaffirmation of existing policy
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(A) Policy Statement

Discharge from the hemodialysis program will follow a specific set of criteria.

(B) Purpose of Policy

To provide continuity of care for those patients discharged.

(C) Procedure

1. Outpatient End Stage Renal Disease patients will be discharged when:
 - a. There is a change to a treatment modality that is not provided at UTMC.
 - b. Dialysis is no longer required.
 - c. Patient is medically stable enough and can be cared for in a free standing facility.
 - d. Patient or Guardian requests transfer.
 - e. Patient chooses to terminate dialysis treatment.
 - f. Death
 - g. Physician terminates relationship.
2. A transfer or referral of patients will be determined medically appropriate by the attending physician (405.2160).
3. Discharge planning will be done with the patient/family to ensure orderly transition.
4. A copy of the signed Intradisciplinary Care Plan will accompany ESRD transfers for patients who have been at UTMC 90 days or longer.
5. Report will be called to the free standing dialysis center when a hospitalized patient is discharged. It will include:
 - a. Reason for hospitalization.
 - b. Patient progress while hospitalized.
 - c. Most recent dialysis prescription.
 - d. Description of most recent treatment.
6. A discharge summary will be completed and signed by the nephrologist who will include final diagnosis and prognosis. A copy will be sent to the transfer facility.

Approved by: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-bottom: 1px solid black; width: 40%; text-align: center;"> /s/ </div> <div style="border-bottom: 1px solid black; width: 40%; text-align: center;"> Date </div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div style="width: 40%;"> Kurt Kless, MSN, MBA, RN, NE-BC Chief Nursing Officer </div> <div style="width: 40%;"></div> </div> <div style="margin-top: 20px;"> <i>Review: Policy & Standard Committee, 11/11, 10/15, 12/19, 12/22, 6/2023</i> </div>		Review/Revision Date: 1982 4/96 1983 9/97 1984 10/98 1985 2/00 1986 7/02 1987 7/03 1988 4/05 2/90 7/05 6/91 11/06 11/93 6/07 3/95 1/23/08 10.10.15 12.15.19 12.15.2022 6/2023
Policies Superseded by This Policy:		Next Review Date: 6/2023

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.