



Republic of the Philippines
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Annex C: Automated Peritoneal Dialysis Pilot Form

Name of the Health Facility: _____

Address: _____

Screening Checklist (Center-Based)
 Patient Screening Form – PhilHealth APD Pilot

1. Patient Name (Last Name, First Name, Middle Name):

2. MRN/PhilHealth No.:

3. Date of Screening (mm/dd/yyyy): _____

4. Screening Officer: _____ Designation: _____

5. Inclusion Criteria:
 - a. Age < 19 years old (18 y/o and 364 days)
 - b. CKD stage 5 (ESKD) on PD (≥ 6 months CAPD)
 - c. Clinically stable (no active peritonitis, tunnel/exit infection)
 - d. Absence of known or suspected allergy to PD solution
 - e. Completed APD training and competency check by certified trainer (Attending Nephrologist/Nurse Trainer can issue a certificate attesting that they have completed training and know how to operate the APD machine at home)
 - f. Baseline PET showing a High or high-average transporter (PET done within 6 months from enrollment)
 - g. With a KT/V exam not more than 1 year from enrollment
 - h. Functional PD catheter, exit site healed (at least > / = 6 months' post insertion)
 - i. Has completed PD initiation in an accredited health facility or accredited PD Z benefit provider
 - j. Able to comply with regular follow-ups (monthly or more frequent as advised by the AP) during the entire study period, failure to follow up means disqualification from the Pilot – return of machine is necessary

6. Exclusion Criteria
 - a. Active/recent peritonitis (<30 days)
 - b. Recent abdominal surgery/hernia not yet healed (</=3months)
 - c. Uncontrolled BP/volume overload (BP >/=160 systolic, presence of anasarca)



- d. Severe heart failure (NYHA III–IV) (for this pilot study) (*Note: for this PILOT Implementation Program only*)
- e. Refractory UF failure requiring HD (er or hospital admission for fluid overload \leq three (3) months)
- f. Unsafe home setting (no power, poor sanitation, no caregiver)
- g. Anticipated kidney transplant within pilot window or modality switch to HD for non-medical reasons ($<$ or $=$ 3 months)
- h. Active peritonitis at enrollment (may enroll after resolution (\geq 4 weeks post peritonitis))
- i. Any condition precluding reliable follow-up within the 3-month pilot

Screening Outcome:

- Eligible – proceed to Home Visit Assessment
- Temporarily excluded – re-evaluate on (date: _____)
- Excluded – not eligible for pilot

Signature over Printed Name
Screening Officer
Date signed: _____

Home Visit / Readiness Assessment Form

Name of the Health Facility: _____
Address: _____
Patient Name: _____
Address: _____
Date of Visit (mm/dd/yyyy): _____
Name of the Assessor: _____

Home Visit Checklist – PhilHealth Automated PD Pilot Implementation

A. Home Environment

- Electricity available (stable supply)
- Clean space for APD machine and supplies
- Secure storage (dry, insect/rodent-free)
- Handwashing facility available
- Adequate ventilation in sleeping area

B. Caregiver Competency

- Caregiver present during training
- Passed competency checklist (hand hygiene, set-up, troubleshooting, record keeping)
- Understands signs of infection and when to call center
- Phone contact available 24/7

C. Safety

- No pets in treatment area
- Fire and electrical safety measures in place
- Clean water source for hygiene

Assessment Result:

- Passed – Home is suitable for APD
- Improvements required – specify: _____
- Not suitable – reasons: _____

Signature over Printed Name Screening Officer

Date signed: _____

Consent and Assent Form on the Conduct of APD Pilot Implementation

1. Introduction

Your child is invited to join a research study about Automated Peritoneal Dialysis (APD). This study will last for 3 months and aims to find out if APD can improve dialysis adequacy, quality of life, reduce hospital visits, and decrease fluid overload.

2. What will happen?

- a. Baseline assessment (labs, questionnaires, clinical exam)
- b. Monthly follow-ups (safety, hospital visits, quality of life)
- c. Endline (Month 3) assessment
- d. Return of the Machine after the 3-month pilot to the hospital, unless the participant is willing to pay the deposit from the supplier of the machine

3. Risks and Benefits

- a. Risks: Similar to regular PD – peritonitis, catheter issues, machine alarms.
- b. Benefits: May improve comfort, free up daytime, fewer hospital visits.

4. Confidentiality

All information will be kept confidential. Data will be stored securely and your child's name will not appear in reports.

5. Voluntary Participation

Participation is voluntary. You may refuse or withdraw anytime without affecting your child's treatment or PhilHealth benefits.

6. Contacts

Principal Investigator: _____

Research Office: _____

7. Consent Statement (Parent/Guardian)

I have read/was explained this form and I agree for my child to participate.

