



Date: \_\_\_\_\_

## Home Hemodialysis Treatment Record

Water Safety Check						
Chlorine Check#1:	Chlorine Check#2:	Pressure Pre 5 µm: (P1)	Pressure Post-5 µm: (P2)	R.O. Feed Pressure: (P3)	R.O. Conductivity:	R.O % Rejection:

Machine Safety Check		Last disinfection:
Disinfectant: <input type="checkbox"/> Negative	Conductivity Standard Solution Check (Bellco):	Conductivity Meter Check (Bellco):

Pre-Dialysis Assessment:		Post-Dialysis Assessment:	
Sitting BP and Pulse:		Weight:	
Standing BP and Pulse:		Sitting BP and Pulse:	
Temperature:		Standing BP and Pulse:	
Weight:		Machine/RO Cleaning Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No
Target Weight:	-	Dialyzer Appearance:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Net Weight:	=	Venous Chamber:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Normal Saline/ Fluid intake:	+	<b>Medications required for treatment:</b>	
Target Fluid Loss:	=	Heparin: Bolus:	Hourly:

Pre-Dialysis Safety Checklist:		Connection:	
<input type="checkbox"/> Contact nurse (unusual symptoms)		Start time:	End time:
<input type="checkbox"/> Lines free of kinks, clamps or twists		Needles Secured:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Line placed in electroclamps		Blood leak alarm under access (enuresis):	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Supplies correct		Water leak alarm:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Treatment parameters confirmed		CVC Patients: TEGO cap examined and is undamaged	<input type="checkbox"/>
<input type="checkbox"/> Fluid levels correct			
<input type="checkbox"/> Dialyzer over base of machine			

Time	BP	Pulse	Blood flow	PV	PA	Heparin	Comments

**Notes**

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Weekly Equipment Maintenance:			
Conductivity meter cleaning (Bellco)	<input type="checkbox"/>	R.O. chemical disinfection	<input type="checkbox"/>
Machine deep cleaning	<input type="checkbox"/>	Bellco: R.O. heat disinfection /Baxter: CleanCart A + LFH	<input type="checkbox"/>
Microbiology testing: Sample sent:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Foreclean replacement completed:	Date:		