

APPLICATION FOR CHRONIC DIALYSIS SERVICE

Reply to:

_____ **HOSPITAL NAME**

1. Name, board eligibility or certification status and experience of physician responsible for the service:

2. Name, board eligibility or certification status and experience of physician(s) performing vascular access procedures:

3. Name, board eligibility or certification status of physician(s) treating the children, when applicable:

4. Has a roster of specialty physician consultants been developed?

YES NO

5. Name and experience of the registered nurse responsible for nursing care: _____

6. Licensed nurse to patient ratio / shift: _____

7. Number of registered nurses assigned to the service: _____

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8. Number of licensed vocational nurses assigned to the service: _____

9. Name and qualifications of the dietitian available to the service: _____

10. Name of the social worker available to the service:

11. Does the hospital participate in a registry of prospective recipient patients? YES NO

12. Does the hospital participate in kidney procurement preservation and transportation program? YES NO

13. Is a review mechanism established to determine the appropriateness of patient treatment modality which includes self dialysis, home dialysis and renal transplantation? YES NO

14. Number of dialyses performed annually: _____

15. Number of chronic dialysis stations in the service: _____

16. Is the written hepatitis control program consistent with recommendations of the hepatitis surveillance program of the Centers for Disease Control? YES NO

17. Is an isolation area available? YES NO

18. What provision is made for disposal of infectious wastes? _____

