

Annex I.3A: Checklist of Essential Health Services for PD Catheter Insertion and Initiation for Adults and Pediatric Patients



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Case No. _____

HEALTH FACILITY (HF)	
ADDRESS OF HF	
A. PATIENT	1. Last Name, First Name, Suffix, Middle Name SEX <input type="checkbox"/> Male <input type="checkbox"/> Female 2. PhilHealth ID Number <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
B. MEMBER <input type="checkbox"/> Same as patient (Answer only if the patient is a dependent)	1. Last Name, First Name, Suffix, Middle Name 2. PhilHealth ID Number <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>

Place a (✓) opposite appropriate answer

Essential Health Services	
a. Laboratory and Diagnostic Tests (as indicated)	<input type="checkbox"/> Complete Blood Count (CBC) <input type="checkbox"/> Creatinine <input type="checkbox"/> Sodium <input type="checkbox"/> Potassium <input type="checkbox"/> Calcium <input type="checkbox"/> Albumin <input type="checkbox"/> Phosphorous <input type="checkbox"/> Protine <input type="checkbox"/> Partial thromboplastin time <input type="checkbox"/> Electrocardiogram (ECG) <input type="checkbox"/> Chest X-Ray <input type="checkbox"/> Scout film of abdomen
b. Procedure	<input type="checkbox"/> PD Catheter Insertion Date of procedure (mm/dd/yyyy): _____ <input type="checkbox"/> PD Initiation Date of procedure (mm/dd/yyyy): _____
c. Medicines (as indicated)	<input type="checkbox"/> PD solutions (2L) or (5L) bags <input type="checkbox"/> Calcium gluconate <input type="checkbox"/> Sodium bicarbonate <input type="checkbox"/> Amlodipine <input type="checkbox"/> Non-calcium-based phosphate binders (e.g. sevelamer 800mg/tab) <input type="checkbox"/> Angiotensin receptor blocker or ACE-inhibitor Indicate: _____ <input type="checkbox"/> Ferrous sulfate



Essential Health Services	
	<input type="checkbox"/> Folic Acid <input type="checkbox"/> Erythropoietin <input type="checkbox"/> Enema <input type="checkbox"/> Lactulose <input type="checkbox"/> Mupirocin or its equivalent <input type="checkbox"/> Potassium (IV) <input type="checkbox"/> Calcium (IV)
d. Supplies and Commodities (as indicated)	<input type="checkbox"/> Normal saline solution <input type="checkbox"/> PD solution 2.0 liter per bag (1.5%, 2.3% or 2.5%, 4.25% dextrose or their equivalent) and 5 liters per bag for cycle Indicate: _____ <input type="checkbox"/> PD Transfer Set <input type="checkbox"/> PD Adapter <input type="checkbox"/> PD Clamp <input type="checkbox"/> PD Drain Bag <input type="checkbox"/> Automated PD* for initiation (total of up to 40 exchanges of up to 1.5L/exchange or up to a maximum of 12 x 5L PD bags depending on baseline BUN, creatinine prior to CAPD training) including automated PD set with cassette 4-prong <input type="checkbox"/> PD Catheter

*For accredited PD Z providers with PD cyclers machines

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