

Patient Name: Mahmoud Samy Age/sex: 72/M UHID:
 Bed/ Machine: 2 DMO/RMO: Nephrologist:

PHYSICIAN:-

CHEST	P/A EXAMINATION	CVS	CNS	VULNERABLE Yes <input type="checkbox"/> No <input type="checkbox"/>		PEDAL OEDEMA Yes <input type="checkbox"/> No <input type="checkbox"/>	
DRY WEIGHT <u>64.200</u>	UF GOAL <u>1.3L/d</u>	KNOWN ALLERGY	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: <u>.....</u> Time: <u>.....</u>		Name & Sign: <u>Abdul Hamid</u> Time: <u>2:00</u>	

DIALYSIS TECHNICIAN/NURSE:-

Weight (Last sess.): <u>NR</u>	Dialyzer Type: <u>DOZY</u>	Access Type: <u>AVF</u>
Weight (Pre): <u>65.100</u>	Dialyzer Use: <u>R III</u>	Access Site Infection: <u>No</u>
Weight (Gain): <u>-</u>	FBV: <u>-</u>	Total Duration: <u>4H 30</u>
Weight (Post): <u>64.700</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	<u>7:30am</u>	<u>140/110</u>	<u>82</u>	<u>-</u>	<u>98</u>	<u>20</u>	<u>300</u>	<u>500</u>	<u>Abdul Hamid</u>	<u>[Signature]</u>
00:30	<u>8:10</u>	<u>130/100</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>140/100</u>	<u>82</u>	<u>-</u>	<u>98</u>	<u>20</u>	<u>300</u>	<u>500</u>		
01:30	<u>9:10</u>	<u>130/100</u>	<u>84</u>	<u>-</u>	<u>97</u>	<u>20</u>	<u>300</u>	<u>500</u>		
02:00	<u>10:30</u>	<u>140/100</u>	<u>82</u>	<u>-</u>	<u>98</u>	<u>20</u>	<u>300</u>	<u>500</u>		
02:30	<u>10:30</u>	<u>140/100</u>	<u>82</u>	<u>-</u>	<u>97</u>	<u>20</u>	<u>300</u>	<u>500</u>		
03:00	<u>10:30</u>	<u>130/100</u>	<u>84</u>	<u>-</u>	<u>98</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>97</u>	<u>20</u>	<u>300</u>	<u>500</u>		
Post	<u>11:30</u>	<u>130/100</u>	<u>84</u>	<u>-</u>	<u>98</u>	<u>20</u>	<u>-</u>	<u>-</u>	<u>Abdul Hamid</u>	<u>[Signature]</u>

S.No.	Time	MEDICATION (Capital Letter)	Dose	Route	Frequency	Nurse Name	Sign
<u>1</u>	<u>7:30AM</u>	<u>1mg HEPARIN</u>	<u>5000IU</u>	<u>SC</u>	<u>2x daily</u>	<u>Abdul Hamid</u>	<u>[Signature]</u>
		<u>EXP DATE</u>	<u>2/26</u>				

Discharge Notes: