

PATIENT'S INFORMATION
(Please Stick Label)

HDU RENAL TRANSFER AND HANDOVER REPORT

Ward :

Date :

Transfer in time :

Transfer out time :

Diagnosis:	Procedure/Operation if any:
General condition when transfer in:	General condition when transfer out:
Dialysis access	
Catheter <input type="checkbox"/> Femoral <input type="checkbox"/> Internal Jugular Catheter <input type="checkbox"/> Permanent Catheter	Fistula <input type="checkbox"/> Arteriovenous Fistula <input type="checkbox"/> Brachiocephalic Fistula <input type="checkbox"/> Graft Site:
Remarks	

No	Checklist Items	Sending Location		Receiving Location		Sending Location		Receiving Location		REMARKS
		Yes	No	Yes	No	Yes	No	Yes	No	
1	Patient's identification wristband									
2	Patient risk of fall									
3	Any Known Allergy									If yes, state:
4	Serology									
5	Consent form completed									
	Procedure HD									
	Blood Transfusion									<input type="checkbox"/> Not available
6	Peripheral line									Site:
7	Erythropoiesis Stimulating Agent									If yes, state:
8	Patient Belongings									
	Dentures									
	Spectacles									
	Footwear									
9	Blood product for transfusion									Blood bag no:
10	Modesty of patient is protected									
	Signature & Name :									
	Date :									

POST RENAL REPLACEMENT THERAPY REPORT

Procedure		UF Volume	
Duration		BP	
Qb	mls/ min	HR	
Qd	mls/ min	Temperature	
Heparin		Post weight	
Intradialytic complication	Yes <input type="checkbox"/> If yes, please state: No <input type="checkbox"/>		