

HEMODIALYSIS SHEET

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Name:	HN:	Rights:
PID:	DOB:	Age:
Date:	Hemodialysis Note No:	
Duration 4 hr. Start time:	Finish time:	

Status on arrival: ☐ Walk ☐ Wheelchair ☐ Stretcher ☐ Other..... **Conscious:** ☐ Alert ☐ Confuse ☐ Drowsiness ☐ Stupor ☐ Coma
Daily activity: ☐ Active ☐ Dependent ☐ Bed ridden

[illegible]

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