

DIALYSIS MONITORING CHART

Name:

ID:

Age:

Sex:

Machine#	Station#	Nurse /Tech Name-		Date	Prescribed Time	Start	End
Machine Test passed		<input type="checkbox"/> Yes	Checked by:	Anticoagulation –Heparin			
Dialyser:-		Re- use#		Bolus	Hourly	Administered / checked by	Administered / checked by
					Stop Time		
Central Line Created		Yes/No					
IJ			<u>N.S. Flushing</u> - Frequency <input type="checkbox"/> 15min <input type="checkbox"/> 30 min <input type="checkbox"/> 60 min.....Volume <input type="checkbox"/> 50 ml <input type="checkbox"/> 100 ml <input type="checkbox"/> other				
Femoral							
MACHINE FINAL CHECK							
Air Detector / Line Clamp		<input type="checkbox"/> Yes		Temperature	<input type="checkbox"/> 35°C <input type="checkbox"/> 35.5°C <input type="checkbox"/> 36 °C <input type="checkbox"/> 36.5°C <input type="checkbox"/> 37°C		
Alarm Limits		<input type="checkbox"/> Yes		Conductivity	(Range 13.8 – 14.3 mS/cm)		
Dialysate Flow Rate		<input type="checkbox"/> 300 ml/min <input type="checkbox"/> 500 <input type="checkbox"/> 800ml/min		“A” Concentrate	Ca ++ <input type="checkbox"/> 1.50 /1.75 mmol/L K <input type="checkbox"/> 2 mmol/L without / with Glucose		
Dialysate Counter Current flow		<input type="checkbox"/> Yes <input type="checkbox"/> No			Ca ++ <input type="checkbox"/> 1.5 / 1.75 mmol/ K <input type="checkbox"/> 3 mmol/L without / with Glucose		
PRE DIALYSIS / ASSESSMENT							
Pre –HD Weight Today			Pre HD Weight			Pre-HD weight	
Post weight at last HD			Dry Weight			Post Weight	
Weight Gain			Target Weight Loss			Actual weight loss	
Physical/chest pain or discomfort		<input type="checkbox"/> Yes <input type="checkbox"/> No		Chest Auscultation – clear		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Recent Surgery/Injury/Trauma/Bleeding		<input type="checkbox"/> Yes <input type="checkbox"/> No		Peripheral Oedema		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Respiratory Status(per minute)				Body Temperature:		Pulse:	
BP _(sitting) :-		BP _(standing) :-		Breakfast / Lunch / Dinner		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Patients subjective Statement:				Interdialytic Complaints		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ambulatory Status :							
Adverse Incident during treatment if any:- <input type="checkbox"/> Hypotension <input type="checkbox"/> Headache <input type="checkbox"/> Cramps <input type="checkbox"/> Vomiting <input type="checkbox"/> Fever <input type="checkbox"/> Rigor <input type="checkbox"/> Rash <input type="checkbox"/> Chest Pain <input type="checkbox"/> Other Pain <input type="checkbox"/> Dyspnea <input type="checkbox"/> Pruritus							
General Comments If any							

ACCESS ASSESSMENT

Bruit / Thrill <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Absent	Any abnormality noticed :
Signs of access Infection <input type="checkbox"/> Yes <input type="checkbox"/> No	Cannulation <input type="checkbox"/> No problem <input type="checkbox"/> Re- attempted / inserted X (1) or (2) Central LineStatus <input type="checkbox"/> Normal flow <input type="checkbox"/> Reverse flow

Commenced By:

Assisted by:

TIME	BP	PR	AP	VP	TMP	UFR	TOTAL UF	BFR	EBF	REMARKS	SIGN

POST DIALYSIS / ASSESSMENT

Post Weight:		Weight Loss:		UF Reading:	
BP _{Sitting} :		BP _{Standing} :		Temperature:	Pulse:
Symptomatic Hypotension		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Prolonged Bleeding @ punctured sites		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Bruit / Thrill (AVF / AVG)		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Patient Subjective Statement					
Cardiac Status					
Respiratory Status					
Mental Status					
Ambulatory Status					
Kt/V Achieved					
EPO Dosage –			Blood Transfusion - Yes No		
EPO Given By-			Number of Units –		
EPO Supply (Tick)- Internal External			Blood Bank Name-		
Concluded By:					
Any Other Comments:					