



INFORMATION ABOUT DIALYSIS

Patients name: _____

Date of birth: _____

Diagnosis and short history: _____

Allergies: _____

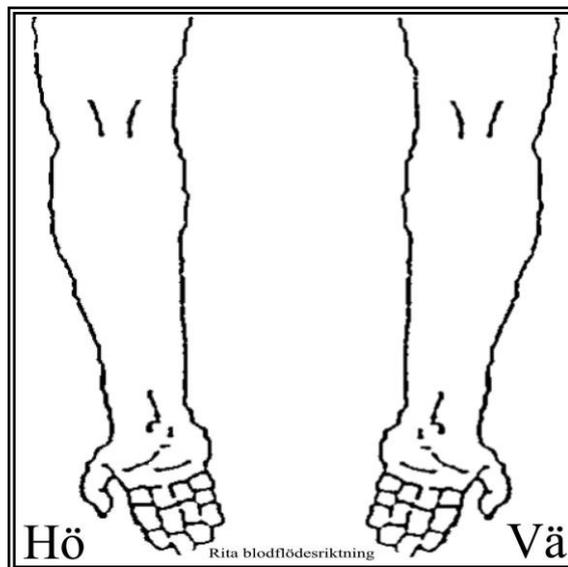
Dialysis regime:

- No of treatments/week: _____ Hours/treatment: _____
- HD HDF HF Dry weight: _____
- Dialyzer: _____ Surface: _____ Uf-coefficient: _____
- Anticoagulation: _____ E/ ml
Administration: _____
- Blood flow rate: _____ ml/min
- HD-dialysate: _____
Composition of dialysate: Sodium: _____ K: _____ Ca: _____ Glucose: _____
- Dialysate settings: Sodium: _____ Bic: _____ Dialysat fluid: _____
- Hemocontrol: _____
- Others: _____

Vascular access:

- AVF fistula Graft CDK
 Right Left

- Needle A _____
 V _____
Cannulation: _____
- CDK _____
Catheter lock _____
 A _____
 V _____
Dressing _____



Patient involvement during dialysis:

Complications during dialysis:

Management/treatment of complications:

Further comments:

Copy and send the following with patient:

- Present medication
- Present laboratory
- Test results: HbsAg / HCV / HIV / MRSA / VRE / ESBL
- Medical journal
- Nursing journal
- Patient responsibility document

Desired dates of treatment:

Patients address and telephone number during the visit:

Home country dialysis unit: _____

Person to contact: _____

Telephone: _____ *Fax:* _____

Telephone to hospital switchboard to call nephrology: _____

Date and signature: _____