

National Kidney Emergency Coalition Peritoneal Emergency Data Set

Patient Information	
Last Name	<input type="text"/>
First Name	<input type="text"/>
Date of Birth	<input type="text"/>
Sex	<input type="radio"/> Female <input type="radio"/> Male
Home Address	<input type="text"/>
City	<input type="text"/>
ST	<input type="text"/>
Phone1	<input type="text"/>
Phone2	<input type="text"/>
HIC- Medicare #	<input type="text"/>
SSN	<input type="text"/>
Date First Dialysis	<input type="text"/>
Allergies	<input type="text"/>
Primary Diagnosis	<input type="text"/>
Medicare Card	<input type="text"/>
SecondaryDiagnosis	<input type="text"/>
Insurance info	<input type="text"/>

Treatment Information CCPD	
# cycles	<input type="text"/>
Night Volume	<input type="text"/>
Dialysate	<input type="text"/>
Day Volume	<input type="text"/>
Dialysate	<input type="text"/>
Total Volume	<input type="text"/>
Fill time	<input type="text"/>
Dwell time	<input type="text"/>
Drain Time	<input type="text"/>
Dry Weight Lbs/Kg	<input type="text"/>
Type of system or Cycler	<input type="text"/>
Connecting System	<input type="text"/>
Catheter Type	<input type="text"/>

Treatment Information CAPD	
Exchange Volume	<input type="text"/>
Dialysate	<input type="text"/>
Exchanges/day	<input type="text"/>

Diagnostic tests	
HBsAg & date	<input type="text"/>
HBsAB date	<input type="text"/>
TB status & date	<input type="text"/>
Date	<input type="text"/>
Date	<input type="text"/>
Date	<input type="text"/>
Date updates	<input type="text"/>

Planned evacuation by city contact	
name	<input type="text"/>
local phone	<input type="text"/>
Local Address	<input type="text"/>
City	<input type="text"/>
ST	<input type="text"/>
Emergency contact	<input type="text"/>
Relationship	<input type="text"/>
Phone	<input type="text"/>
Phone2	<input type="text"/>
Out of state emergency contact	<input type="text"/>

Home Unit Information	
Unit	<input type="text"/>
Corporate Affiliation	<input type="text"/>
Provider No.	<input type="text"/>
Corporate Phone	<input type="text"/>
Phone2	<input type="text"/>
Fax	<input type="text"/>
Nephrologist	<input type="text"/>
Phone	<input type="text"/>

Attach	
Advanced Directive	<input type="checkbox"/>
Last 3 Treatment Records	<input type="checkbox"/>
Most recent labs	<input type="checkbox"/>
Medications	<input type="checkbox"/>
Copy of Supply Order	<input type="checkbox"/>

Major meds	
ESA	<input type="text"/>
Route	<input type="text"/>
Dose	<input type="text"/>
times per week	<input type="text"/>
VitD analog	<input type="text"/>
Route	<input type="text"/>
Dose	<input type="text"/>
times per week	<input type="text"/>
Iron	<input type="text"/>
Route	<input type="text"/>
Dose	<input type="text"/>
times per week	<input type="text"/>

Blood Pressure	
Pre	<input type="text"/>
Interdialytic	<input type="text"/>
Post	<input type="text"/>

Signature	<input type="text"/>
Title	<input type="text"/>
Date	<input type="text"/>
Phone	<input type="text"/>