

# HEMODIALYSIS TREATMENT RECORD

Date 

D	D	M	M	Y	Y	Y	Y										

 Advance Care Plan \_\_\_\_\_

Allergies \_\_\_\_\_

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

HD Unit <input type="checkbox"/> Inpatient _____ UNIT <input type="checkbox"/> Outpatient		Assigned Nurse(s)								HD Start Time <small>24 HOUR INITIALS</small>		Estimated End Time <small>24 HOUR INITIALS</small>		HD Off Time <small>24 HOUR INITIALS</small>																	
<input type="checkbox"/> HD Chart Orders		Last Order Date <small>D D M M M M Y Y Y Y</small>		<input type="checkbox"/> Last 3 Tx Records		Appt. Reminders <input type="checkbox"/> Yes <input type="checkbox"/> N/A		<b>MEDICATIONS/TRANSFUSIONS</b>																							
<b>DIALYSIS PRESCRIPTION/PARAMETERS</b>				<b>DELIVERY SYSTEM</b>				<b>Antibiotics:</b> _____ <b>Other:</b> _____  <b>LABS:</b> pre HD: _____ post HD: _____  <b>BG:</b> pre HD: _____ mid: _____ post HD: _____ <b>Flushes:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency q _____ min <b>Cont. 0.9% NaCl:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Volume _____																							
Dialyzer		UF Time		ISO UF		Stn #										Machine #															
K <sup>+</sup>		Ca <sup>++</sup>		Gluc		HCO <sub>3</sub>										Chem. residue															
Dialysate #		Prescribed Na <sup>+</sup>				T1										Level Set															
Flow		Temperature				Dialysate Flow										Shunt Door															
Na <sup>+</sup> Profile		Start Na <sup>+</sup>				Ven. Line in Clamp																									
UF profile #		UFC		Critical RBV%		<b>HEPARIN</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																									
Max UFR		V (urea)		Goal Kt/V		Bolus/Prime _____ units										Rate _____ units/hour		Stop Time _____ minutes													
Comments																															
<b>ACCESS</b>	CVC: <input type="checkbox"/> R <input type="checkbox"/> L Site _____				<b>Site Care/Assessment</b>								<input type="checkbox"/> AVF <input type="checkbox"/> AVG <input type="checkbox"/> R <input type="checkbox"/> L																		
	Dressing Change: <input type="checkbox"/> Yes <input type="checkbox"/> No Instillation: <input type="checkbox"/> Heparin 1000 units/mL Other: _____ Arterial _____ mL Venous _____ mL												Site _____ Needle Type: _____ Lidocaine: <input type="checkbox"/> Yes <input type="checkbox"/> No # Punc. ____ Remove Post HD Dressing at <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> <small>24 HOUR</small>																		
<b>NURSING ASSESSMENT AND PLAN</b>												<b>FLUID MANAGEMENT</b>																			
Date	WBC	HgB	Plt	K <sup>+</sup>	Urea	Ca <sup>++</sup>	PO <sub>4</sub>	Alb	PTH	Other		<b>DRY WEIGHT</b>																			
<b>CNS:</b> LOC _____ Pain _____ Headache _____ Dizziness _____ Cramping _____ <b>CVS:</b> Chest Pain _____ Bleeding _____ Weakness _____ Fever/Chills _____ Edema _____ <b>Resp:</b> Cough/Sputum _____ SOB _____ Lung Sounds _____ <b>GI/GU:</b> Appetite _____ N+V _____ BM _____ Dysuria _____ <b>Wound/Skin Care Due:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Pt. Achieves Goal Kt/V: <input type="checkbox"/> Yes <input type="checkbox"/> No Pt. Achieves Assigned DW: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Pre HD:</b> B/P SIT: _____ STAND: _____ P: _____ T: _____ RR: _____ <b>Other/Additional Information:</b> <input type="checkbox"/> See IPN Inpatient: <input type="checkbox"/> Ward Chart Orders Reviewed Initials: _____												<b>PRE HD WEIGHT</b>																			
<b>Nursing Dx/Plan:</b>												<b>TARGET WEIGHT</b>																			
												Weight Difference																			
												PO Intake																			
												IV Intake																			
												Flushes/Infusion																			
												Reinfusion Volume																			
												Subtotal																			
												Replacement Fluid																			
												<b>Total UF Goal</b>																			
												<b>Initials (calculations)</b>																			
												<b>POST WEIGHT</b>																			
<b>Notify:</b> <input type="checkbox"/> RD <input type="checkbox"/> Pharm <input type="checkbox"/> SW <input type="checkbox"/> OT <input type="checkbox"/> Other												Initials: _____																			
<b>NEXT TREATMENT REMINDERS:</b>																															