Child's Name: _____

Parent/Guardian Name & Signature: _____

Date (mm/dd/yyyy): _____

Investigator/Witness Signature: _____

Date (mm/dd/yyyy): _____

Assent Statement (Child \geq 7 years old)

I understand the study and agree to participate. I know I can stop anytime.

Child's Name & Signature: _____

Date (mm/dd/yyyy): _____

Pahintulot at Pagsang-ayon para sa Pagpapatupad ng APD Pilot

1. Panimula

Inaanyayahan ang inyong anak na lumahok sa isang pag-aaral tungkol sa Automated Peritoneal Dialysis (APD). Tatagal ito ng 3 buwan. Layunin nitong makita kung makakabuti ang APD sa sapat na dialysis, kalidad ng buhay, pagbawas ng pagpunta sa ospital, at pagbawas ng sobrang tubig sa katawan.

2. Ano ang gagawin?

- a. Baseline na pagsusuri (laboratoryo, questionnaires, klinikal na pagsusuri)
- b. Buwanang follow-up (kaligtasan, pagpunta sa ospital, kalidad ng buhay)
- c. Pagsusuri sa pagtatapos (Ikatlong Buwan)
- d. Pagsauli ng APD machine matapos ang tatlong buwan pilot ng APD, maliban lamang kung ang pasyenta, magulang o kamag anak ay nais na magbigay ng deposito para sa patuloy na gamit ng machine.

3. Panganib at Benepisyo

- a. Panganib: Katulad ng regular na PD – peritonitis, problema sa catheter, alarma ng makina.
- b. Benepisyo: Maaaring mas maginhawa, mas maraming libreng oras, mas kaunting pagpunta sa ospital.

4. Pagiging Lihim ng Datos

Ang lahat ng impormasyon ay mananatiling kumpidensyal at hindi babanggitin ang pangalan ng inyong anak sa mga ulat.

5. Kusang Paglahok

Kusang-loob ang paglahok. Maaari kayong tumanggi o umatras anumang oras nang hindi maapektuhan ang gamutan o benepisyo mula sa PhilHealth.

6. Impormasyon para sa Pakikipag-ugnayan

Principal Investigator: _____

Research Office: _____

7. Pahayag ng Pahintulot (Magulang/Tagapag-alaga)

Nabasa/naipaliwanag sa akin ang form na ito at sumasang-ayon ako na lumahok ang aking anak.

Pangalan ng Bata: _____

Pangalan at Lagda ng Magulang/Tagapag-alaga: _____

Petsa (mm/dd/yyyy) : _____

Lagda ng Mananaliksik/Saksi: _____

Petsa (mm/dd/yyyy) : _____

Pahayag ng Pagsang-ayon (Bata \geq 7 taong gulang)

Naiintindihan ko ang pag-aaral at sumasang-ayon akong lumahok. Alam kong maaari akong tumigil anumang oras.

Pangalan at Lagda ng Bata: _____

Petsa (mm/dd/yyyy): _____

Parental Consent Form

Title of Project: PhilHealth Pilot on Automated Peritoneal Dialysis (APD) Adequacy

Principal Investigator/Center:

We invite your child to participate in this pilot program evaluating automated peritoneal dialysis (APD) as part of PhilHealth’s reimbursement package study.

Purpose: Assess the clinical outcomes, safety, and feasibility of APD.

Procedures: Your child will undergo APD at home, with training, monitoring, and monthly follow-up at the dialysis center.

Risks: Risk of peritonitis, machine malfunction, or fluid imbalance. Emergency support will be available.

Benefits: Potential for improved dialysis convenience, reduced daytime exchanges, and contribution to better PhilHealth coverage for pediatric patients.

Confidentiality: All information will be anonymized in reports.

Voluntary: Participation is voluntary. You may withdraw anytime without losing PhilHealth benefits.

Consent Statement:

I, _____, as parent/guardian of _____, have read and understood the above. I voluntarily consent for my child to participate.

Signature of Parent/Guardian: _____ Date (mm/dd/yyyy): _____

Signature of Witness: _____ Date (mm/dd/yyyy): _____

Pediatric Assent Form

We are inviting you to join a project about a dialysis machine called APD. This machine can help clean your blood while you sleep.

What will happen? You will be connected to the machine at night. Your caregiver and nurses will help.

Will it hurt? No, the catheter you already have will be used. Sometimes your tummy may feel full or uncomfortable, but nurses will help.

Do I have to join? No, it’s your choice. You can say “no” and still get dialysis.

Assent Statement:

I, _____, understand and agree to join this project.

Signature of Child: _____ Date (mm/dd/yyyy): _____

Signature of Parent/Guardian: _____ Date(mm/dd/yyyy): _____