

Filling Out Home Hemo Referral



1

Navigate to https://northwestkidneycenters--dev1.sandbox.my.salesforce-sites.com//apex/VisualAntidote_HostedFastForm?h=8KA3I&

2

Click Referral For dropdown and make a selection,

**NORTHWEST
Kidney Centers**

Referral For*
--select an item--

Modality*
--select an item--

Requested NKC Start Date
[Date Input Field]

Referral For*
--select an item--
Home Dialysis
In-Center Hemodialysis
Visitor/Transient
Modality Change Request
Patient current location

Last Name*
[Text Input Field]

Birthdate*
[Date Input Field]

3

Click the Modality dropdown and make a selection.

The screenshot shows a form with several fields. The 'Modality' field is highlighted with an orange circle and has a dropdown menu open. The dropdown menu contains three options: '--select an item--', 'Home Hemo', and 'Peritoneal Dialysis'. The 'Type' field is set to 'New'. The 'Last Name' field is empty. The 'Information' label is visible on the left side of the form.

4

Click the Type dropdown and make a selection

The screenshot shows the same form as in step 3. The 'Modality' field is now set to 'Home Hemo'. The 'Type' field is highlighted with an orange circle and has a dropdown menu open. The dropdown menu contains three options: '--select an item--', 'New', and 'Transfer'. The 'Last Name' field is empty. The 'Information' label is visible on the left side of the form.

5 Populate the "First Name" field.

Home Dialysis Home Hemo

Requested NKC Start Date

Patient Demographic Information

First Name* Last Name*

Patient current location Birthdate*

Referral Contact Information

First Name* Last Name*

6 Populate the "Last Name" field.

Home Dialysis Home Hemo

Requested NKC Start Date Type*

Patient Demographic Information

First Name* Last Name*

Patient current location Birthdate*

Referral Contact Information

First Name* Last Name*

7

Click Patient Current Location dropdown and make a selection

The screenshot shows a form with a dropdown menu open for the 'Patient current location' field. The dropdown menu lists options: Home, Hospital, and Other. The 'Patient current location' field is highlighted with an orange circle. The form includes fields for First Name, Last Name, Birthdate, and Email, all marked with a red asterisk. The 'Referral Contact Information' section is also visible.

8

Populate the "Birthdate" field.

The screenshot shows the same form as in step 7, but with the 'Birthdate' field highlighted by an orange circle. The 'Patient current location' dropdown menu is now closed. The form includes fields for First Name, Last Name, Birthdate, and Email, all marked with a red asterisk. The 'Referral Contact Information' section is also visible.

9 Enter your name in the "First Name" field.

Patient current location
Home

Referral Contact Information

First Name*
|

Primary Phone*

Patient Clinical Information

ESRD

Hep B Surface Antigen Status*

Birthdate*

Jan
Su Mo Tu We Th Fr Sa
1
2 3 4 5 6 7 8
9 10 11 12 13 14 15
16 17 18 19 20 21 22
23 24 25 26 27 28 29
30 31
Now Done

10 Enter your name in the "Last Name" field.

ation

Birthdate*

ntact Information

Last Name*
|

Email*

ical Information

Hep B Surface Antigen Status*

11 Enter the best number to reach you at in the "Primary Phone" field.

Patient current location
Home

Birthdate*

Referral Contact Information

First Name*

Last Name*

Primary Phone*
| _____

Email*

Patient Clinical Information

ESRD

Hep B Surface Antigen Status*

12 Enter your email in the "Email" field.

Patient current location

Birthdate*

Referral Contact Information

First Name*

Last Name*

Primary Phone*
| _____

Email*
| _____

Patient Clinical Information

Hep B Surface Antigen Status*

13 Click the "ESRD" field.

The screenshot shows a form with several input fields. At the top, there are two text input fields. Below them are 'Primary Phone*' and 'Email*' fields. A section titled 'Patient Clinical Information' contains an 'ESRD' checkbox, which is highlighted with an orange circle. To the right of this section are 'Hep B' and 'Primary' fields. Below the 'ESRD' field is a 'TB Testing Status*' dropdown menu with the text '--select an item--'. At the bottom right, there is a 'clear' button. Below the dropdown, it says 'Accepted tests: Chest x-ray, 2-Step PPD, or QuantiFERON'.

