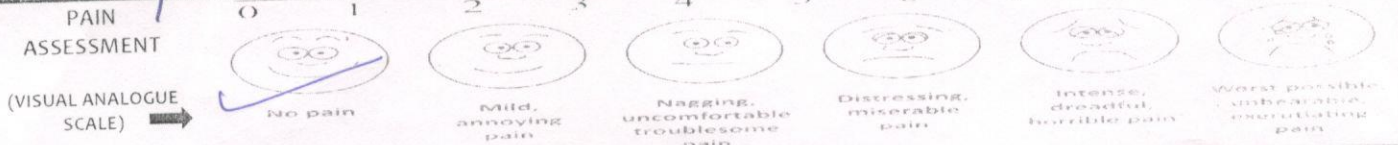


Patient Name: Kamth Devi I Age/sex: 30X/F UHID: .....

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 type="checkbox"/> No <input checked="" type="checkbox"/>	
DRY WEIGHT <u>46.0kg</u>	UF GOAL <u>2.4L</u>	KNOWN ALLERGY	BLOOD TRANSFUSION <u>No</u>	Hepar. FREE <input checked="" type="checkbox"/>	K <sup>+</sup> FREE <input checked="" type="checkbox"/>	Ca <sup>++</sup> 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>Abdell Hammed</u> Time: <u>7:30</u>

DIALYSIS TECHNICIAN/NURSE:-

Weight (Last sess.): <u>NR</u>	Dialyzer Type: <u>DD24</u>	Access Type: <u>AVF</u>
Weight (Pre): <u>47.700</u>	Dialyzer Use: <u>2L</u>	Access Site Infection: <u>No</u>
Weight (Gain): <u>-</u>	FBV: <u>-</u>	Total Duration: <u>4HR</u>
Weight (Post): <u>46.541</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	7:30am	140/100	82	-	98	20	300	50	Abdell Hammed	[Signature]
00:30	8:00	150/100	84	-	97	20	300	50		
01:00	8:30	140/100	82	-	98	20	300	50		
01:30	9:00	150/100	84	-	97	20	300	50		
02:00	01:30	140/100	82	-	98	20	300	50		
02:30	10:00	130/100	84	-	98	22	300	50		
03:00	10:30	150/100	82	-	97	20	300	50		
03:30	11:00	140/100	84	-	98	20	300	50	Abdell Hammed	[Signature]
Post	11:30	150/100	82	-	97	22	300	50		

S.No.	Time	MEDICATION (Capital Letter)	Dose	Route	Frequency	Nurse Name	Sign
1	7:30am	TORSEMIDEM	5mg	IV	BU	Abdell Hammed	[Signature]
2	10am	Dexa	0mg	11v	Bolus	SAEED	[Signature]
3	10am	ASU1	.	11v	"	MAR	[Signature]

Discharge Notes: .....

SAEED [Signature]