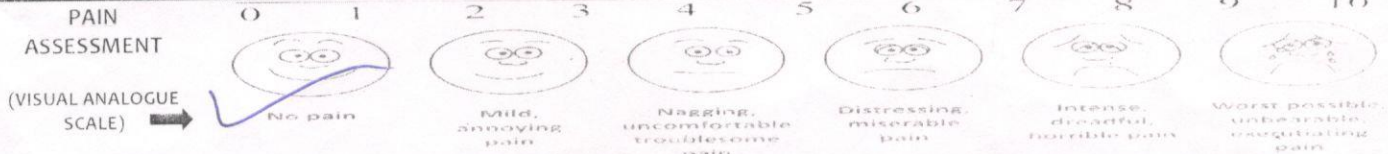


Patient Name: Ram P Duda Age/sex: 72/M UHID: _____

Bed/ Machine: 11 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>51.0</u>	UF GOAL <u>2.2Ltr</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
Name & Sign: _____ Time: _____	Name & Sign: <u>Abdel Homed</u> Time: <u>7:30pm</u>

DIALYSIS TECHNICIAN/NURSE:-

Weight (Last sess.): <u>NR</u>	Dialyzer Type: <u>DO10</u>	Access Type: <u>AVF</u>
Weight (Pre): <u>58:00</u>	Dialyzer Use: <u>S10</u>	Access Site Infection: <u>No</u>
Weight (Gain): <u>—</u>	FBV: _____	Total Duration: <u>4HRS</u>
Weight (Post): <u>51.0</u>	Kt/V: <u>1.2</u>	Heparin Given (Total): <u>5000IU</u>

Duration	TIME	BP	Pulse	Temp	SPO2	RR	BFR	DFR	STAFF NAME	SIGN
Pre	7:20am	150/100	82	—	98	20	300	500	<u>Abdel</u>	<u>[Signature]</u>
00:30	8:00	140/100	84	—	97	20	300	500		
01:00	8:30	180/100	82	—	98	22	300	500		
01:30	9:00	140/100	84	—	97	20	300	500		
02:00	9:30	180/100	82	—	98	20	300	500		
02:30	10:00	140/100	84	—	98	20	300	500		
03:00	10:30	180/100	82	—	97	22	300	500		
03:30	11:00	140/100	82	—	98	20	300	500		
Post	11:30	180/100	84	—	97	22	—	—	<u>Abdel</u>	<u>[Signature]</u>

S.No.	Time	MEDICATION (Capital Letter)	Dose	Route	Frequency	Nurse Name	Sign
①	7:30am	INJ HEPARIN	5000IU	IV	Once	<u>Abdel</u>	<u>[Signature]</u>

Discharge Notes: _____