



HEMODIALYSIS SHEET

Text Field

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

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