

# Dialysis/SNF Hand-Off Communication Report

Patient Name/DOB: \_\_\_\_\_ Date: \_\_\_\_\_  
Code Status: \_\_\_\_\_ Isolation: Y/N If yes, please specify: \_\_\_\_\_  
COVID Vaccination Status: Full/Partial/None Allergies: \_\_\_\_\_

## SNF Assessment

Date & Time of Assessment: \_\_\_\_\_  
Mental Status: \_\_\_\_\_ Diet: \_\_\_\_\_ Fluid Allowance: \_\_\_\_\_  
Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_ RR: \_\_\_\_\_ Temperature: \_\_\_\_\_  
New Medications since Last Dialysis Treatment: \_\_\_\_\_  
New Onset Medical Problems since Last Dialysis Treatment: \_\_\_\_\_

Labs Drawn: Y/N If yes, please attach copy of results\*  
Do you have any concerns about the patient today? \_\_\_\_\_

## Access Assessment

Type of Access: \_\_\_\_\_ Location: \_\_\_\_\_  
Bruit Present: Y/N/NA Thrill Present: Y/N/NA Signs or Symptoms of Infection: \_\_\_\_\_

*Complete next section only if patient has catheter*

Date of Last Dressing Change: \_\_\_\_\_ Is the dressing clean, dry, and intact? Y/N  
If no, has the dressing been touched or reinforced? Y/N Are there caps in place? Y/N  
Date of last patient bath: \_\_\_\_\_ CHG Bath: Y/N Was dressing protected during bath? Y/N

Time of handoff: \_\_\_\_\_ AM/PM Nurse's Signature: \_\_\_\_\_

## Section to Be Completed By Dialysis Nurse

Pre-Treatment Weight: \_\_\_\_\_ Post-Treatment Weight: \_\_\_\_\_ Fluid Pulled: \_\_\_\_\_

Problems during Treatment: Y/N If yes, explain: \_\_\_\_\_

Post-Treatment Vitals

- Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_
- RR: \_\_\_\_\_ Temperature: \_\_\_\_\_

Changes/problems with access: \_\_\_\_\_

Change to Mental Status? Y/N Labs Drawn? Y/N If yes, please attach copy of results\*

Medications Administered during Treatment: \_\_\_\_\_

Fluids Consumed: \_\_\_\_\_ Meal Consumed: \_\_\_\_\_ %

New dietician recommendations: \_\_\_\_\_

New social work recommendations: \_\_\_\_\_

\*Attach any changes to MD orders\*

Additional comments/concerns: \_\_\_\_\_

Time of handoff: \_\_\_\_\_ AM/PM Nurse's Signature: \_\_\_\_\_

Can both nurses attest to verbal handoff being completed? Y/N  
Were all questions answered prior to patient transition back to SNF? Y/N