This Treatment Options Interest Form can be used to identify and educate patients who are interested in learning more information about Transplant and/or Home Modality options.

### Kidney Transplant

- **Yes**, I am interested in learning more information about a kidney transplant.
  
  I would like to be evaluated for a kidney transplant at (you may check more than one):

  - Augusta University Medical Center (GA)
  - Emory Transplant Center (GA)
  - Piedmont Hospital Transplant Institute (GA)
  - Carolinas Medical Center (NC)
  - Duke University Hospital (NC)
  - UNC Hospital (NC)
  - Vidant Medical Center (NC)
  - Wake Forest Baptist Hospital (NC)
  - Medical University of South Carolina (SC)
  - Other, please specify: __________________________

- **No**, I am not interested in a Kidney Transplant at this time. If I change my mind, I will inform my Nephrologist or the Charge Nurse.
  
  The reason I am not interested is: ____________________________

- **No**, I am not a transplant candidate due to: __________________________

- **I AM** on the Transplant Waitlist at ____________________________ Transplant Center

### Home Dialysis Options

- **Yes**, I am interested in learning more information about dialysis at home.
  
  I would like to be evaluated for the following modalities:

  - Home hemodialysis (HHD)
  - Continuous ambulatory peritoneal dialysis (CAPD)
  - Continuous cycling peritoneal dialysis (CCPD)

- **No**, I am not interested in being evaluated for a home modality at this time. If I change my mind, I will inform my Nephrologist or the Charge Nurse.
  
  The reason I am not interested is: ____________________________

- **No**, I am not a home dialysis candidate due to: __________________________

### Other Information

- **Patient Signature** ____________________________ **Date** ____________________________

- **Social Worker or Nurse Signature** ____________________________ **Date** ____________________________

- **Date of Referral** ____________________________ **Modality** ____________________________

- **Physician Signature** ____________________________ **Date** ____________________________

- **Date** ____________________________
## Choosing the Right Option For You!

<table>
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<tr>
<th>Treatment Option</th>
<th>Advantages</th>
<th>Disadvantages</th>
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| **Transplant**                    | • Is closest to having your own kidneys  
• No dialysis treatments required once transplanted kidney starts working  
• Longer life expectancy with a transplant than dialysis  
• Fewer fluid and diet restrictions  
• You may feel healthier and have more energy  
• Work full/part time without worrying about a dialysis schedule | • Stress of waiting for a match  
• Risks associated with major surgery  
• Risk of rejection – your transplant may not last a lifetime  
• Daily anti-rejection medications required – which could cause side effects  
• Susceptible to infection  
• Possible changes in your appearance due to medication side effects |
| **Home hemodialysis**             | • Flexible treatment time  
• No travel to a clinic for treatments  
• Be involved in your own care  
• Same person always helps you perform treatment  
• Cleans blood 5-6 times during the week, which is more like your natural kidney  
• Nocturnal allows dialysis while you sleep  
• Dialysis in the comfort of your own home  
• Less restricted renal diet  
• May require fewer medications  
• Possibly experience more energy and feel better between and following treatments | • May require a trained partner to help you depending on chosen HHD option  
• Training may take 3-4 weeks or more  
• Permanent access to your blood required, typically in your arm  
• Low risk of infection with proper aseptic techniques  
• Requires space for supplies and equipment  
• Need to schedule treatments into daily routine  
• Insertion of two needles for each treatment |
| **Peritoneal Dialysis (PD)**      | • You control your dialysis schedule  
• Flexible lifestyle and independence  
• Patients typically have more energy and feel better  
• No travel to a dialysis center for treatments  
• Be involved in your own care  
• Can provide continuous therapy, which is more like your natural kidney  
• Needle-free treatments  
• Fewer diet and fluid restrictions  
• May require fewer medications  
• Can do treatments while sleeping (CCPD)  
• Portable – can travel  
• No partner required | • Need to schedule exchanges into your daily routine, seven days a week  
• Requires a permanent catheter typically in the abdomen  
• Increased risk of peritonitis (abdominal infection)  
• May gain weight/ have a larger waistline  
• Training is needed to learn to perform treatment  
• Requires space for supplies and equipment  
• Cycling machine needed for CCPD  
• Must be committed to self-care |
| **In-center hemodialysis**        | • Nurses and Technicians perform treatment for you  
• Regular contact with other patients and staff  
• Usually three treatments per week  
• No equipment /supplies at home  
• Immediate access to emergency care if needed | • Travel to and from dialysis center three times a week on a fixed schedule  
• May feel tired or worn down because blood is cleaned only three times a week  
• Restricted diet/limited fluid intake  
• Possible discomfort such as headache, cramping, nausea or tiredness |