



Heamodialysis

Date of Dialysis Initiated		Blood Group		Serology		Date done	
				HBs Ag		HCV Antibody	
						HIV 1 & 2	
Vascular Access		Catheter	AV Fistula		AV Graft		AVF Needle size
Working Condition/Location		-		-			
Dialysis Frequency				Duration			
Dry Body weight				Intradialytic weight gain			
Allergy				Anticoagulant		Bolus	Hourly
Blood Flow				Dialysate Flow	URR		
Dialysis Machine		B Braun		Dialyzer/Size			
Medications on Dialysis							
Erythropoietin		One Alpha		-		Iron Sucrose	
Other medications if any		Nil					
Vaccinations							
Engerix B (Anti Hepatitis B)		First dose/date	Second dose/date	Third dose/date	Booster dose/date	Remarks	
Meningitis Vaccine		Nil		Vaxigrip (for Flu)		Nil	
Recent Blood Investigations							
BUN		Na		Cl		Ca	
Creatinine		K		HCO3		PO4	
Alk. Phosphate		Uric Acid		P.BUN		Protein	
						HB	
						HCT	
						Cholesterol	
						LDL	
						Fe	
						HDL	
Regular home Medications							
1.				7.		10.	
2.				8.		11.	
3.				9.		12.	
Name of Treating Doctor		- Consultant Nephrologist					
Signature & Stamp							
Date Completed				Completed by			