



1700 West Stout Street
Rice Lake, WI 54868-5000

TO THE TRAVEL COORDINATOR:

Thank you for selecting Lakeview Medical Center for your patient's dialysis while they travel. We are a hospital based non-profit dialysis program located in Rice Lake, Wisconsin, the heart of many clear water lakes and abundant forestlands. It is easy to find us because we are in a convenient location, just off interstate 53 in northwestern part of the state.

We are happy to accommodate visiting patients. Our services include in center hemodialysis and peritoneal dialysis. We count on you, as the travel coordinator, to ensure that we have all the information we need to provide quality treatment to your patient.

We are requesting that you initially fax your patient's insurance and demographic information **AS SOON AS POSSIBLE**. All visiting patients must provide a phone number where they can be reached while they are traveling. Patients are responsible for all insurance deductibles, co-payments, and any denied charges for the dialysis treatments.

You may then follow that with the additional health records outlined in our downloads **NO LATER THEN THREE WEEKS** prior to their visit. We do require their most recent dialysis treatment flow sheets and labs for the month that they are visiting. However, we realize that lab reports may need to be sent following the patient's visit if the visit is occurring at the beginning of the month.

We do not schedule an arrival time and chair **UNTIL WE HAVE RECEIVED ALL THE REQUESTED INFORMATION** and it is reviewed and approved by our medical staff. At that time, if accepted, you will receive a confirmation letter that includes the above information or a phone call from our staff as to why we would not be able to accept your patient.

Please do not hesitate to contact our dialysis unit social worker with questions or concerns. She is available at 715-236-6214.

Thank you for your help in making travel a fun and relaxed experience for your patient.



Patient Sticker

Phone: 715-236-6159

Fax: 715-236-6522

HEMODIALYSIS REQUEST FOR INFORMATION

Patient _____ DOB _____
 Address _____ City _____ State _____ Zip _____
 Phone (H) _____ Cell _____ Work _____

Treatment Dates Requested _____ Total # of Treatments Needed _____

Please include LOCAL contact information/phone numbers: _____

Allergies: _____

Level of orientation _____ Level of mobility _____

Special needs / considerations _____ Code Status: ___ Full ___ DNR

ESRD Diagnosis _____ Date of 1st Dialysis _____

REFERRING DIALYSIS UNIT INFORMATION

Home Unit Name _____ Phone _____ Fax _____

Contact Nurse _____ Social Worker _____

Primary Nephrologist _____ Phone _____ Fax _____

Emergency Contact _____ Relationship _____ Phone _____

CURRENT TREATMENT ORDERS

Prescribed Time _____ Times per week _____ Dry Wt _____ Dialyzer _____ BFR _____

Dialysate: K _____ Bicarb _____ CA _____ Sodium _____ Sodium Modeling _____

Heparinization: Loading Dose _____ units Infusion _____ units/hr Stop Time _____

Ultrafiltration Profile : _____ Specific treatment for cramps or BP support: _____

Fluid Restriction _____ Other info: _____

VASCULAR ACCESS

AV Fistula Graft Location _____ Local Anesthetic Yes No

Needle Gauge _____ Needle Placement Hints _____

Vascular Catheter R L Special Instructions _____
 Heparin Arterial _____ ml Venous _____ ml

INCENTER MEDICATIONS

Aranesp No Yes _____ mcg Times per week _____

Epogen No Yes _____ units Times per week _____

Hectorol No Yes _____ mcg Times per week _____

Zemplar No Yes _____ mcg Times per week _____

Venofer No Yes _____ mg Times per week _____

Other _____ mg Times per week _____



Lakeview Medical Center

Patient Sticker

Patient Name: _____

REQUIRED MEDICAL RECORDS:

☐ Labs within last 30 days
☐ Hbg ☐ KT/V & URR ☐ Chemistry Panel

☐ Labs within last 3 months
☐ Iron Studies ☐ PTH

☐ Copy of Hepatitis Results
☐ HbsAG
☐ HbsAB
☐ Anti-HCV

☐ Copy of CXR (within 2 years) or TB Results within one year

☐ 3 most recent treatment records

☐ Dialysis Orders

☐ Current History & Physical (within one year)

