

PATIENT'S INFORMATION

(Please Stick Label)

OBSERVATION INTRADIALYTIC (DOWNTIME FORM)

Observation Item	•			
BP - Systolic	mmHg			
BP - Diastolic	mmHg			
Heart Rate	bpm			
Pt Temp.	°C			
Blood Flow Rate	mls/min			
Heparin	Unit			
Total Fluid Removed	mls			
Trans Membrane Pre	ssure mmHg			
Venous Pressure	mmHg			
Ultrafiltration	L			
Pains Score				
Remarks		^	\ \ \	

Name:	Signature:
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Date & Time: _____