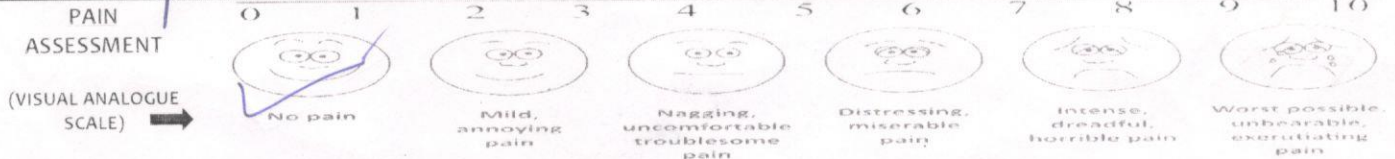


Patient Name: SHISHIPAL II Age/sex: 38/M UHID:
Bed/ Machine: (2) DMO/RMO: Nephrologist:

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 <u>44.0 kg</u>	UF GOAL <u>4L/h</u>	KNOWN ALLERGY <u>NO</u>	BLOOD TRANSFUSION <u>NO</u>	Hepar. FREE <input checked="" type="checkbox"/>	K ⁺ FREE <input checked="" type="checkbox"/>	Ca ⁺⁺ FREE <input checked="" type="checkbox"/>	Dext. FREE <input checked="" type="checkbox"/>



DMO/RMO Notes (Medicine in Capital Letters)	Dialysis Nurse/ Technician Notes		
	<u>Dialy Nurse Done</u>		
Name & Sign:	Time:	Name & Sign: <u>Abdel Hamza</u>	Time: <u>7/32</u>

DIALYSIS TECHNICIAN/NURSE:-

Weight (Last sess.): <u>NR</u>	Dialyzer Type: <u>DO 14</u>	Access Type: <u>AVF</u>
Weight (Pre): <u>—</u>	Dialyzer Use: <u>R5</u>	Access Site Infection: <u>NO</u>
Weight (Gain): <u>—</u>	FBV: <u>—</u>	Total Duration: <u>4HRS</u>
Weight (Post): <u>NR</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	7:30am	150/100	82	—	98	20	300	50	<u>Abdel Hamza</u>	<u>D</u>
00:30	8:00	140/90	84	—	97	20	300	50	<u>Abdel Hamza</u>	<u>D</u>
01:00	8:30	150/100	84	—	98	20	300	500		
01:30	9:00	160/100	84	—	97	20	300	500		
02:00	9:30	150/100	82	—	98	20	300	500		
02:30	10:00	140/90	84	—	97	20	300	500		
03:00	10:30	150/100	82	—	98	20	300	500		
03:30	11:00	140/90	84	—	97	20	300	500		
Post	11:30	150/100	82	—	98	20	—	—	<u>Abdel Hamza</u>	<u>D</u>

S.No.	Time	MEDICATION (Capital Letter)	Dose	Route	Frequency	Nurse Name	Sign
①	7:30am	<u>INSULIN HEPARIN</u>	<u>5000 IU</u>	<u>IV</u>	<u>1x</u>	<u>Abdel Hamza</u>	<u>D</u>

Discharge Notes:

Abdel Hamza