☐ Comprehensive Interdisciplinary Patient Assessment and Plan of Care

☐ Copy of 2728

☐ Medication List (Dialysis and Home meds) and Allergy list

☐ Progress Notes (Past Month)

☐ Most recent Nutritional Assessment (must include BMI)

☐ Most recent Psychosocial Evaluation

☐ Immunization Record

☐ Plan for management of anticoagulation medication

☐ Insurance Information
☐ Legible copy of cards – front & back
☐ Name of Carrier and Co-Insurance (include name & phone numbers)

ACCESS NOTE-

1. How is the access working? Any Concerns?

2.

3. Any special information for cannulation techniques?

4. If patient currently uses buttonhole indicate if there are any areas to avoid on the patient access. NOTE: We only use sharps not buttonhole method at Lakeview Medical Center.

**Failure to include all information could result in denial of transfer or visitor request. All information must be received by LMC/Marshfield at least two weeks in advance.

Signature _____ Title _____ Date _____

Phone Number _____ Fax Number _____

(Referring unit person who completes this form)

LAKEVIEW MEDICAL CENTER DIALYSIS UNIT
1700 W. Stout Street
RICE LAKE, WI 54868

VISITOR INFORMATION

LOCATION: The Lakeview Medical Center Dialysis Unit is located in the Marshfield Clinic-Rice Lake Center. This is adjacent to the intersection of Highway 53 and Highway 48. The Dialysis Unit is located on the 1st floor near the Surgery/Imaging entrance.

ABOUT OUR UNIT: We have 16 dialysis chairs and provide dialysis Monday through Saturday. Our staffing includes a nurse manager, registered nurses, dialysis technicians, dietitian, and social worker. We have a full time Nephrologist and physician assistant. Visiting patients are accepted based on availability.

PARKING: Handicap parking spaces are available in front of the building. You may drop off and pick up patients at the Surgery/Imaging entrance. Wheelchairs are available in the Surgery/Imaging entrance lobby.

REGISTRATION: We asked that you arrive 15 minutes early to register prior to your first scheduled treatment. You only need to be complete this once. Be sure to bring your insurance cards with you. The registration desk is located just inside of the Surgery/Imaging entrance. If you have an ACTIVATED Power of Attorney for Healthcare, please be sure that person is with you to sign necessary paperwork. Once registered, they will direct you to the Dialysis Unit waiting area.

DIALYSIS WAITING AREA: We ask that you wait in the area designated for Dialysis and Lab. There an intercom system with a check in button mounted on the right hand sidewall as you face the dialysis entrance door. Please press the button to alert the staff that you have arrived.

WHILE ON DIALYSIS: We do not recommend eating while your treatment is in progress. We will provide you with water or ice chips when you are receiving treatment. You may bring a snack to eat prior to or after your treatment is complete. Feel free to bring a blanket and pillow. Our chairs have a heat/massage feature. Battery-operated devices (laptops, games) are welcome. Wi-Fi is available.

HEAD PHONES OR EAR BUDS: Please be sure to bring a set with you to use to with the flat screen television provided at every dialysis chair.

MEDICAL SERVICES: Lakeview Medical Center does not offer routine pharmacy, lab work or EKG's to outpatients unless deemed medically necessary by our attending medical staff. We recommend that you bring along enough home medication to last during your vacation.

WEATHER/ UNFORSEEN CIRCUMSTANCES: Please provide the unit with a phone number where you can be reached during your travels. If weather or an unforeseen circumstance prevents you from getting to your dialysis appointment on time, let us know as soon as possible at:

715-236-6159

OTHER INFORMATION: Family members are welcome at our facility however are unable to visit in the treatment area. Smoking is not permitted in the hospital, clinic or on the Marshfield Clinic campus.

WE LOOK FORWARD TO MEETING YOU

The Dialysis Unit at Lakeview Medical Center