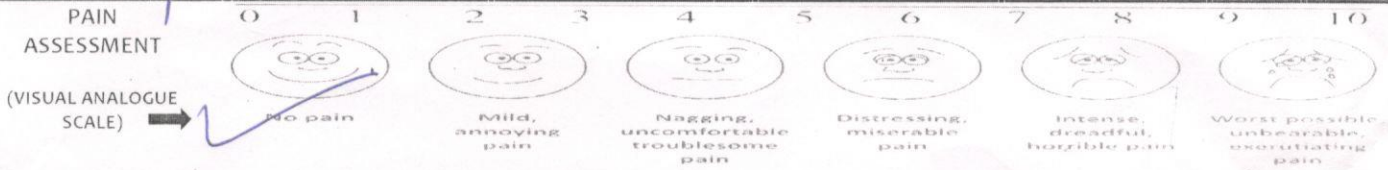


Patient Name: Nem Singh Age/sex: 35/Y/M UHID: _____
Bed/ Machine: (3) DMO/RMO: _____ Nephrologist: _____

PHYSICIAN:-

CHEST	P/A EXAMINATION	CVS	CNS	VULNERABLE Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		PEDAL OEDEMA Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
DRY WEIGHT <u>54.0 kg</u>	UF GOAL <u>4 LTR</u>	KNOWN ALLERGY <u>NO</u>	BLOOD TRANSFUSION <u>NO</u>	Heparin 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
Name & Sign: _____	Name & Sign: <u>Abdul Hameed</u>
Time: _____	Time: <u>7:30</u>

DIALYSIS TECHNICIAN/NURSE:-

Weight (Last sess.): <u>NR</u>	Dialyzer Type: <u>D029</u>	Access Type: <u>AVF</u>
Weight (Pre): <u>59.80</u>	Dialyzer Use: <u>RH</u>	Access Site Infection: <u>NO</u>
Weight (Gain): <u>-</u>	FBV: _____	Total Duration: <u>4 HR</u>
Weight (Post): <u>59.5</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	<u>7:30 AM</u>	<u>150/110</u>	<u>82</u>	<u>-</u>	<u>98</u>	<u>20</u>	<u>300</u>	<u>500</u>	<u>Abdul Hameed</u>	<u>[Signature]</u>
00:30	<u>8:00</u>	<u>140/100</u>	<u>84</u>	<u>-</u>	<u>97</u>	<u>22</u>	<u>300</u>	<u>500</u>		
01:00	<u>8:30</u>	<u>150/100</u>	<u>82</u>	<u>-</u>	<u>98</u>	<u>20</u>	<u>300</u>	<u>500</u>		
01:30	<u>9:00</u>	<u>140/100</u>	<u>82</u>	<u>-</u>	<u>98</u>	<u>22</u>	<u>300</u>	<u>500</u>		
02:00	<u>9:30</u>	<u>150/100</u>	<u>84</u>	<u>-</u>	<u>97</u>	<u>20</u>	<u>300</u>	<u>500</u>		
02:30	<u>10:00</u>	<u>160/100</u>	<u>82</u>	<u>-</u>	<u>98</u>	<u>20</u>	<u>300</u>	<u>500</u>		
03:00	<u>10:30</u>	<u>150/100</u>	<u>84</u>	<u>-</u>	<u>97</u>	<u>22</u>	<u>300</u>	<u>500</u>		
03:30	<u>11:00</u>	<u>140/100</u>	<u>82</u>	<u>-</u>	<u>98</u>	<u>20</u>	<u>300</u>	<u>500</u>		
Post	<u>11:30 AM</u>	<u>150/100</u>	<u>84</u>	<u>-</u>	<u>97</u>	<u>22</u>	<u>-</u>	<u>-</u>	<u>Abdul Hameed</u>	<u>[Signature]</u>

S.No.	Time	MEDICATION (Capital Letter)	Dose	Route	Frequency	Nurse Name	Sign
<u>1</u>	<u>7:30 AM</u>	<u>IN2 HEPARIN</u>	<u>5000 IU</u>	<u>IV</u>	<u>Admin</u>	<u>Abdul Hameed</u>	<u>[Signature]</u>
<u>2</u>	<u>8 AM</u>	<u>Dexa</u>	<u>0 mg</u>	<u>IV</u>	<u>Bolus</u>	<u>ABDUL</u>	<u>[Signature]</u>
<u>3</u>	<u>8 AM</u>	<u>ASU1</u>	<u>-</u>	<u>IV</u>	<u>Bolus</u>	<u>ABDUL</u>	<u>[Signature]</u>

Discharge Notes: _____

ASU1/2