My Plan, My Care

The Plan of Care meeting, sometimes called the PoC meeting, is a focused time to talk with your healthcare team about your dialysis care. During the PoC meeting, your healthcare team will answer your questions and concerns about your care.

Take this document with you to your next PoC meeting. Use it to help you ask your healthcare team questions and take notes at the meeting.

Questions to Ask Your Care Team About Your Dialysis Treatment Plan

- What is the length of time of my dialysis treatment? Why do I need to dialyze for the prescribed length of time?
- Is my vascular access working properly?
- Do you have any concerns about my lab results?
- Can we talk about having me evaluated for the kidney transplant waitlist?
- Do you have any concerns about my fluid gain or how much is being taken off during treatments?
- From what you know about me, do you think that I will be able to do a home dialysis treatment successfully?
- What is my nutritional status?
- Can I see what you have listed as my medication list? Can we talk about my medications?
- Can you help me create an advance directive or living will?
- Why do I feel tired and weak?
- Am I up to date with my vaccinations?

I want to talk to my healthcare team about the following concerns:

- Emotional and mental health
- Sexual health
- Memory or concentration loss
- Family
- Financial advice or assistance
- Advance directive or living will
- Diet/food
- Low energy
- Insurance
- Stopping smoking
- Weight changes
- Other

Am I up to date with my vaccinations?

- Hepatitis
- Shingles
- Meningitis
- Prevnar13
- Pneumovax23
- Flu
- Measles, mumps, and rubella
- Tetanus
- Chickenpox

Additional items to keep in mind before and during your PoC meeting.

- Did you ask your clinic to give you at least a 24-hour notice of when your PoC meeting is to take place?
- Did you ask to have the PoC meeting in the center conference room, over the phone, or by Zoom™?
- Did you ask a family member or friend to attend the meeting with you? Your clinic may have a patient advocate that could attend with you if you would prefer.
Use this sheet to write down additional questions and answers from the meeting.

PoC Meeting Date: ________________________________

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To protect your health information, please do not include any identifiable information on this document such as your name, date of birth, or Social Security number.

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