

# HEMODIALYSIS TREATMENT RECORD

## Fresenius 5008

**DATE:** \_\_\_\_\_ ACP Status \_\_\_\_\_ In Pt \_\_\_\_\_ Out Pt \_\_\_\_\_  
DD/MMM/YYYY

On \_\_\_\_\_ Initial \_\_\_\_\_ Off \_\_\_\_\_ Initial \_\_\_\_\_

Allergies \_\_\_\_\_

Isolation Precautions \_\_\_\_\_

Nurse Assigned to Patient \_\_\_\_\_

Physician Orders Checked  Yes

Patient Reminded re Appointments  Yes

### DIALYSIS PRESCRIPTION/PARAMETERS

Dialyzer \_\_\_\_\_ Prescribed UF Time \_\_\_\_\_ ISO UF Time \_\_\_\_\_

Dialysate: K<sup>+</sup> \_\_\_\_\_ Ca<sup>++</sup> \_\_\_\_\_ Glucose \_\_\_\_\_ HCO<sub>3</sub> \_\_\_\_\_

Conc. # \_\_\_\_\_ Prescribed Na<sup>+</sup> \_\_\_\_\_

Flow \_\_\_\_\_ Temperature \_\_\_\_\_

Na<sup>+</sup> Profile # \_\_\_\_\_ Start Na<sup>+</sup> \_\_\_\_\_

UF Profile # \_\_\_\_\_ UF Control \_\_\_\_\_ Critical RBV% \_\_\_\_\_

Maximum UFR \_\_\_\_\_ V (urea) \_\_\_\_\_ Goal Kt/V \_\_\_\_\_

### ANTICOAGULATION

Heparin:  Yes  No Heparin Prime (initial bolus) \_\_\_\_\_ units

Heparin Rate/hr \_\_\_\_\_ Stop Time \_\_\_\_\_

0.9% NaCl Flushes:  Yes  No Frequency \_\_\_\_\_

Continuous 0.9% NaCl:  Yes  No

### DELIVERY SYSTEM

Machine # \_\_\_\_\_ Station \_\_\_\_\_ Unit \_\_\_\_\_

Chemical Residue: Bleach \_\_\_\_\_

Prechecks: T1 Test \_\_\_\_\_ Dialysate Flow \_\_\_\_\_ Level Set \_\_\_\_\_

Shunt Door/Bypass \_\_\_\_\_ Ven. Line in Clamp \_\_\_\_\_

### VASCULAR ACCESS

**Access Site Assessment** \_\_\_\_\_

---

**Fistula:** AVF \_\_\_\_\_ AVG \_\_\_\_\_ Needles \_\_\_\_\_

Xylocaine 1%  Yes  No # of Punctures \_\_\_\_\_

Comments \_\_\_\_\_

---

**Catheter:** Type \_\_\_\_\_

Instillation: Heparin Dose \_\_\_\_\_ Other \_\_\_\_\_

Arterial \_\_\_\_\_ mL Venous \_\_\_\_\_ mL

Comments \_\_\_\_\_

Dressing Change  Yes  No \_\_\_\_\_

**MEDICATIONS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Next Treatment Reminders**

\_\_\_\_\_

### NURSING ASSESSMENT

Initial \_\_\_\_\_

Current Lab Results	WBC	Hgb	K+	Urea	Ca <sup>++</sup>	PO <sub>4</sub>	Albumin	PTH	Other
Date/Value									

Plan

Wound and Skin Care  Yes  No

### FLUID MANAGEMENT

Pre-Weight \_\_\_\_\_ Dry Weight \_\_\_\_\_

Target \_\_\_\_\_ Post Weight \_\_\_\_\_

Weight Difference \_\_\_\_\_

P.O. \_\_\_\_\_

IV \_\_\_\_\_

0.9% NaCl Flushes \_\_\_\_\_

Reinfusion Volume \_\_\_\_\_

**Subtotal =** \_\_\_\_\_

Replacement Fluid \_\_\_\_\_

**UF Goal =** \_\_\_\_\_

### BLOOD/SPECIMENS

Pre \_\_\_\_\_

Post \_\_\_\_\_

Glucose: Pre \_\_\_\_\_ Mid \_\_\_\_\_ Post \_\_\_\_\_

Discharged: Home  Unit \_\_\_\_\_

Meets Release Criteria: Yes  No  Initial \_\_\_\_\_

See Progress Note  **Report Given** \_\_\_\_\_

NAME: \_\_\_\_\_

**Postchecks:** UF Goal Set \_\_\_\_\_ Na<sup>+</sup> Profile Set \_\_\_\_\_

DATE: \_\_\_\_\_

UF Profile Set \_\_\_\_\_ Dialysate Flow at Prescribed Rate/On \_\_\_\_\_

UF Timer On \_\_\_\_\_ Heparin Line Open/On \_\_\_\_\_

TIME	BP	HR	Qb	AP/VP	UFR UF REM'D	RBV	Heparin In	Clear- ance Kt/V	LINES SECURE	COMMENTS	INITIAL
										Initial Parameters	

INITIAL Hgb: \_\_\_\_\_

% RECIRCULATION: # 1 \_\_\_\_\_ # 2 PRN \_\_\_\_\_ # 3 PRN \_\_\_\_\_

TIME	VOLUME of FLUSHES	COMMENTS	INITIAL

**TREATMENT REMINDERS**


**LEGEND**

ACP	- Advance Care Planning - Goals of Care	ISO UF	- Isolated Ultrafiltration
AP	- Arterial Pressure	Qb	- Blood Flow Rate
AVF	- Arterio-venous Fistula	RBV	- Relative Blood Volume
AVG	- Arterio-venous Graft	UF	- Ultrafiltration
Conc.	- Concentration	UF Rem'd	- Ultrafiltrate Removed
HR	- Heart Rate	VP	- Venous Pressure