

# Outpatient Dialysis Early Warning Screen

Day 1: Date \_\_\_\_\_ Nurse: \_\_\_\_\_

Day 2: Date \_\_\_\_\_ Nurse: \_\_\_\_\_

Day 3: Date \_\_\_\_\_ Nurse: \_\_\_\_\_

Subjective Symptoms-Patient Reported			
Signs & Symptoms Infection? *check Y or N		Yes	No
cough			
wound-drainage, warmth, redness			
sore throat			
pain, frequency, or urgency urinating			
diarrhea			
Fever			
Fever / chills or feeling chilled			
HR	feels like it's racing		
RR	feel short of breath-fast breathing		
LOC	confused, excessive sleeping, exhausted		
Pain	Extreme pain		
Skin	Pale or discolored skin		

Subjective Symptoms-Patient Reported			
Signs & Symptoms Infection? *check Y or N		Yes	No
cough			
wound-drainage, warmth, redness			
sore throat			
pain, frequency, or urgency urinating			
diarrhea			
Fever			
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LOC	confused, excessive sleeping, exhausted		
Pain	Extreme pain		
Skin	Pale or discolored skin		

Objective Clinical Measures-Nurse Assessed							
Score	3	2	1	0	1	2	3
Temp		< 35.0	≤ 35.4	≤ 38	> 38	> 38.6	
HR		<40	≤ 50	≤ 100	≤ 110	≤ 129	> 129
RR		<8		≤ 20	≤ 25	≤ 30	> 31
SBP	< 70	≤ 80	≤ 90	≤ 199		> 200	
LOC			New confusion / agitation	Baseline	Responds to verbal	Responds to pain	not responsive
Catheter			Y = 1 pt				
Recent procedure			Y = 1 pt				
Total Score							

Objective Clinical Measures-Nurse Assessed							
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Total Score							

Notes/Action Taken: \_\_\_\_\_

Notes/Action Taken: \_\_\_\_\_

Notes/Action taken: \_\_\_\_\_

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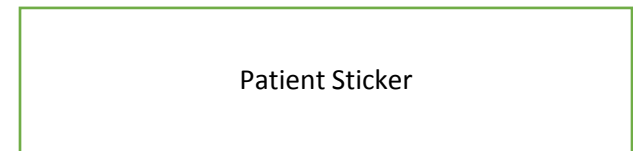


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Score Range	Clinical Response
<b>Green Zone</b> 0-1	No action required
<b>Yellow Zone</b> 2-3	Contact PCP-alert to signs/symptoms observed.
<b>RED Zone</b> 3 and >	Schedule same day appointment w/PCP if able <u>OR</u> recommend ED for evaluation



# Outpatient Dialysis Early Warning Screen

Day 4: Date \_\_\_\_\_ Nurse: \_\_\_\_\_

Day 5: Date \_\_\_\_\_ Nurse: \_\_\_\_\_

Day 6: Date \_\_\_\_\_ Nurse: \_\_\_\_\_

Subjective Symptoms-Patient Reported			
Signs & Symptoms Infection? *check Y or N	Yes	No	
cough			
wound-drainage, warmth, redness			
sore throat			
pain, frequency, or urgency urinating			
diarrhea			
Fever			
Fever / chills or feeling chilled			
HR feels like it's racing			
RR feel short of breath-fast breathing			
LOC confused, excessive sleeping, exhausted			
Pain Extreme pain			
Skin Pale or discolored skin			

Subjective Symptoms-Patient Reported			
Signs & Symptoms Infection? *check Y or N	Yes	No	
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wound-drainage, warmth, redness			
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Total Score							

Notes/Action Taken: \_\_\_\_\_

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To file a grievance, patients may contact  
 The Renal Network: 911 E. 86th Street, Suite 202  
 Indianapolis, IN 46240  
 Toll-Free Patient Line: (800) 456-6919  
 www.therenalnetwork.org

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Content for this resource was originally created by McLaren Northern MI. This presentation was developed by Qsource ESRD Network Strategies and The Renal Network while under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Contract #HHSM-500-2016-00010C. The contents presented do not necessarily reflect CMS policy. 18-Q-ESRD10.04.024