



HEMODIALYSIS SHEET

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Status on arrived : Walk Wheelchair Stretcher Other..

Conscious : Alert Confuse Drowsiness Stupor Coma

Daily activity : Active Dependent Bedridden

Hemodialysis Note No:

Rights:

Age:

DRAFT

Hemodialysis Note No:

Duration 4 hr. Start time:

Finish time



HEMODIALYSIS SHEET

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