Holiday Dialysis Request Form

Name:							
Date of Birth:							
Treatment dates:							
Height:		**On dialysis treatment since:**					
Treatment type:	**HDF**		**HF**		**HD**		
Dialysis duration:		**Treatments per week**					
Access type:	**Permanent catheter :**		AVF		AVG	Right	Left
If permanent catheter	**Heparin lock:**		A ml		V ml		
	Needle		**Size:**				
Type of Puncturing Instrument:							
	Cannula		**Size:**				
Dry weight:		**Max UF ml/h:**		**Blood flow:**	ml/min		
Pre blood pressure:		**Pre pulse:**					
Post blood pressure:		**Post pulse:**					
Dialyser:		**Dialysate:**					
Low molecular weight heparin dose:		Na mmol/L:					
		K mmol/L:					
Dialysate flow:		Ca mmol/L:					
		Glucose g/L:					
Kt/V:		**vUrea:**					
		Last administered:					
Erythropoetin:		Frequency per month:					
Iron:		Last administered:					
		Frequency per month:					
HBV test result/date*:		**Hb (g/l):**					
HCV test result /date*		**K (mmol/L):**					
HIV test result /date*:		**Calcemia (mmol/L):**					
MRSA test result /date*:		**Fosfatemia (mmol/L):**					
MDRsVi test result /date*:		**Urea (mmol/L):**					
		Creatinine (µmol/L):					
		CRP (mg/L):					

**Test results not older than 30 days.*

The most recent complaints during dialysis:	Other comments:

Cause of renal failure and other relevant diseases:

Current medications (antihypertensives, phosphate binders etc.):	

Known allergies: