



# Information about dialysis

**Patients name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Diagnosis and short history:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

## Dialysis regime:

- No of treatments/week: \_\_\_\_\_ Hours/treatment: \_\_\_\_\_
- HD     HDF \_\_\_\_\_ L     HF \_\_\_\_\_ L
- HD-dialysat: \_\_\_\_\_
- Composition of dialysate: Na: \_\_\_\_\_ K: \_\_\_\_\_ Ca: \_\_\_\_\_ Gluc: \_\_\_\_\_
- HDF-fluid: \_\_\_\_\_ HF-fluid: \_\_\_\_\_
- Profile: Na: \_\_\_\_\_ Bic: \_\_\_\_\_ UF: \_\_\_\_\_
- Dialyzer: \_\_\_\_\_
- Material: \_\_\_\_\_ Surface: \_\_\_\_\_
- Sterilisation: \_\_\_\_\_ Uf-coefficient: \_\_\_\_\_
- Dry weight: \_\_\_\_\_
- Anticoagulant: \_\_\_\_\_ E/ml
- Administration: \_\_\_\_\_
- Dialysate settings: Na: \_\_\_\_\_ Bic: \_\_\_\_\_

## Access:

\_\_\_\_\_

\_\_\_\_\_

Needle            A \_\_\_\_\_

                          V \_\_\_\_\_

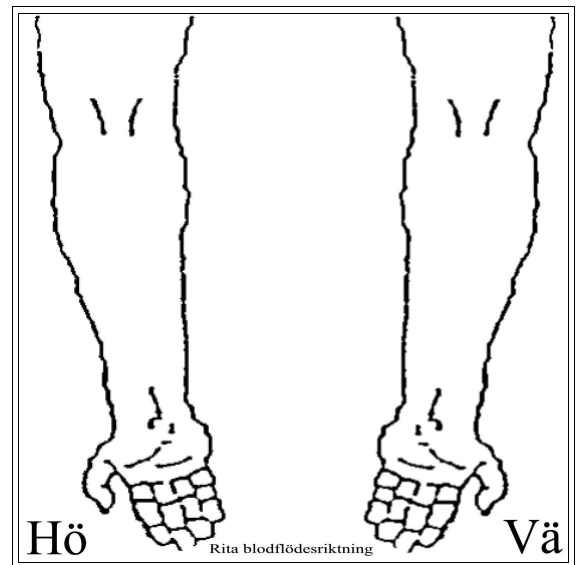
                          SN \_\_\_\_\_

HD-catheter type \_\_\_\_\_

Length            \_\_\_\_\_

Lumen volyme    A \_\_\_\_\_

                          V \_\_\_\_\_



**Does the patient assist during dialysis?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Complications during dialysis:**

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Treatment:

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**Further comments:**

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**Copy and send the following with patient**

- Present medication
- Resent laboratory
- Treatment protocol
- Test results, HbsAg / HCV / HIV / MRSA / VRE
- Medical journal
- Nursing journal
- Patients responsibility document

**Desired dates of treatment:**

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**Patients adress and telephone number during the visit:**

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*Home country dialysis unit:*

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*Person to contact*

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*Telephone:*

*Fax:*

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