

Facility Corp/Name/ Medicare Provider #: _____

Contact Person/ Facility Phone #: _____

**Root Cause Assessment
Albumin***

Major Barriers to Adequate Albumin	Potential Root Causes of hypoalbumin	Potential to Change?	Problem identified at facility or with pt.?
Patient-Specific Barriers			
	Protein malnutrition (poor intake)	Y/N	
	Poor nutritional knowledge/inadequate training	Y/N	
	Poor appetite	Y/N	
	Decreased intake on dialysis days or during PD exchanges	Y/N	
	Assistance needed to shop or cook	Y/N	
	Cost of food/supplements	Y/N	
	Depression/Psychiatric illness	Y/N	
	Difficulty chewing	Y/N	
	Difficulty swallowing (dysphasia)	Y/N	
	Fluid intake (fluid overload)	Y/N	
	Early satiety due to volume of PD exchanges	Y/N	
	Decreased appetite due to glucose load associated with PD	Y/N	
	Mechanical impairments (or edentulous)	Y/N	
	Recent hospitalization	Y/N	
	Recent surgery → also fits into “inflammation” category	Y/N	
	Anorexia	Y/N	
	Cultural food preferences	Y/N	
	Taking meds with nutritional side effects, e.g., cathartics, chemotherapy, MAO inhibitors, diuretics, insulin, pain meds, steroids etc.	Y/N	
Dialysis-Related (DR)			
	Peritoneal Membrane Classification	Y/N	
	Peritoneal Membrane Loss Average 5-15 g protein lost /day	Y/N	
	Urinary loss	Y/N	
	Inadequate dialysis dose	Y/N	
	Exposure to reuse sterilants	Y/N	
	Water Quality	Y/N	
	Dialyzer membrane compatibility/incompatibility	Y/N	
	Dialyzer membrane porosity (may increase with reuse)	Y/N	
	Acidosis	Y/N	
	Exposure to endotoxins	Y/N	
	Loss of blood	Y/N	
	Protein loss during hemodialysis (4-8gms of amino acids lost/rx)	Y/N	
Acute or Chronic Infection/Inflammation			
	Access related infection: CVC, PD catheter, current vascular access (or previous vascular access still in place) → also fits into “inflammation” category	Y/N	
	Peritonitis	Y/N	

Major Barriers to Adequate Albumin	Potential Root Causes of hypoalbumin	Potential to Change?	Problem identified at facility or with pt.?
	Skin ulcerations, decubitus ulcers, diabetic foot infections	Y/N	
	Bacterial or fungal infection	Y/N	
	Bronchitis, pneumonia	Y/N	
	UTI or bladder infection	Y/N	
	Tooth abscess	Y/N	
	Hepatitis B and C	Y/N	
Inflammation			
	Circulatory: Atherosclerosis, coronary artery disease, CHF, pericarditis	Y/N	
	Periodontal disease/ gingivitis	Y/N	
	Transplant rejection	Y/N	
	Stress	Y/N	
	Chronic inflammatory disorders: rheumatoid arthritis, autoimmune disorders	Y/N	
Other potential causes of low albumin			
	Burns	Y/N	
	Multiple myeloma	Y/N	
	Cachexia	Y/N	
	Ulcerative colitis	Y/N	
	Liver disease/cirrhosis	Y/N	
	Collagen diseases	Y/N	
	CKD	Y/N	
	Proteinuria due to Nephrotic Syndrome	Y/N	
	Sarcoidosis	Y/N	
	Endocrine disorders: PTH, glucagon, insulin, vit D ₃	Y/N	
	Malabsorption	Y/N	
	Acidosis	Y/N	

* This list does not include every disorder that can cause low albumin levels in dialysis patients