

Table 4

**Attached Form to the National Health Insurance Application Form for the Certificate of Major Illness and Injury Applied by Patient Who Requires Periodical Dialysis Treatment Due to Chronic Renal failure
【Re-application】**

Name: _____ Gender: Male Female Number of national identification card: _____

Date of birth: ____YY____MM____DD Date of first dialysis treatment: ____YY____MM____DD

Original Residential address: _____ Telephone number: _____

Hospital/clinic which provides dialysis treatment: _____ (Code: _____)

Dialysis method: Hemodialysis (Completion date of permanent vascular access) : ____YY____MM____DD)
 Peritoneal dialysis (Implantation date of dialysis tubing): ____YY____MM____DD)
Primary cause: ____ - ____ - ____ (Please refer to the back of the first-time application form)

A. Results of previous application This application is my ____ application
 Cannot fully confirm the applicant suffers from irreversible uremia. It is recommended that a certificate of major illness and injury valid for three months should be issued, and re-evaluation shall be conducted after three months.
 Disapprove because the applicant fails to satisfy the criteria. Ground: Incomplete information Other ground:
Indications for First-time Application of Regular Dialysis(Indication) : Absolute indications Relative indications

B. Current dialysis status & Laboratory data : (Test date : ____YY____MM____DD)
Number of dialysis/dialyses per week : ____ Duration of each dialysis : ____ hours (Number of fluid exchange(s) per day : ____)
Albumin : ____g/dl Hct : ____% Hb : ____gm% K : ____mEq/L
BUN : ____mg/dl Cr : ____mg/dl
Daily urine amount : ____ml 24h CCr of the maximum day without dialysis : ____ml/min
(Please refer to the CCr calculation on the reverse side.)

C. Relevant examination data & instruction: (Has the patient ever attempted to stop dialysis ? What was the clinical condition(s) after stopping dialysis) (Please check in the appropriate boxes by all means)
 Yes No Attempt to stop dialysis Date : ____YY____MM____DD
The maximum number of day(s) without dialysis : ____ day(s) ; Reported BUN : ____mg/dl Cr : ____mg/dl
The reason for restart or continuation of regular dialysis:
 Daily urine volume < 400cc Life-threatening condition Severe impact on life quality Repetitive re-admission or emergency

D. Current symptoms and Signs : (Please check in the appropriate boxes by all means)
 1.Cardiac failure or pulmonary edema 2.Pericarditis 3.Hemorrhagic tendency
 4.Neurological symptoms: Consciousness disorder, convulsion or peripheral neuropathy 5.Hyperkalemia (Uncontrollable with medication)
 6.Severe acidemia (Uncontrollable with medication) 7.Nausea & vomit (Uncontrollable with medication)
 8.Cachexia 9.Severe azotemia (BUN > 100 mg/dl)
 10.Others (Please specify) :

E. Comorbidity : (Please check in the appropriate boxes by all means)
 1.Diabetes mellitus 2.Hypertension 3.Congestive heart failure 4.Ischemic heart disease
 5.Cerebrovascular disease 6.Chronic hepatic disease / cirrhosis 7.Malignant tumor 8.Tuberculosis
 9.Others (Please specify) :

F. Ground for the applicant who fails to satisfy the above criteria, but needs to receive a periodical dialysis treatment due to other serious or life-threatening clinical conditions :

Responsible physician: _____ (Signature/seal) Chung-Shen-Chuan-Yi-Tzu _____ Date: ____YY____MM____DD
(The responsible physician shall take full legal responsibilities if the above information is forged.)

----- (The column below shall be filled out by the review physician only) -----

To M.D.

- Review opinion: 1. Approve the issuance of the certificate of major illness and injury which is permanently effective.
2. Unable to fully confirm the applicant suffers from irreversible uremia. It is recommended that a certificate of major illness and injury valid for three months should be issued, and re-evaluation shall be conducted after three months. Please attempt to cease dialysis treatment, and carefully care and evaluate whether the applicant requires permanent dialysis. If the patient cannot cease to receive dialysis, please collect the relevant supporting information in order to provide detailed account in the next application.
3. Disapprove because the applicant fails to satisfy the criteria. Ground:
- A. Incomplete information, please provide supplementary information:
- B. Other ground:

Name of the review physician: _____ (Signature/seal) Chung-Shen-Chuan-Yi-Tzu ___ ___ Date: ___ YY ___ MM ___ DD

Explanation for the Application for the Certificate of Major Illness and Injury by Patient Who Requires Periodical Dialysis Treatment Due to Chronic Renal failure under the National Health Insurance **【Re-application】**

Where a patient who requires periodical dialysis treatment due to chronic renal failure makes the first application, there is still chance that acute renal failure causes the applicant's medical condition, or the information submitted by the applicant is insufficient to determine whether the patient requires periodical dialysis, and the review physician declines the application on the ground of non-compliance with the application criteria, such patient tends to make re-application after a period of time. In order to reduce repetitive application, the physician responsible for providing medical care shall pay special attention to the following matters:

1. Is the function of the patient's kidney damaged to the extent that regular dialysis treatment is required?
2. Has it been attempted to cease dialysis treatment under careful and detailed care?
3. What is the urine volume after dialysis treatment is ceased? What is the examination data?
4. Is there any life-threatening clinical condition after dialysis treatment is ceased? Or has the condition caused by uremia seriously affected the patient's quality of life?
5. Has the patient visited hospital and received emergency care even more due to unmanageable emergency situations after dialysis treatment is ceased?

Please record the above matters in detail as supporting information in the re-application for the permanent certificate of major illness and injury to convince the review physician.

CCr Calculation: Because the patient has already accepted dialysis treatment, the original MDRD-S equation at time without dialysis will no longer be applicable. Please collect 24hr urine during the days without dialysis or during the maximum interval between dialysis trials and calculate the 24hr creatinine clearance rate.

$$\text{Creatinine clearance rate} = \frac{\text{Creatinine concentration in urine (mg/dl)} \times \text{urine volume (ml)}}{\text{Creatinine concentration in blood (mg/dl)} \times \text{Time (min)}} \text{ ml/min}$$