**Transfer of Care/Report:**

24 HOUR  
 Time  Received by \_\_\_\_\_ Initials \_\_\_\_\_  
 Time  Received by \_\_\_\_\_ Initials \_\_\_\_\_  
 Time  Received by \_\_\_\_\_ Initials \_\_\_\_\_

**Postchecks:** \_\_\_\_\_ Initial  
 Isolation Room Alarm Connected ...  Yes  N/A Na+ Profile Set ...  Yes  N/A  
 Dialysate Flow at Prescribed Rate ...  Yes  N/A UF Profile Set ...  Yes  N/A  
 Hemodialert ...  Yes  N/A UF Timer On ...  Yes  
 Heparin Line Open/On ...  Yes  N/A UF Goal Set \_\_\_\_\_ mL

Date          
 D D M M Y Y Y Y

TIME	B/P	HR	Qb	AP/VP	UFR	UF REM/D	RBV	Heparin In	Clear-ance Kt/V	LINES SECURE	COMMENTS	INITIAL
											Heparin Bolus given <input type="checkbox"/> Yes <input type="checkbox"/> N/A	

**TREATMENT REMINDERS**

**POST HEMODIALYSIS**

**HD Tx Outcome:** \_\_\_\_\_  See IPN

Net Fluid Removed: \_\_\_\_\_ mL Post HD Weight: \_\_\_\_\_ kg

**FLUSHES**

Vital Signs Time          
 24 HOUR INITIALS  
 B/P Sit: \_\_\_\_\_ B/P Stand: \_\_\_\_\_ Pulse: \_\_\_\_\_ Final Kt/V: \_\_\_\_\_  
 T: \_\_\_\_\_ RR: \_\_\_\_\_

TIME	VOLUME	COMMENTS	INITIAL

Meets Discharge Criteria  Yes  No \_\_\_\_\_ Initials  
 Time of Discharge       \_\_\_\_\_ Initials  
 24 HOUR  
**Discharged:**  Home  Inpatient \_\_\_\_\_ Unit/#  
**Transfer of Care/Report:**  Verbal  FAX \_\_\_\_\_ Initials  
**Verbal Report Given to:** \_\_\_\_\_  
 Copy of Treatment Record in Inpatient Record \_\_\_\_\_ Initials  
 Medications given/documented in MAR(s)\* \_\_\_\_\_ Initials  
 \*if inpatient MAR not available, photocopy HD record and send with inpatient Health Care Record

**LEGEND**

Alb - Albumin	Chem - Chemical	HCO <sub>3</sub> - Bicarbonate	Kt/V - Dialysis Treatment Adequacy	NaCl - Sodium Chloride	Punc. - Puncture	SW - Social Worker
AP - Arterial Pressure	CNS - Central Nervous System	HD - Hemodialysis	L - Left	OT - Occupational Therapist	Qb - Blood Flow Rate	T - Temperature
Appt - Appointment	Cont. - Continuous	Hgb - Hemoglobin	LOC - Level of Consciousness	P - Pulse	R - Right	Tx - Treatment
AVF - Arteriovenous Fistula	CVC - Central Venous Catheter	HR - Heart Rate	MAR - Medication Administration Record	Pharm - Pharmacist	RBV - Relative Blood Volume	UF - Ultrafiltration
AVG - Arteriovenous Graft	CVS - Cardiovascular System	IPN - Integrated Progress Note	min - Minutes	Plt - Platelets	RD - Registered Dietitian	UFC - Ultrafiltration Control
BG - Blood Glucose	DW - Dry Weight	ISO - Isolation	mL - Millimetres	PO - Per Os	Resp - Respiratory	UFR - Ultrafiltration Rate
BM - Bowel Movement	Dx - Diagnosis	IV - Intravenous	N+V - Nausea and Vomiting	PO <sub>4</sub> - Phosphorus	RR - Respiratory Rate	Ven. - Venous
B/P - Blood Pressure	GI/GU - Gastrointestinal/Genitourinary	K <sup>+</sup> - Potassium	N/A - Not Applicable	Pt. - Patient	SOB - Shortness of Breath	VP - Venous Pressure
Ca <sup>++</sup> - Calcium	Gluc - Glucose	kg - Kilograms	Na <sup>+</sup> - Sodium	PTH - Parathyroid Hormone	Stn - Station	WBC - White Blood Count