



MANITOBA RENAL PROGRAM

SUBJECT <ul style="list-style-type: none"> ▪ Hemodialysis Flow Sheet Standard (for Fresenius 5008) 	SECTION 60.10 Standards
	CODE 60.10.02
AUTHORIZATION <ul style="list-style-type: none"> ▪ Professional Advisory Committee, Manitoba Renal Program ▪ Nursing Practice Council, St. Boniface Hospital 	EFFECTIVE DATE January 2003
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PURPOSE:

To provide standards for the completion of Hemodialysis Flow Sheet form # W-00417 (see appendix).

OBJECTIVE:

1. To provide the multidisciplinary team with the ability to:
 - i. Trend changes in the dialysis prescription over prolonged periods of time.
 - ii. Trend the patient response to treatment and relating such responses to changes in prescription.
 - iii. Trend variables within the treatment modality.
 - iv. Monitor trends in patient's weights and vital signs.
 - v. Develop a permanent record of patient's treatment and Heparin regime.

STANDARDS:

1. During and on completion of each treatment, the assigned nurse will transcribe the required information on to the Hemodialysis Flow Sheet.
2. The Hemodialysis Flow Sheet will include an accurate record of a total of 24 Hemodialysis Treatments.
3. All entries will be documented in ink.
4. Nurses who place their initials on this document will then place their signature on the Renal Signature Sheet.

PROCESS:

1. **Date:** The nurse will record the date of treatment. The month, day, and year must be indicated.
2. **Unit of Treatment:** The unit in which the patient dialyzed will be recorded (e.g. SCDU, CDU, SOH, SBH, BRHC, etc.). If in-patient, may indicate unit of admission.
3. **Vascular Access:** The nurse will indicate the vascular access used for treatment using the key provided on the sheet.

PROCESS:

4. **CVC Line Orientation** The nurse will indicate if CVC was used Arterial port-Arterial bloodline or Arterial port-Venous bloodline. E.g. A-A, A-V
5. **# Punctures** If the AVF or AVG was used, the nurse will indicate the number of punctures.
6. **D.V.P 200 Qb:** If the access used is an AV Graft, the nurse will indicate the Dynamic Venous Pressure measured in the first 2-5 minutes of the treatment at a Qb of 200 ml/min as per MRP Policy 30.30.08 *AVF/AVG Vascular Access Assessment*.
7. **Recirculation** The nurse will record the recirculation value obtained from the BTM screen
8. **Effective blood flow (Qb)** The nurse will record the blood flow achieved during the treatment as displayed on the treatment history screen.
9. **rTPA/Other** The nurse may record pertinent information regarding the patients treatment, e.g. TPA, SND
10. **Dialyzer:** The nurse will document the dialyzer used for the treatment.
11. **K+/Ca++** The nurse will record the K+ and Ca++ value of the dialysate used.
12. **Prescribed Na+** The nurse will record the Prescribed Na+ used for the treatment.
13. **Final Plasma Na+** The nurse will record the first Plasma Na+ value, if noted, and the last Plasma Na+ (indicated on the OCM screen and documented on the treatment history screen.)
14. **Dialysate Flow** The nurse will record the rate of dialysate flow for the treatment.
15. **Dialysate Temp** The nurse will record the dialysate temperature for the treatment
16. **Profile Na+/UF or UFC** The nurse will record profiles used for treatment with the corresponding numbers. If not used, indicate with **n/a**. If Ultrafiltration Control function is used, the nurse will indicate "UFC" instead of an UF profile #.
17. **Effective Dialysis Time** The nurse will document the hours/minutes of hemodialysis the patient received as displayed on the treatment history screen.
18. **UF volume (removed)** The nurse will record (in ml) the total fluid removed during treatment
19. **Net Fluid Removed** The nurse will record the net amount of fluid removed during HD treatment
20. **ISO UF Time/Fluid** The nurse will record the time in minutes ISO Ultrafiltration was performed and the volume milliliters (ml) of fluid removed during ISO Ultrafiltration. Document (**I**) if modality not used for treatment
21. **Heparin (Hourly and Prime)** The nurse will record the total Heparin infused (in ml) during the treatment, including Heparin Prime. If patient dialyzed Heparin Free, record as "HF".
22. **Clotting Circuit Post HD (none, FF, MF, LF)** The nurse discontinuing treatment will record the amount of clotting noted in the dialyzer t the end of HD treatment (none, few fibres (FF), moderate fibres (MF), or large amount of fibres (LF) clotted)
23. **Final Kt/V** The nurse will document the delivered Kt/V.

PROCESS:

- 24. Min RBV%** The nurse will document the minimal RBV% value displayed during the course of the treatment.
- 25. Initial Hgb** The nurse will record the initial Hgb as indicated on the BVM screen
- 26. Weight**
- Dry:**
 - The nurse will document the patient's prescribed dry weight.
 - Target:**
 - The nurse will document the targeted weight for the treatment.
 - Pre/Post:**
 - The nurse will document the pre and post dialysis weights.
- 24. PRE**
BP Sitting
BP Standing
Pulse
Temp/Resp The nurse will document Pre Hemodialysis Vital Signs in corresponding boxes. Record pulse from both the sitting and standing B/P. Indicate **n/a** if not done and for first treatment a corresponding Progress Note to indicate why not done (e.g. if patient is a double below knee amputation, standing BP will indicate **n/a** and a note will be written in the Progress Note to indicate standing BP unable to be obtained for this reason.)
- 25. POST**
BP Sitting
BP Standing
Pulse
Temp/ Resp The nurse will document Post Hemodialysis Vital Signs in corresponding boxes. Record pulse from both the sitting and standing B/P. All Vital Signs will be assessed by the nurse. Indicate **n/a** if not done
- 26. Glucose Pre/Post:** The nurse will record the pre and post blood glucose of the patient if measured
- 28. Initials:** The nurse assigned to the patient will be responsible for ensuring the flowsheet is complete and initialed.