

Hemodialysis Treatment Record (Fresenius 5008)

Date (YY/MM/DD): _____

Message for Physician from _____

Physician Signature: _____

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: _____

Bed Scale "0" with

Progressive

Step

UF Constant

Intermittent

Control

Machine # _____

Disinfect (within 24 hours)

Chlorine check negative

Dialysate Flow: _____ mL/min

AutoFlow _____ factor

Na+ Profile _____

Prescribed Na+ ____ Initial Na+ ____

Na+ _____ mmol/L x ____ h

K+ _____ mmol/L x ____ h

K+ _____ mmol/L x ____ h

Ca+ _____ mmol/L x ____ h

Ca+ _____ mmol/L x ____ h

HCO₃⁻ _____ mmol/L

BTM Control and ____ °C/h

Temperature ____ °C

Critical RBV ____% NS ____ L Rinse

Addressograph

Initials

Prime: _____

Program: _____

Put on: _____

Double Check: _____

HEPARIN 1000 unit/mL:

_____ mL/20 mL syringe

_____ Initials

Bolus: _____ unit

Rate: _____ unit/h

Stop Time: _____ minutes

Fluid Removal Calculation (kg)

Dialyzer

Pre-dialysis Weight _____

Wheelchair Shoes, etc. _____

Target Weight (kg) _____

Net Weight _____

Pre-dialysis Weight	_____	_____
Wheelchair Shoes, etc.	_____	_____
Net Weight	_____	_____

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

Arrival Time: _____

Patient ID x 2 **Mental Status:** Alert Disoriented Drowsy

Outpatient **Arrived per:** Self Assisted

Inpatient: **Mode:** Walking Aide Wheelchair Stretcher/Bed

RESP: SOB SOBOE Cyanosis Adventitious lung sounds

CVS: Chills Edema: _____

Transfer: Independent Assist: _____ Lift

Activity: Increased Decreased No Change Falls

Oxygen: Saturation ____%
L/min ____ via: Nasal Prongs Facemask

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

