I. **Title**

*Admission and Discharge Criteria for the Chronic Home Dialysis Program*

II. **Policy**

This policy establishes admission and discharge criteria for the Chronic Home Dialysis (CHD) Program and is intended for use by: (1) the physician responsible for a patient’s treatment regimen, including ordering their admission or discharge according to their disposition plan; and (2) the registered nurse responsible for initiating and completing required consents, care and discharge plans, and transfer forms.

Patients will be admitted to the Chronic Home Dialysis Program according to the protocol for admission to the Chronic Home Dialysis Program.

The Division of Nephrology establishes priority for dialysis among the patient population.

III. **Admission Criteria**

A. *Eligibility for Admission*

1. End Stage Renal Disease (ESRD) patients electing to perform their own dialysis at home, whose treatment of choice is hemodialysis, Continuous Ambulatory Peritoneal Dialysis (CAPD), or Continuous Cycling Peritoneal Dialysis (CCPD);

2. Patients may be:
   a) Existing patients of UTMB’s Chronic Kidney Disease (CKD) Clinic;
   b) New ESRD patients hospitalized at UTMB;
   c) Established ESRD patients requesting home dialysis; or
   d) Established ESRD patients requesting transfer of care to the CHD program.

B. *Financial Screening Process*

1. Staff will verify that patient’s insurance coverage will permit home dialysis;
2. Patients will be financially screened by Renal Social Work for assistance with Medicare/Medicaid.

C. *Patients who Request UTMB Home Dialysis and are Financially Eligible:*

1. For patients transferring from an outside home dialysis program, CHD Program Staff will request medical records for review from the patient’s previous dialysis unit;
2. Nephrologist will verify that the patient is medically appropriate for home dialysis;
3. Patient will be interviewed by a CHD Unit Registered Nurse;
4. Home visit will be performed to determine if home environment is acceptable for home dialysis;
5. Patients with an acceptable home visit will be considered for home dialysis in a multidisciplinary disposition meeting including all team members (Medical Director, CHD RN, Renal Dietician, Renal Social Work);
6. Disposition meetings will be coordinated by the ESRD Coordinator and/or CHD RN;
7. After approval by Home Dialysis Team, patient training date will be scheduled.

D. Patients with an *unacceptable* home visit or whose insurance will not allow home dialysis will be referred to Renal Social Work for placement at an outpatient hemodialysis facility.

IV. Discharge Criteria
A. Patients who no longer wish to perform dialysis at home or who can no longer do so may be re-evaluated for another form of treatment and discharged from the Chronic Home Dialysis Program.

B. Patients will only be discharged from the Chronic Home Dialysis Program for medical reasons or for the patient’s welfare in compliance with ESRD Network 14 guidelines. Patients will be given advance notice to ensure orderly discharge.

V. Dates Approved or Amended

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VI. Contact Information
Chronic Home Dialysis Unit
(409) 747-6520