

## RENAL/ DIALYSIS - Medical Transfer Summary Transcription Code #102

<p><b><u>Patient Identification</u></b></p> <p><b><u>Enter Encounter # to populate:</u></b></p> <p>Patient Name Provincial Health Number Medical Record Number Patient location of visit Date of birth Gender Date of Service/ Discharge</p>	<p><b><u>Using BC Transcription Services</u></b> Dial 1-855-666-3240 or x4799 (internal)</p> <p>Then enter: Unique ID (MSP# or assigned) + # key Facility Code 58 + # key (BC Children's) Work Type 102 + # (Medical Transfer Summary) Patient 7 digit visit # + # key</p> <p>Voice prompt – verify Patient Name</p> <p>Press 2 to begin Dictation using MTS outline below End with “Please send copies of report to...” Press 5 to end dictation and log off</p>	<p><b><u>Please send copies to</u></b></p> <p><input type="checkbox"/> <b>Family Physician</b> First and Last Names Phone _____ Fax _____</p> <p><input type="checkbox"/> <b>All Adult Specialist(s) List all known</b> First and Last Names Specialty Phone _____ Fax _____</p> <p><input type="checkbox"/> <b>Patient – Copy to ehealth viewer</b> First and Last Names</p> <p><input type="checkbox"/> <b>Author</b> First and Last Names</p>
<b>Topic</b>	<b>Content</b>	
<b>Transfer of Specialty Care</b>	<i>Timing when Specialist(s) will take over care (suggested within 6 months). This document requests transfer of care. Please send confirmation of acceptance of transfer of care and date of first appointment. Please send copy of letter after first visit.</i>	
<b>Condition Specific Information</b>	<ul style="list-style-type: none"> <li>• <b>Primary Renal Diagnosis and other diagnoses</b> <ul style="list-style-type: none"> <li>○ Date of diagnosis and significant investigations</li> <li>○ <b>Renal Biopsy (if applicable)</b></li> <li>○ <b>GFR Category (CKD Stage), Level of Albuminuria</b></li> <li>○ Co-morbidities (Renal and Non-renal)</li> <li>○ <b>Dietary Restrictions or Supplements</b></li> <li>○ <b>Dialysis Prescription (if applicable)</b></li> </ul> </li> <li>• Preferred Treatment Modality</li> </ul>	
<b>Major Events</b>	<ul style="list-style-type: none"> <li>• <b>Birth History</b></li> <li>• Date, event, outcome and plan</li> </ul>	
<b>Medications</b>	<ul style="list-style-type: none"> <li>• Name, dose, rationale, plan</li> <li>• Previous medications - Rationale for changing medication protocols</li> <li>• Indications and contraindications for medications</li> <li>• Specific drug interactions and alerts</li> </ul>	
<b>Results</b>	<ul style="list-style-type: none"> <li>• <b>Most recent lab work and imaging with important trends</b></li> </ul>	
<b>**Alerts</b>	<ul style="list-style-type: none"> <li>• Allergies, clinical warnings, other risks in ongoing care</li> <li>• Red Flag condition specific and unresolved transition related issues</li> </ul>	
<b>Immunizations</b>	<ul style="list-style-type: none"> <li>• Flag any condition-specific immunizations, protocols, alerts and future requirements</li> <li>• Rationale for non-completion of recommended schedule</li> </ul>	
<b>**Psychosocial/ Special Considerations</b>	<ul style="list-style-type: none"> <li>• Psychosocial information pertaining to success of primary/specialist care, eg.) cognitive level, communication strategies/barriers, family dynamics and compliance, <b>finances and travel issues (outside lower mainland)</b></li> <li>• <b>Need for an interpreter</b></li> </ul>	
<b>**Overview/Plan</b>	<ul style="list-style-type: none"> <li>• Flag restrictions: activity/ work</li> <li>• Youth strengths/concerns for discharge/transfer</li> </ul>	
<b>Anticipatory Guidance and Recommendations for Future Care</b>	<ul style="list-style-type: none"> <li>• Condition-specific and potential complications/ late effects</li> <li>• Monitoring of medications and suggested tests and lab work</li> <li>• <b>BC Ministry of Health Guidelines: Chronic Kidney Disease: Identification, Evaluation &amp; Management of Patients (<a href="http://www.bcguidelines.ca">www.bcguidelines.ca</a>)</b></li> </ul>	