

N20 - Preventive Care and Screening Review

When: Admission, the scheduled care-plan review, transplant workup, or a new change in function or symptoms.

Do this

- Check that the care plan names who follows vaccinations/hepatitis status, diabetes care, cancer screening, and other agreed preventive care; record completion and the next action.
- Ask about appetite, function, mood, sleep, memory, falls, and treatment burden. Use the unit's screening tools and referral pathway rather than relying only on monthly labs.
- Reconcile screening decisions with goals of care, transplant candidacy, expected benefit, prior results, and the patient's preferences [1].
- Track symptoms that need diagnostic evaluation, including new bleeding, hematuria, a mass, persistent unexplained weight loss, or a marked change in energy/function.

Call / escalate

- Acute confusion, a new neurologic deficit, severe symptoms, or suicidal thoughts with immediate safety concerns: use the urgent assessment pathway.
- New concerning symptoms, persistent mood/memory changes, an uncompleted referral, or unclear screening responsibility: contact the appropriate clinician and document follow-through.

Don't

- Do not order a blanket cancer or thyroid screening panel for every dialysis patient, or automatically repeat a test because a calendar year has passed.
- Do not dismiss symptoms because routine screening was deferred or a quality dashboard is green. Screening and diagnostic evaluation are different.

Evidence numbers refer to the sources on the reverse.

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Why

- ASN Choosing Wisely advises against routine cancer screening in dialysis patients with limited life expectancy and no signs or symptoms. Decisions should reflect expected benefit and the individual's goals [1].
- Transplant evaluation can carry distinct screening requirements. Coordinate with the transplant team rather than applying one rule to every patient.
- Mood, cognition, function, and patient priorities belong in the care review even when adequacy and chemistry values meet targets. The full reviews explain where evidence is uncertain.

Bring this to the review

Patient priority; symptom/function change; screening or referral being considered; last result; transplant status; responsible clinician; agreed next step and who will check completion.

Sources - click to open

1. [ASN Choosing Wisely evidence review. Clin J Am Soc Nephrol. 2012. PMID: 22977214](#)
2. [Cancer screening in maintenance dialysis. Am J Kidney Dis. 2020. PMID: 32305205](#)

Full reviews and navigation

[Cancer, Acquired Cystic Kidney Disease, and Thyroid Screening in Hemodialysis](#)

[Adequacy, Nutrition, Depression, and Cognition - and What Quality Metrics Miss](#)

[Infection Screening and Vaccination in Maintenance Hemodialysis](#)

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Adapted from the linked Clinical Mastery reviews. Updated September 27, 2026. Andrew Bland, MD, FACP, FAAP - Urine Nephrology Now.