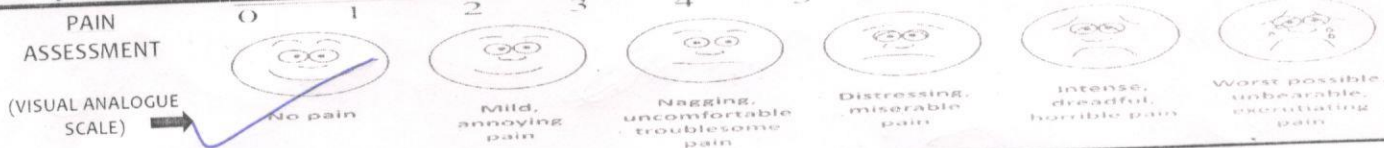


Patient Name: Kanti Devi 2<sup>nd</sup> Age/sex: 42/Y/F UHID: .....  
Bed/ Machine: 3 DMO/RMO: ..... Nephrologist: .....

PHYSICIAN:-

CHEST	P/A EXAMINATION	CVS	CNS	VULNERABLE Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		PEDAL OEDEMA Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
DRY WEIGHT <u>N/A</u>	UF GOAL <u>2LTD</u>	KNOWN ALLERGY <u>NO</u>	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: <u>.....</u> Time: <u>.....</u>	Name & Sign: <u>Abdul Hameed</u> Time: <u>7:30am</u>

DIALYSIS TECHNICIAN/NURSE:-

Weight (Last sess.): <u>NR</u>	Dialyzer Type: <u>DO 10</u>	Access Type: <u>AVF</u>
Weight (Pre): <u>46.0kg</u>	Dialyzer Use: <u>11</u>	Access Site Infection: <u>NO</u>
Weight (Gain): <u>3-0</u>	FBV: <u>.....</u>	Total Duration: <u>4 HR</u>
Weight (Post): <u>43.0kg</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	500	Abdul Hameed	[Signature]
00:30	8:00	140/100	84	-	97	22	300	500	Abdul Hameed	[Signature]
01:00	8:30	150/100	82	-	98	22	300	500		
01:30	9:00	160/100	84	-	97	20	300	500		
02:00	9:30	150/100	82	-	98	22	300	500		
02:30	10:00	140/100	84	-	97	20	300	500		
03:00	10:30	140/100	82	-	98	20	300	500		
03:30	11:00	150/100	84	-	97	20	300	500		
Post	11:30	140/100	82	-	98	22	-	-	Abdul Hameed	[Signature]

S.No.	Time	MEDICATION (Capital Letter)	Dose	Route	Frequency	Nurse Name	Sign
1	7:30AM	1mg HEPARIN	5000 IU	IV	Post Hemo	Abdul Hameed	[Signature]
		EXP DATE	2/12/6			Abdul Hameed	
2	10 AM	1mg EMSET	2ml	IV	Post Hemo	Abdul Hameed	[Signature]

Discharge Notes: .....

mark/2