

Outpatient Dialysis Early Warning Screen

Day 1: Date _____ Nurse: _____

Day 2: Date _____ Nurse: _____

Day 3: Date _____ Nurse: _____

Subjective Symptoms-Patient Reported			
Signs & Symptoms Infection? *check Y or N		Yes	No
cough			
wound-drainage, warmth, redness			
sore throat			
pain, frequency, or urgency urinating			
diarrhea			
Fever			
Fever / chills or feeling chilled			
HR	feels like it's racing		
RR	feel short of breath-fast breathing		
LOC	confused, excessive sleeping, exhausted		
Pain	Extreme pain		
Skin	Pale or discolored skin		

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Objective Clinical Measures-Nurse Assessed							
Score	3	2	1	0	1	2	3
Temp		< 35.0	≤ 35.4	≤ 38	> 38	> 38.6	
HR		<40	≤ 50	≤ 100	≤ 110	≤ 129	> 129
RR		<8	≤ 20	≤ 25	≤ 30	> 31	
SBP	< 70	≤ 80	≤ 90	≤ 199		> 200	
LOC			New confusion / agitation	Baseline	Responds to verbal	Responds to pain	not responsive
Catheter			Y = 1 pt				
Recent procedure			Y = 1 pt				
Total Score							

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Notes/Action Taken: _____

Notes/Action Taken: _____

Notes/Action taken: _____



Score Range	Clinical Response
Green Zone 0-1	No action required
Yellow Zone 2-3	Contact PCP-alert to signs/symptoms observed.
RED Zone 3 and >	Schedule same day appointment w/PCP if able <u>OR</u> recommend ED for evaluation



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Day 4: Date _____ Nurse: _____

Day 5: Date _____ Nurse: _____

Day 6: Date _____ Nurse: _____

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sore throat			
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