



Admission Criteria for Hemodialysis Patients

*****REQUIRED 3 WEEKS IN ADVANCE OF PATIENT ARRIVAL*****

The camp is an Independent Health Facility. It is designed to provide a summer vacation destination for dialysis patients and their families. Due to its remote location and the absence of physicians on site, the following criteria have been established to ensure a safe and pleasant vacation experience. The camp reserves the right to decline admission of any patients who do not meet the criteria below.

- Patient on dialysis for a minimum of 6 months
- Negative for Hepatitis B infection
- Code status must be either Full Code -or- NO CPR (Limited resuscitation will not be accepted)
- Not on continuous oxygen therapy
- Not on IV medications / infusions (eg., iron sucrose, antibiotics)
- Minimal assistance in transferring patient to and from dialysis chair
- Able to tolerate the entire dialysis treatment on chair (no stretchers available in camp)
- Stable blood pressure during dialysis (camp will review treatment records)
- Patients with persistent fluid weight gains and requires additional dialysis or ultrafiltration will not be considered.
- Patients requiring 1:1 nursing care
- Patients must have a well-functioning vascular access (camp will review treatment records)
- Able to perform own accuchecks and administer own insulin.
- Have own transportation to and from camp.

Dialysis at Camp Dorset is committed to fostering an environment of respect, courtesy and professionalism. Staff and patients will adhere to the camp's Code of Conduct and will have ZERO tolerance when behaviours are not aligned to the Code of Conduct and will take appropriate actions. This may include asking patients, families or staff to be removed from camp grounds.

I have reviewed the "Admission Criteria" as well as the history and information and agree that my patient _____, is a suitable candidate to attend Camp Dorset.

I further agree that I or my delegate will assess the patient for any change in condition within one week of departure for the camp

Nephrologist / Nurse Practitioner signature

Date

Print Name