

Exercise Eligibility Screening Form

Patient Details (attach sticker):

Date completed:

Exclude patients if they have answered yes to any of the following:	Delete as appropriate	Initial
Less than 3 months after the initiation of haemodialysis	Yes / No	
Patient in class D (unstable condition) as per AHA/ACSM Joint Position Statement (available here /see Appendix 1): 1) unstable ischemia 2) heart failure that is not compensated 3) uncontrolled arrhythmias 4) severe and symptomatic aortic stenosis 5) hypertrophic cardiomyopathy or cardiomyopathy from recent myocarditis 6) severe pulmonary hypertension 7) other conditions that could be aggravated by exercise (for example, resting systolic blood pressure > 200 mmHg or resting diastolic blood pressure > 110 mmHg; active or suspected myocarditis or pericarditis; suspected or known dissecting aneurysm; thrombophlebitis and recent systemic or pulmonary embolus)	Yes / No	
Infection or fever	Yes / No	
Excessive intradialytic weight gain that severely impacts upon indices of fluid retention, e.g. blood pressure greater than 160/100 mmHg; heart rate above 100 bpm; breathlessness at rest; or signs of peripheral oedema	Yes / No	
If diabetic, blood glucose above 16.7 mmol/L (300 mg/dL) AND patient is in ketosis (fruity breath, rapid breathing or shortness of breath, excessive thirst, frequent urination, stomach pain, nausea, vomiting, fatigue or confusion), is dehydrated, or is feeling unwell	Yes / No	
In individuals taking insulin and/or insulin secretagogues, blood glucose below 5.5 mmol/L (100 mg/dL)	Yes / No	
Symptomatic hyper- or hypotension	Yes / No	
Signs and symptoms of deep vein thrombosis	Yes / No	
Dementia or severe cognitive impairment (as will be unable to give consent)	Yes / No	
Severe psychiatric disorders – except treated conditions such as anxiety and mood disorders	Yes / No	
Pregnancy	Yes / No	
Clinician may wish to refer patient for an exercise stress test, see AHA/ACSM Joint Position Statement for further information (available here /in Appendix 1)		

I am happy for this patient to exercise during dialysis and/exercise outside of the renal unit (delete as appropriate)

Doctors Name:

Doctors Signature:

Date:

Place one copy in patient notes and one copy in patient's exercise folder