

DIALYSIS TREATMENT ORDER FORM

Ward:

<input type="checkbox"/> HAEMODIALYSIS REGIME (To be ordered by Doctor)		<input type="checkbox"/> CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) REGIME (To be ordered by Doctor)	
HD <input type="checkbox"/>	T°:	CVVH <input type="checkbox"/>	Qb:
HDF <input type="checkbox"/>min	CVVHD <input type="checkbox"/>mls/min
SU <input type="checkbox"/>	Qb:	CVVHDF <input type="checkbox"/>	Qd:
SLED <input type="checkbox"/>ml/min	SCUF <input type="checkbox"/>mls/min
Heparin: Loading:units	Qd:	Heparin: Yes <input type="checkbox"/> No <input type="checkbox"/>	Replacement Fluid: Pre: mls/hr
Hourly:unitsml/min	Priming Fluid: Yes <input type="checkbox"/> No <input type="checkbox"/>	Post:mls/hr
Duration: hours	UF:	Special Order:	Fluid Removal:mls/hr
Liter		

Date: **Time:** **Dr's Signature & Name:**

Machine ID & Asset Number: (For Dialysis Nurse to fill up) Machine ID & Asset Number: (For Dialysis Nurse to fill up)

PRE- DIALYSIS ASSESSMENT (For Haemodialysis Treatment only – please tick ✓ accordingly) – to be completed by Dialysis Nurse

Dry Weight (kg):		Access									
		Fistula Site:		Dual Lumen		IJC		Perm Catheter			
General Condition		Yes	No	Site:		Site:		Site:			
	Yes	No	Thrill								
SOB			Inflamed			Good	Poor	Good	Poor	Good	Poor
Oedema			Haematoma			Patency		Patency		Patency	

OBSERVATION (INTRADIALYTIC – For Haemodialysis Treatment Only) – to be completed by Dialysis Nurse

Date/Time HD Commenced:	Time	B/P	H/Rate	Temp	Qb	Heparin	TFR/TMP	UF	Sign	Remark
Nurse Signature/Name:										
Pre HD Vital Signs										
B/P:										
Pulse:										
Temp:										
Pain Score:										

POST HAEMODIALYSIS ASSESSMENT (For Haemodialysis Treatment only) – to be completed by Dialysis Nurse

General Condition (tick ✓ where applicable)		Vital Signs:		Blood Volume processed:	
Comfortable <input type="checkbox"/>	Weak <input type="checkbox"/>	B/P:	mmHg	HD Terminated by:	
Giddiness <input type="checkbox"/>	SOB <input type="checkbox"/>	H/Rate:	bpm		
Chills/Rigor <input type="checkbox"/>	Cramps <input type="checkbox"/>	Temperature:	°C	Nurse Signature/Name	
Chest Pain <input type="checkbox"/>	Fistula Thrill Yes <input type="checkbox"/> No <input type="checkbox"/>	Pain Score:			
Remarks:				Date:	Time:

ABBREVIATION:

T° – Temperature of Dialysate

Qb – Blood Flow Rate (ml/min)

Qd – Quantity Dialysate (ml/min)

UF – Ultrafiltration

TMP – Total Pressure (mmHg)

TFR – Total Fluid Removed

SOB – Shortness of Breath

HD – Haemodialysis

HDF – Haemodiafiltration

SLED - Sustained Low Efficiency Dialysis

SU – Sequential Ultrafiltration

CVVH – Continuous Veno-Venous Hemofiltration

CVVHD- Continuous Veno-Venous Hemodialysis

CVVHDF- Continuous Veno-Venous Hemodiafiltration

SCUF- Slow Continuous Ultrafiltration