

Clinical Monitoring Tool for CMS Reimbursement of Carnitor® (levocarnitine) Injection Intradialytic Hypotension

Patient Name: _____ **Physician:** _____

Diagnosis: _____ **ICD-9 Code:** _____ **Dialysis Start Date:** ____/____/____

Parameter	Baseline	Three Months	Six Months	Nine Months
Date:				
CLINICAL LABORATORY				
Pre-dialysis Plasma Free-Carnitine Level (µmol/L)		<i>Not necessary to retest</i>	<i>Not necessary to retest</i>	<i>Not necessary to retest</i>
MEDICATIONS				
Carnitor® (levocarnitine) Injection Dosage				
PATIENT ASSESSMENT				
Hypotensive Episodes requiring interventions during dialysis (See April 2003 NKF definition of intradialytic hypotension) Record Dates				
Interventions that interfered with delivery of the intended dialysis prescription (i.e. Bolus saline exceeding prime and rinse, hypertonic solutions, reduction in UF rate, shortened dialysis treatment time, unintended morbidities) Record dates and interventions				
Dry Weight Evaluation or adjustment				

This tool is not considered documentation for CMS reimbursement.

6 Month follow-up – Continue therapy? Yes / No

Physician Signature: _____