



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:

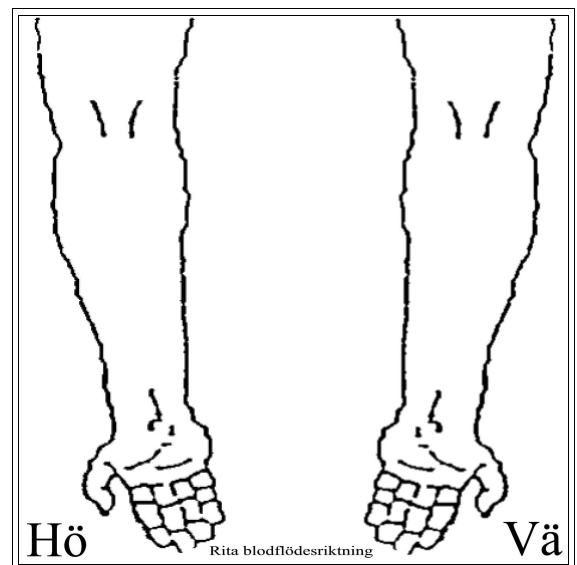
Needle A _____
 V _____
 SN _____

HD-catheter type _____

Length _____

Lumen volyme A _____

 V _____



Does the patient assist during dialysis?

Complications during dialysis:

Treatment:

Further comments:

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:

Patients adress and telephone number during the visit:

Home country dialysis unit:

Person to contact

Telephone:

Fax: