Peritoneal Dialysis Catheter Screening

Name: _____

D.O.B: _____

Diagnosis: _____

BMI: _____

Choice of Dialysis: Peritoneal

Dialysis Option Class: YES or NO ***(please circle one)***

Estimated timeline to dialysis initiation: _____

Any history of intra-abdominal infection(s) or Diarrhea: YES or NO ***(please circle one)***

Any Hernia history: YES or NO ***(please circle one)***

Any History of repair with a mesh: YES or NO ***(please circle one)***

Surgical History: ***List all surgeries below***

_____

_____

_____

Medications: ***List all including over the counter***

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Allergies: *List all drug allergy and side effects*

_____

_____

_____

Anticoagulant/Antiplatelets: *circle anyone of the following you take. Circle NONE if you don't take any.*

Aspirin, Plavix (clopidogrel), Coumadin (Wafarin), Apixaban (Eliquis), Rivaroxaban (Xarelto), Ticagrelor (Brilinta), Cilostazol (Pletal), Enoxaparin (Lovenox), Dabigatran (Pradaxa), Dalteparin (Fragmin), Fondaparinux (Arixtra), Prasugrel (Effient), Endoxaban (Savaysa), **NONE**

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Recommendations:

- Candidate for percutaneous PD catheter placement
- CT ABD/PLVS w/o CON
- **NOT** a candidate for percutaneous PD catheter
- Laparoscopic placement
- **NOT** a candidate for PD

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