

Renal Disease

321.952.0494

This worksheet is a guide for initial and re-certification assessments. It must be accompanied by narrative documentation. Construct a narrative from the information on this worksheet and from the physician and record on back. The patient should be re-evaluated at specific intervals set by the interdisciplinary team.

Patient Name: _____ MR#: _____ Date _____

For Acute and Chronic renal failure, 1,2, and 3 must be present. Factors from 4 will lend supporting documentation.

Acute Renal Failure

1. The patient is not seeking dialysis or renal transplant
2. Creatinine clearance of $< 10\text{cc/min}$
($< 15\text{cc/min}$ for diabetics)
3. Serum creatinine $> 8.0\text{ mg/dl}$
($> 6.0\text{ mg/dl}$ for patients with diabetics)

Chronic Renal Failure

1. The patient is not seeking dialysis or renal transplant
2. Creatinine clearance of $< 10\text{cc/min}$
($< 15\text{cc/min}$ for diabetics)
3. Serum creatinine $> 8.0\text{ mg/dl}$ ($> 6.0\text{ mg/dl}$ for diabetics)

Chronic Renal Failure signs and symptoms

- Uremia
- Oliguria ($< 400\text{ cc/Day}$)
- Intractable hyperkalemia (> 7.0)
not responsive to treatment
- Uremic pericarditis
- Hepatorenal syndrome
- Intractable fluid overload, not responsive to treatment

Acute Renal Failure Comorbid Conditions

- Mechanical ventilation
- Immunosuppression/AIDS
- Malignancy of other organ system
- Sepsis
- Chronic lung disease
- Albumen $< 3.5\text{ gm/dl}$
- Advanced cardiac disease
- Cachexia
- Advanced liver disease
- Platelet count $< 25,000$
- Intractable fluid overload
- Disseminated intravascular coagulation
- Gastrointestinal bleeding

Narrative Summary of Prognosis Documentation

Documentation should be complete, consistent, concise, specific, measurable, and descriptive.

Patient Name: _____ MR#: _____

Diagnosis— Present underlying illness(es) and all other illness(es) affecting the terminal diagnosis:

Co-morbidity that affects the prognosis:

History and progression of the illness(es):

Physical baseline (e.g., weight and weight change, vital signs, heart rhythms, rales, degree of edema):

Laboratory (if pertinent):

Physician's prognosis stating why there is a life expectancy of six (6) months or less (e.g., patient depressed, will not eat and does not want anything done, or has had optimal therapy for illness.):

RN Signature

Date

Physician Signature

Date