INDIANA SURGERY & VASCULAR CENTER

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☐ Joseph Santos	☐ Patrick McHugh	☐ Carolyne Jepkorir
☐ Louis Seele	☐ Sunil Gollapudi	☐ Parishu Reddy

Patient Name:_____ Date:_____

DOB:_____ Dialysis Unit:_____ Shift: MWF TTS 1 2 3 Nocturnal

Allergies: ☐None ☐List Attached Date of last Dialysis: _____

Current Access to Be Evaluated and Diagnosis: (check all that apply)

Type of Access	Location	Anticoagulation
☐ Permcath ☐ AV Graft ☐ AV Fistula When access was placed:_____ ☐ Other:_____	☐ Right ☐ Left ☐ IJ Vein ☐ Femoral Vein ☐ Translumbar ☐ Arm ☐ Upper ☐ Forearm ☐ Leg ☐ Other	☐ None ☐ Plavix ☐ Warfarin/Coumadin ☐ Lovenox/Heparin ☐ Eliquis Reason:_____

Permcath	AV Graft / Fistula	Procedure Requested	Additional Info
☐ Infection ☐ Exit site ☐ Blood cultures Antibotic Tx: _____ _____ ☐ Bleeding from exit site ☐ Poor blood flow ☐ TPA'd x_____at dialysis ☐ R/O venous thrombosis ☐ Mechanical ☐ Cuff exposed ☐ Limb cracked ☐ Other:_____	☐ Clotted ☐ Pseudoaneurysm ☐ Possible infection ☐ Δ in bruit / thrill ☐ Poor arterial flow ☐ High venous pressure ☐ R/O central vein stenosis ☐ Recurrent clotting ☐ Low Kt/V or URR ☐ Steal Syndrome ☐ Difficult cannulation ☐ Prolonged bleeding ☐ Edema ☐ Recurrent infiltration ☐ Failure to mature ☐ Decreased access flows ☐ Other:_____	☐ Fistulogram ☐ Balloon Assisted Mat. ☐ Venogram ☐ Thrombectomy/declot ☐ Remove current catheter ☐ Place new tunneled cath ☐ May use existing tunnel ☐ Use new site ☐ Other:	Does patient have history of allergy to X-ray dye? ☐ Yes ☐ No What is patient's dry weight? _____kgs. How much weight does patient have on? _____kgs. If clotted patient -- Was potassium drawn? _____ Results? _____ Is patient positive for MRSA? _____ VRE? _____

Phone Number for Patient: _____ *Access Flow & Date obtained _____

Notes: _____

ISVC use ONLY: Appt Date_____

Appt time: _____

Location: _____

_____

Ordering MD/Must be signed by MD or co-signed by a Nurse

Please send medication list for patient with this order to fax 317/634-0921