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<https://quality.allianthealth.org/topic/esrd-nw14/>

This should be used for patients who consecutively miss treatments and/or all attempts to contact the patients have failed.

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| Patient Name: | |
| Patient DOB: | |
| Clinic Name (include Affiliation): | |
| Clinic Medicare Number: | |

| Actions Taken- Check all that Apply | Provide Dates for Each Selected |
|--|---------------------------------|
| <input type="checkbox"/> Patient's Nephrologist attempted to re-engage the patient in their care. | Dates: |
| <input type="checkbox"/> Discussion with the patient to explain options related to discontinuing treatment. Explain what discontinuing treatment means, and that end-of-life care can be arranged for them. Ensure that patients understand that if they make the decision to discontinue treatment, they can change their minds and return to dialysis at your center in the future. | Dates: |
| <input type="checkbox"/> Certified Letters of Concern sent. The patient should receive a certified notification, and which explains he/she has 30 days from receipt of the letter to respond; if the patient does not respond within the 30 days the facility will consider this a voluntary discharge. The patient should be made aware of the risks/consequences of missing treatment, signs and symptoms of uremia and fluid overload, and alternate treatment options such as going to the hospital/emergency room for urgent needs. This information can be found on the ESRD website: http://www.esrdnetwork.org/professionals/social- | Dates: |
| <input type="checkbox"/> Police sent to patient's last known residence for Welfare Check. | Dates: |
| <input type="checkbox"/> Contacted Emergency Contacts, Family Members, Friends involved in patient's care (medical release of information provided by patient). | Dates: |

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| <input type="checkbox"/> Contacted Adult Protective Services (this should be done if the patient is a vulnerable adult with questionable competency or is known to be incompetent to make their own healthcare decisions). | Dates: |
| <input type="checkbox"/> Contacted Hospitals Frequented by Patient | Dates: |
| <input type="checkbox"/> Other _____ _____ | Dates: |

- Note: If the patient does not contact the facility or resume treatment, the facility should still ensure that all discharge procedures, such as obtaining discharge orders from the Medical Director and Attending Physician, are followed.

EQRS Discharge

Note: Data Management Guidelines should be followed when discharging patients in EQRS. If you have any questions or concerns related to discharging patients in EQRS, please send in an ESRD Network 14 EQRS Service Desk ticket ([Service Desk](#)).