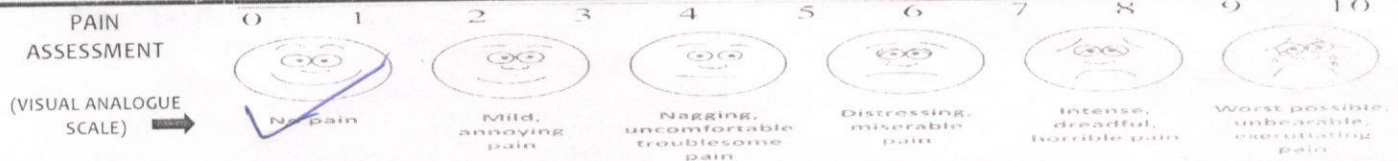


Patient Name: MD UMAR Age/sex: 50/M UHID: \_\_\_\_\_  
Bed/ Machine: 2 DMO/RMO: \_\_\_\_\_ Nephrologist: \_\_\_\_\_

PHYSICIAN:-

CHEST	P/A EXAMINATION	CVS	CNS	VULNERABLE Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		PEDAL OEDEMA Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
DRY WEIGHT	UF GOAL <u>2 LTR</u>	KNOWN ALLERGY <u>NO</u>	BLOOD TRANSFUSION <u>NO</u>	Hepar. FREE <input type="checkbox"/>	K <sup>+</sup> FREE <input type="checkbox"/>	Ca <sup>++</sup> FREE <input type="checkbox"/>	Dext. FREE <input type="checkbox"/>



DMO/RMO Notes (Medicine in Capital Letters)	Dialysis Nurse/ Technician Notes
Name & Sign: _____ Time: _____	Name & Sign: <u>Abdul Hameed</u> Time: <u>7:30 AM</u>

DIALYSIS TECHNICIAN/NURSE:-

Weight (Last sess.): <u>71 kg</u>	Dialyzer Type: <u>DOCO</u>	Access Type: <u>P.C.</u>
Weight (Pre): <u>52.200</u>	Dialyzer Use: <u>12 II</u>	Access Site Infection: <u>NO</u>
Weight (Gain): <u>-</u>	FBV: <u>-</u>	Total Duration: <u>6 HRS</u>
Weight (Post): <u>51.0</u>	Kt/V: <u>1.2</u>	Heparin Given (Total): <u>5000 IU</u>

Duration	TIME	BP	Pulse	Temp	SPO2	RR	BFR	DFR	STAFF NAME	SIGN
Pre	7:30 AM	150/100	82	-	98	20	300	500	Abdul Hameed	R
00:30	8:00	140/90	84	-	97	22	300	500	Abdul Hameed	R
01:00	8:30	150/100	85	-	98	20	300	500		
01:30	9:00	140/90	84	-	98	20	300	500		
02:00	9:30	150/100	82	-	98	20	300	500		
02:30	10:00	160/110	82	-	97	20	300	500		
03:00	10:30	150/100	84	-	98	22	300	500		
03:30	11:00	140/90	82	-	97	20	300	500		
Post	11:30	150/100	84	-	98	20	300	500	Abdul Hameed	R

S.No.	Time	MEDICATION (Capital Letter)	Dose	Route	Frequency	Nurse Name	Sign
①	7:30 AM	1mg HEPARIN	5000 IU	N	Before	Abdul Hameed	R

Discharge Notes: \_\_\_\_\_

SADU/B