14 Enter the Hep B Status here.

The screenshot shows a form with several input fields. At the top, there are two text input fields. Below them are 'Email*' and another text input field. A section titled 'in' contains a 'Hep B Surface Antigen Status*' dropdown menu, which is highlighted with an orange circle. Below this is a 'Primary Cause of Kidney Failure*' dropdown menu with a search icon. A dropdown menu is open below the 'Primary Cause of Kidney Failure*' field, showing the following options: '--select an item--', 'Negative', 'Positive', and 'Test in-Progress'.

15 Enter the TB status here.

Patient Clinical Information

ESRD

Hep B Surface Antigen Status*
Negative

TB Testing Status*
--select an item--

Primary Cause of Kidney Failure*

[clear](#)

Accepted tests: Chest x-ray, 2-Step PPD, or QuantiFERON

--select an item--
Negative
Positive
Test in-Progress

16 Enter the primary cause of kidney failure using the dropdown or start typing.

Information

Hep B Surface Antigen Status*
Negative

Primary Cause of Kidney Failure*

Start typing to search

y, 2-Step PPD, or

uirements

17 Add any additional information here.

Negative

[clear](#)

Accepted tests: Chest x-ray, 2-Step PPD, or QuantiFERON

Additional Comments/Requirements

Note: Please include requirement for a bed, active C-Diff, history of MDR complex requirements.

Enter Patient History? *

18 Choose if you want to enter the patient history now. If you choose Yes, you'll be taken to that screen.

Note: Please include requirement for a bed, active C-Diff, history of MDRO including C. Auris, or other complex requirements.

Enter Patient History? *

No

Enter Initial Order? *

--select an item--

--select an item--
Yes
No

Next

19

Choose if you want to enter the initial orders now. If you choose Yes, you'll be taken to that screen.

Note: Please include requirement for a bed, active C-Diff, history of MDRO including C. Auris, or other complex requirements.

Enter Patient History? *

Enter Initial Order? *

* - required

Next

20

Click Next.

t for a bed, active C-Diff, history of MDRO including C. Auris, or other

Next

21 If you chose to enter initial orders, you'll be taken to this screen.

Select the resuscitation order.

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Initial Order Form – {{{[Referral.Modality_c]}}}

Resuscitate Order: --select an item-- (dropdown arrow circled in orange)

Allergies: --select an item-- (dropdown arrow)

Anticoagulation: --select an item-- (dropdown arrow)

Access: --select an item-- (dropdown menu open with options: Full Code, DNR/DNI, DNR/OK to Intubate, Full Code - Hospice)

Surgeon: (text input field)

22 Select allergies. If you say yes, a comment box will pop up for you to add the allergies.

**NORTHWEST
Kidney Centers**

Initial Order Form – {{{[Referral.Modality_c]}}}

Resuscitate Order: (dropdown menu)

Allergies: --select an item-- (dropdown arrow circled in orange)

Anticoagulation: --select an item-- (dropdown arrow)

Access: --select an item-- (dropdown menu)

Surgeon: --select an item-- (dropdown menu open with options: No known allergies, Yes)

23 Select an option for anticoagulation.

Initial Order Form – {{{Referral.Modality__c}}}

Resuscitate Order
Full Code

Allergies
No known allergies

Anticoagulation
--select an item--

Access
--select an item--

Surgeon

Short Daily prescription based on dosing calculator and reviewed with MD and Medic

--select an item--
Yes
No - patient on oral anticoagulation
No - anticoagulation contraindicated

24 Select access.

Form – {{{Referral.Modality__c}}}

Allergies
No known allergies

If Yes, Heparin bolus (max=8,000 u)
3000

Access
--select an item--

--select an item--
Externalized abdominal
Presternal
HD Catheter
PD Catheter

25 Select prescription.

Surgeon

Prescription

Dialysate (mEq/L)

