



**Queensland
Government**

Statewide Renal Access Surgery
Dialysis Access Referral

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

FAX TO:

Dialysis Access Coordinator *and* Referral Centre

To:
 Treating Nephrologist:
 Preferred OPD site:
 Recommended OT site:

Vascular ultrasound:
 Date booked: Imaging attached
 Procedure:
 AVF formation Access revision
 Tenckhoff insertion Other (*specify*):
 Dominant hand:
 Right Left
 Documentation attached:
 Vascular history / summary
 Clinical letter
 Investigations (e.g. Angio / ECHO)

Access history / problem:

Medical history:

Anticoagulation:
 Reasons:

PLEASE ATTACH SUPPORTING INFORMATION
e.g. ultrasound results, Access Flow Study reports, Doctors' letters

LEGEND: ^ Body Mass Index (BMI) = (Weight [kg] / Height [m²])
 # Includes persistent proven complications, such as: site infection, stenosis, steal syndrome, non-maturing AVF, peritoneal dialysis (PD) leak, peritonitis

PRIORITISATION SCORE

Complete the appropriate section below and then sign date at bottom of page.

ON Dialysis Patient		
Dialysis location:		
Dialysis shift: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S		
Current access type	Uncuffed catheter	<input type="checkbox"/> 5
	Cuffed catheter	<input type="checkbox"/> 4
Time since catheter inserted or access problem identified	>3 months	<input type="checkbox"/> 5
	1–3 months	<input type="checkbox"/> 4
	<1 month	<input type="checkbox"/> 2
Date:		
Intended / actual mode of dialysis	Home haemodialysis (HD)	<input type="checkbox"/> 4
Barriers to healing or access development	Diabetes mellitus	<input type="checkbox"/> 2
	Age ≥70 years	<input type="checkbox"/> 2
	Malnourished (albumin <30)	<input type="checkbox"/> 2
	Immunosuppressive therapy	<input type="checkbox"/> 2
	Obesity (BMI [^] ≥30)	<input type="checkbox"/> 1
Total score		

PRE Dialysis Patient		
Current Glomerular filtration rate (GFR)	<10mL/min	<input type="checkbox"/> 5
	11–15mL/min	<input type="checkbox"/> 3
	16–20mL/min	<input type="checkbox"/> 2
	>20mL/min	<input type="checkbox"/> 1
Predicted dialysis start	<3 months	<input type="checkbox"/> 3
	3–6 months	<input type="checkbox"/> 2
	>6 months	<input type="checkbox"/> 1
Intended mode of dialysis	Home haemodialysis (HD)	<input type="checkbox"/> 4
Barriers to healing or access development	Diabetes mellitus	<input type="checkbox"/> 2
	Age ≥70 years	<input type="checkbox"/> 2
	Malnourished (albumin <30)	<input type="checkbox"/> 2
	Immunosuppressive therapy	<input type="checkbox"/> 2
	Obesity (BMI [^] ≥30)	<input type="checkbox"/> 2
	Smoking	<input type="checkbox"/> 2
Total score		

DIALYSIS ACCESS REFERRAL

DO NOT WRITE IN THIS BINDING MARGIN

v1.05 - 03/2020



SW268

Authorised by Dr (print name):	Provider No.:	Signature:	Date:
Form completed by (print name):	Designation:	Signature:	Date: