Winnipeg Regional Health Authority
Office régional de la santé de Winnipeg
Caring for Health
À l'écoute de notre santé

kidneyhealth.ca
manitoba renal program

WRHA Manitoba Renal Program
5A70 – 2300 McPhillips St.
Winnipeg, MB R2V 3M3
Fax 204-632-6168

DIALYSIS TREATMENT INFORMATION:

PATIENT NAME: _____

1. Allergies: _____
2. Dialyzer (There are no other options) All are non re-use:
   ___F 160 e-beam ___OF 250 e-beam ____Nephral ____Revaclear
3. Duration of Dialysis: _____
4. Frequency of Dialysis: _____ per week Days: _____
5. Blood Flow Rate: _____ML/Min Dry weight _____
6. Dialysate:
   ___K-1 mmol ___K-2 mmol ___K-3 mmol ___Ca 1.25 ___Ca 1.50
7. Sodium Ramping: _____ UF Ramping: _____
8. Vascular Access: _____
9. Type of Fistula Needle: _____
10. Heparin Instillation: _____
11. Medications on Dialysis:

_____

_____

_____

Nephrologists Signature: _____

Print Name: _____

Registered Nurses Signature: _____

Print Name: _____

Date: _____