

Forms and Attachments/Clinical Dialysis

# Against Medical Advice Form

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Patient: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

I have discussed with NKC staff the decision or action noted below: **shortened dialysis run**

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The nurse has explained the following possible risks of this action to me: **respiratory distress, shortness of breath, fluid overload, electrolyte imbalance, arrhythmias, death**

I understand this decision and its risks. I release NKC of all responsibility for my decision or action and the possible risks.

**Name** (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Legal     Guardian/Representative     Power of Attorney

**Witness** (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Other:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Translator     Reader