

Hospital Discharge Planning: Assessment of Interventions

Discharge planning starts on admission. Kidney patients have needs that are unique and specific to renal care. This sheet is provided to assist acute dialysis caregivers, social workers, and hospital discharge planners to work with the nephrologist to make creative, complete, and detailed plans for kidney patients well in advance of dismissal.

Chronic Kidney Disease (CKD)

Patients having CKD Stages 1-4 are not yet dependent on dialysis or kidney transplant to sustain their lives. The CKD patient should be followed by a nephrologist and their primary care physician upon discharge from the hospital and provided with education about CKD. Consider the following:

1. Has patient education been provided such as vascular access planning for an arteriovenous fistula? (Stages 3 & 4)
2. What steps have been taken to avoid the use of a temporary vascular access catheter? (All Stages)
3. Have follow up appointments been made with the vascular access surgeon, primary care physician, and nephrologist? (All Stages)
4. Has the patient been told about any CKD support groups that are available? (All Stages)

Stage of CKD	Description	GFR Level
Normal kidney function	Healthy kidneys	90 mL/min or more
Stage 1	Kidney damage with normal or high GFR	90 mL/min or more
Stage 2	Kidney damage and mild decrease in GFR	60 to 89 mL/min
Stage 3	Moderate decrease in GFR	30 to 59 mL/min
Stage 4	Severe decrease in GFR	15 to 29 mL/min
Stage 5	Kidney failure	Less than 15 mL/min Patient is on dialysis

End Stage Renal Disease (ESRD) or CKD Stage 5

ESRD patients will require renal replacement therapy such as hemodialysis, peritoneal dialysis, or kidney transplantation in order to maintain their lives.

Special Needs: Does the patient have unique medical or psychiatric needs?

- What plans have been made to address these needs?
- Who is responsible for follow up regarding the plans?
- What timeline is being used?

Tests: Are there any other tests, procedures that should be performed while the patient is an inpatient? (I.e. arteriovenous fistula creation and vessel mapping)

Significant condition changes: Changes in a current ESRD patients' medical or psychiatric condition may make it impossible for the dialysis center to meet the needs of the patient. Request a conference call with the nephrologist, hospital planner, and the dialysis center management personnel well in advance of the hospital discharge. Placement at a rehab center offering dialysis, long term care center offering dialysis, or hospital-based chronic dialysis center may be indicated.

Admission to a dialysis unit: Has a dialysis center and the Medical Director of the dialysis facility agreed to accept the patient into the dialysis unit?

- If yes, have transportation issues been discussed with the patient?
- If yes, when is the dialysis facility expecting the patient to come to the unit (date, and time)?
- If yes, have the hospital discharge planner and the dialysis facility Social Worker or Unit Administrator discussed the plans together?
- If no, the hospital staff will need to contact other dialysis centers in the area to attempt to place the patient.

Discussion: The dialysis facility has the right not to accept a patient into their facility. Do not make the assumption that because a dialysis facility is located in a particular city that it will automatically accept the renal patient being discharged from the hospital. There are processes to go through in order for the Medical Director to determine if the facility can adequately meet the medical and non-medical needs of the patient.) Dialysis on a trial basis or set number of transient dialysis treatments may be an option for the dialysis center to assess whether or not they can adequately care for the patient without formally admitting the patient into their unit.

- If no, the patient may have to be dialyzed at the hospital until an outpatient placement can be secured.

Discussion: In this situation, the patient is instructed to appear at the emergency room for an evaluation of fluid overload and a review of pertinent laboratory tests. The attending nephrologist will make the decision as to whether dialysis is given at that time. Just because the patient is evaluated does not assure that the patient will be dialyzed. It is up to the physician.

