# Annex I.1B: Checklist of Essential Health Services for Exit Site Infection and Peritonitis Prevention Care - Adult

Republic of the Philippines
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**Case No.** ______________

| HEALTH FACILITY (HF) | | | DATE OF CONSULTATION (mm/dd/yyyy) |
|---|---|---|---|
| ADDRESS OF HF | | | |
| A. PATIENT | 1. Last Name, First Name, Suffix, Middle Name | | SEX ☐ Male ☐ Female |
| | 2. PhilHealth ID Number | ☐☐ - ☐☐☐☐☐☐☐☐☐ - ☐ | |
| B. MEMBER ☐ *Same as patient (Answer only if the patient is a dependent)* | 1. Last Name, First Name, Suffix, Middle Name | | |
| | 2. PhilHealth ID Number | ☐☐ - ☐☐☐☐☐☐☐☐☐ - ☐ | |
| Name of the Attending Nephrologist | | | |

Place a (✓) opposite appropriate answer

| Essential Health Services | |
|---|---|
| a. Laboratory, Diagnostic and Imaging | ☐ CBC<br>☐ Creatinine<br>☐ Sodium<br>☐ Potassium<br>☐ Calcium<br>☐ Albumin<br>☐ Scout film of abdomen (as indicated)<br>☐ Exit site discharge gram stain (GS) and culture and sensitivity (CS) (as indicated) |
| b. Medicines, Supplies and Commodities | ☐ Antimicrobials<br>Specify: ______________<br>☐ Mupirocin or its equivalent<br>Specify: ______________<br>☐ Nystatin (as indicated)<br>☐ Exit site dressing kit |

| Certified correct by: | Conforme by: |
|---|---|
| (Printed name and signature)<br>Attending Physician/Nephrologist | (Printed name and signature)<br>Patient/Parent/Guardian |
| PhilHealth Accreditation No. ☐☐☐☐ - ☐☐☐☐☐☐☐ - ☐ | |
| Date signed (mm/dd/yyyy) | Date signed (mm/dd/yyyy) |