



Welcome to the Dialysis Clinic Barbados

Please read the following information and fill out the necessary sections

Your social worker or Holiday Co-ordinator can assist you with this. If you have any disabilities or special needs, please mention them in your application.

Our dialysis machines are Fresenius which are used in conjunction with a state-of-the-art water treatment system. Our water quality exceeds the standards recommended by international organizations such as AAMI and CDC. Revaclear dialyzers are used at this clinic. If you require a specific dialyzer, we ask that you bring your own. You are also required to bring your own medication. Remember to transport your erythropoietin in a cool container, and we will be happy to store it for you during your stay.

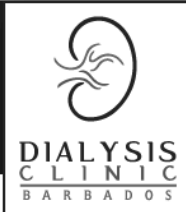
The following must be faxed one month prior to traveling in order to facilitate your treatment:

- ☐ Laboratory copies of HIV, Hepatitis B and C and MRSA screens
- ☐ A drug prescription signed by your doctor
- ☐ A letter from your doctor confirming your fitness for travel and holiday dialysis

Please contact us should you have any queries:

Tel: (246) 418-6591

Email: info@dialysisclinicbarbados.com



INFORMATION FORM

Name of Client:

Country of Birth:

Date of Birth:

Home address:

Tel nos:

(H)

(C)

Email:

Next of Kin's name:

Contact no:

Holiday address in Barbados:

Name and address of client's dialysis clinic:

TESTS

HIV Date of last test (DD/MM/YY)

Result:

MRSA Date of last test (DD/MM/YY)

Result:

HEP B Date of last test (DD/MM/YY)

Result:

HEP C Date of last test (DD/MM/YY)

Result:

I hereby certify that the above information is correct.

Name:

Position at clinic:

Signature:

Date:

Please submit the copies of the lab results along with this form via email, at least 4 weeks prior to travel.

DIALYSIS CLINIC (BARBADOS) INC

First Floor Maria Holder Diabetes Centre

Warrens, St Michael

BARBADOS

TEL: (246) 418.6591 * EMAIL: info@dialysisclinicbarbados.com

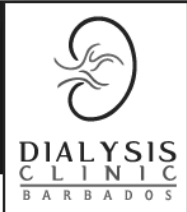
IMPORTANT

Patients who are using our holiday dialysis unit must be screened negative for MRSA, Hepatitis B and C and HIV antigens within 3 months of their first dialysis session with us.

The following supportive documentation must be completed (in ENGLISH) and be submitted **before** acceptance to our dialysis clinic.

- ☐ Recent copies of original laboratory for:
 - ✓ Nose swab certifying MRSA negative
 - ✓ Groin swab certifying MRSA negative
 - ✓ Axilla swab certifying MRSA negative
 - ✓ Serology result certifying Hepatitis B antigen negative
 - ✓ Serology result certifying Hepatitis C antigen negative
 - ✓ Serology result certifying HIV antigen negative
- ☐ List of current medication
- ☐ Letter from referring doctor giving the medical history and confirming that patient is fit for holiday dialysis in a satellite unit
- ☐ Dialysis prescription form signed by the doctor
- ☐ Latest biochemistry and hematology results
- ☐ Copy of the last three (3) treatment flow sheets or treatment assessment sheets

The patient is required to bring the prescribed doses of Erythropoietin stimulating agents and IV iron.



Dialysis Request Information

Client's name:

Duration of Holiday: **Arrival date (DD/MM/YY)**

Departure date (DD/MM/YY)

Requested dates for dialysis (DD/MM/YY):

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Preferred time for dialysis: **5am** **9am** **1pm** (please circle)

This form must be submitted by email 4 weeks prior to travel.

Dialysis Prescription

Client's name:

Dialysis frequency: / week Duration: hours

Dry weight: Average weight gain:

Access: Fistula Gortex Permcath

Permcath lock (mls): Arterial Venous Using heparin 5000iu/ml

Needle size:

Average blood flow rate: Average venous pressure:

Heparin loading dose: Maintenance heparin:

Any access problems:

Allergies / problems with lignocaine:

Any problems on dialysis:

Medication post-dialysis:

This form must be submitted by email 4 weeks prior to travel.