Name of Policy: **Discharge of Patients from Hemodialysis Program** **Policy Number**: 3364-118-02 **Approving Officer**: Chief Nursing Officer **Responsible Agent**: Assistant Nursing Director, Hemodialysis Unit **Scope**: The University of Toledo Medical Center	UTOLEDO HEALTH **Effective date:** June 1, 2026 **Original effective date**: September 1981
Key words:	

	New policy proposal		Minor/technical revision of existing policy
	Major revision of existing policy	X	Reaffirmation of existing policy

(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.
(h) Patient abusive, dangerous, non-compliant behavior as outlined in behavior contract.

(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: /s/ *Kurt Kless, MSN, MBA, RN, NE-BC* *Chief Nursing Officer* Date *Review/Revision Completed by:* *Policy & Standard Committee, 11/11, 10/15, 12/19, 12/22, 6/2023* *Paula Kosmider, Lead RN 6/26*	**Policies Superseded by this Policy:** • *None* Initial effective date: September 1981 Review/Revision Date: 1982 1983 1984 1985 1986 1987 1988 February 1990 June 1991 November 1993 March 1995 April 1996 September 1997 October 1998 February 2000 July 2002 July 2003 April 2005

	July 2005 November 2006 June 2007 January 23, 2008 November 2011 October 10, 2015 December 15, 2019 December 15, 2022 June 1, 2023 June 1, 2026 Next review date: June 1, 2029