



HEMODIALYSIS PATIENT KARDEX

PART 2

<p>DIALYSIS PRESCRIPTION/PARAMETERS</p> <p>Schedule: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> # Treatments/week _____</p> <p>Dialyzer _____ UF Time _____ ISO Time _____</p> <p>Dialysate: K+ _____ Ca++ _____ Glucose _____ HCO₃ _____ Dialysate # _____ Prescribed Na+ _____ Flow _____ Temperature _____ Na+ Profile _____ Start Na+ _____</p> <p>UF Profile _____ UF Control _____ Crit RBV% _____</p> <p>Maximum UF Rate _____</p> <p>Comments _____</p> <p>V (urea) _____ Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td> </td><td> </td></tr></table> Goal Kt/V _____</p> <p>Weight _____ Height _____ Amputations _____</p>											D	D	M	M	Y	Y	Y	Y			<p>TREATMENT REMINDERS/PATIENT CARE ISSUES</p> <p>Patient Safe Handling/Falls Assessment Date Done <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td> </td><td> </td></tr></table> Risk _____</p> <p>Patient Safe Handling Recommendations/Falls Prevention _____ _____</p> <p>Other Treatment Reminders _____ _____ _____ _____</p>											D	D	M	M	Y	Y	Y	Y																																																																																																																										
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<p>ANTICOAGULATION</p> <p>Heparin: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason (if no heparin) _____ Reassess Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td> </td><td> </td></tr></table> Date Ordered <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td> </td><td> </td></tr></table> Prime (initial bolus) _____ units Rate/hour _____ units Stop Time _____ minutes</p> <p>0.9% NaCl: Flushes <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency _____ Continuous Infusion .. <input type="checkbox"/> Yes <input type="checkbox"/> No Volume _____ mL</p> <p>Comments _____</p>											D	D	M	M	Y	Y	Y	Y													D	D	M	M	Y	Y	Y	Y			<p>WOUND AND SKIN MANAGEMENT</p> <p>Braden Scale Date Done <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td> </td><td> </td></tr></table> Date Due <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td> </td><td> </td></tr></table> Risk/Score _____ Recommendations _____</p> <p>Wound Photos Date Done <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td> </td><td> </td></tr></table> Date Due <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td> </td><td> </td></tr></table></p> <p>Foot Assessment Date Done <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td> </td><td> </td></tr></table> Date Due <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td> </td><td> </td></tr></table></p> <p>Risks/Recommendations _____</p> <p>Wound Care Instructions/Comments _____ _____ _____ _____ _____</p>											D	D	M	M	Y	Y	Y	Y													D	D	M	M	Y	Y	Y	Y													D	D	M	M	Y	Y	Y	Y													D	D	M	M	Y	Y	Y	Y													D	D	M	M	Y	Y	Y	Y													D	D	M	M	Y	Y	Y	Y		
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<p>FLUID MANAGEMENT</p> <p>DRY WEIGHT _____ Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td> </td><td> </td></tr></table></p> <p>_____</p> <p>Weight Deductions _____</p> <p>Reinfusion Volume _____</p>											D	D	M	M	Y	Y	Y	Y																																																																																																																																															
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<p>BLOOD/SPECIMENS</p> <p>Glucose <input type="checkbox"/> Pre <input type="checkbox"/> Mid <input type="checkbox"/> Post</p> <p>INR Due _____</p> <p>Other _____</p> <p>_____</p> <p>_____</p> <p>_____</p>																																																																																																																																																																	

Recopied Date

D	D	M	M	Y	Y	Y	Y		

 Signature _____ Printed Name and Designation _____
Signature _____ Printed Name and Designation _____

HEMODIALYSIS PATIENT KARDEX

PART 2

VASCULAR ACCESS

Fistula: AVF AVG Location _____ Type: RC BC BVT Other _____

Date: / / ---
 Created: / / ---
 Ready: / / ---
 Surgeon: _____

Buttonhole: Yes No

Date Started: / / ---
 Multi-needler Ready: / / ---
 Arterial: / / ---
 Venous: / / ---

Comments/Instructions _____

Needles _____ Freezing _____
 Site Care _____ Post HD Bandage _____

Date: / / ---
 AVF Angioplasty Last Done: / / ---

Access Diagram/Comments:

Central Venous Catheter

Date: / / ---
 Insertion: / / --- Tunneled Non-tunneled Inserted by: _____

Location _____

Type _____ OK for Use Order _____

Instillation: Heparin Dose _____ Na+ Citrate Dose _____ Other _____
 Arterial _____ mL Venous _____ mL

Dressing: Schedule _____

Site care _____

Comments/Instructions _____

NOTES

