

**Southern Alberta  
Renal Program**

**Home Hemodialysis Treatment Record**

Date (yyyy-mm-dd): \_\_\_\_\_

Message for Physician from \_\_\_\_\_

Addressograph

Physician Signature: \_\_\_\_\_

<b>Machine #</b> _____ <b>RO#</b> _____	<b>Initials</b>	
<input type="checkbox"/> Disinfectant Check:	Prime:	
Conductivity: _____ mS/cm	Program:	
Dialysate Flow: _____ mL/min	Put on:	
	Double Check:	

**Access to Circulation**

AVF       Right Arterial \_\_\_\_\_g  
 AVG       Left Venous \_\_\_\_\_g  
 Reversed       Upper       Thrill  
 Buttonhole       Lower       Bruit

Needle Placement:  
 Self needles       Local Anesthetic \_\_\_\_\_  
 Successful       Unsuccessful

# of tries \_\_\_\_\_

Comments: \_\_\_\_\_

See progress notes

**Central Line**

Left     Right     Femoral  
 Non-tunnelled     Tunnelled  
 Exit site Assessed  
 TEGO Changed  
 Lines Reversed

Comments: \_\_\_\_\_

Na+ \_\_\_\_\_ mmol/L x \_\_\_\_\_ h  
K+ \_\_\_\_\_ mmol/L x \_\_\_\_\_ h  
Ca+ \_\_\_\_\_ mmol/L x \_\_\_\_\_ h

Additives:  
Ca+ \_\_\_\_\_ Mg \_\_\_\_\_ PO4 \_\_\_\_\_

HCO3- \_\_\_\_\_ mS/cm

Temperature \_\_\_\_\_ °C

NS \_\_\_\_\_ L Rinse

Dialyzer	Pre-dialysis Weight		
	Wheelchair Shoes, etc.	-	-
Target Weight (kg)	Net Weight	=	=

**HEPARIN 1000 unit/mL:**  
\_\_\_\_\_ mL/20 mL syringe

Initials: \_\_\_\_\_/\_\_\_\_\_  
Bolus: \_\_\_\_\_ unit  
Rate: \_\_\_\_\_ unit/h

Stop Time: \_\_\_\_\_ minutes

**Fluid Removal Calculation (kg)**

Weight and Vital Signs		Last Treatment Post-Dialysis	Pre-Dialysis	Post-Dialysis	Target Weight	-	-
Weight (kg)					Fluid Gain	=	=
BP (mmHg) / Heartrate (BPM) <input type="checkbox"/> Sitting or <input type="checkbox"/> Standing					NS and/or Medications	+	+
Lying: BP (mmHg) / Heartrate (BPM)					Blood and/or IDPN	+	+
(done post-dialysis only if indicated)	Apical Heartrate (BPM)	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	Oral	+	+
	Respirations (Rate/Minute)				<b>TARGET FLUID LOSS</b>	=	=
Temperature (°C)					1 kg = 1000 mL		

**Admission Assessment**

<b>Arrival Time:</b> _____ <input type="checkbox"/> Patient ID x 2 <input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient:	<b>Mental Status:</b> <input type="checkbox"/> Alert <input type="checkbox"/> Disoriented <input type="checkbox"/> Drowsy	<b>Arrived per:</b> <input type="checkbox"/> Self <input type="checkbox"/> Assisted	<b>Mode:</b> <input type="checkbox"/> Walking <input type="checkbox"/> Aide <input type="checkbox"/> Wheelchair <input type="checkbox"/> Stretcher/Bed	<b>Transfer:</b> <input type="checkbox"/> Independent <input type="checkbox"/> Assist: <input type="checkbox"/> Lift	<b>Activity:</b> <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> No Change <input type="checkbox"/> Falls	<b>Oxygen:</b> Saturation _____% L/min _____ via: <input type="checkbox"/> Nasal Prongs <input type="checkbox"/> Facemask
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**RESP:**  SOB     SOBOE     Cyanosis     Adventitious lung sounds

**CVS:**  Chills     Edema:

**GI/GU:**  Nausea     Vomiting     Diarrhea    **Appetite:**  Increased     Decreased     No Change     **Voiding** (changes)

**Medication Changes:**  No     Yes & Medication List Updated    **Infusion & Feeding Lines:**  Identified, traced, labelled

**Additional Comments:**

\_\_\_\_\_

\_\_\_\_\_

See progress notes

Initial	Signature	Print Name	Initial	Signature	Print Name