Ca++ 3.0 mEq/L

Na+ 140 mEq/l

Diasylate - 1K+ 40 Lactate

Diasylate - 1K+ 45 Lactate

Diasylate - 2K+ 45 Lactate

Short Daily prescription based on dosing calculator and reviewed with MD and Medical

Candidate for Nocturnal Dialysis based on dosing calculator and reviewed with MD and Medical Director

Dialyzer - CAR 170

26 Select Dialysate.

Dialysate (mEq/L)

Ca++ 3.0 mEq/L

Na+ 140 mEq/l

Short [calcula

Diasylate - 1K+ 40 Lactate

Candid calcula Directo

Diasylate - 1K+ 45 Lactate

Diasylate - 2K+ 45 Lactate

Dialyze

In-Cen DOSE

DIALYSATE

Dialyze
Optil

Temperature

Duratic

27 Select Dialyzer

Na+ 140 mEq/l

Diasylate - 1K+ 40 Lactate

Diasylate - 1K+ 45 Lactate

Diasylate - 2K+ 45 Lactate

Candidate for Nocturnal Dialysis based on dosing calculator and reviewed with MD and Medical Director

Dialyzer - CAR 170

DIALYSATE

Temperature

37 C

In-Center Backup Dialysis Orders:

DOSE

Dialyzer

Optiflux F160

Duration

4 hours

28 Select standing orders for medication

Hourly (unit/hour)

Time Off (minutes)

Standing Orders

Initiate Standing Orders - Medication

--select an item--

Initiate Standing Orders - Vaccinations

--select an item--

--select an item--

Yes

No

29 Select standing orders for vaccines.

Standing Orders

Initiate Standing Orders - Medication

Yes 

Initiate Standing Orders - Vaccinations

--select an item-- 

Additional Orders

--select an item--
Yes
No

30 Enter any additional orders.

Initiate Standing Orders - Vaccinations

Yes 

Additional Orders

| 

Nephrologist Information

31

Enter the doctor who will be following the patient at NKC in the Attending Nephrologist field. You can start typing the name of the doctor.

Nephrologist Information

Attending Nephrologist of Record

Attending Nephrologist (If Not Found)

Referring Nephrologist (If Not Found)

clear

Signature Date

32

Enter the name of the doctor referring the patient to NKC. You can start typing their name. If they are not found in the list, enter their name in the box to the right.

Nephrologist Information

Attending Nephrologist of Record

Attending Nephrologist (If Not Found)

clear

Referring Nephrologist's Name

Referring Nephrologist (If Not Found)

I'm submitting these initial orders for the nephrologist and am legally permitted to do so.

* Required field

33 Click the "Signature Date" field.

The screenshot shows a form with several input fields. At the top, there is a search bar containing the text "Bertrand" with a magnifying glass icon and a "clear" link below it. Below this is another search bar labeled "Referring Nephrologist's Name" also containing "Bertrand" with a magnifying glass icon and a "clear" link. To the right of these is a search bar labeled "Referring Nephrologist (If Not Four)". Below the "Referring Nephrologist's Name" field is a "Signature Date" field, which is highlighted with a red circle. Underneath the "Signature Date" field is a checkbox with the text "I'm submitting these initial orders for the nephrologist and am legally permitted to do so." and a red asterisk with the text "- required" below it. At the bottom center is a dark blue button labeled "Back".

34 Select the date. You can also type if you prefer.

This screenshot is identical to the previous one, but with a date picker calendar open over the "Signature Date" field. The calendar shows the month of September 2024. The date "10" is highlighted with a red circle. The calendar has a header with "Sep" and "2024" and a table of dates from 1 to 30. Below the calendar are "Now" and "Done" buttons.

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

35 Click Next.

Referring Nephrologist (If Not Found)

for the
itted to do so.

36 Click Send

37 Click "OK"

NORTHWEST
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load

File...

quired

Thank you for your submission!



Back

Send