

AFFIX PATIENT INFO LABEL HERE

Date: _____

Patient Name _____ MR# _____

EQUIPMENT PREPARATION INIT		VASCULAR ACCESS		INIT	MEDICATIONS			INIT TIME	
Fresenius #: _____		Central Venous Catheter			Med	Dose	Route		
Station # _____		Mfr: _____	Type: _____				(circle)		
Section: A B C (circle)		Insertion Site (Note Area)			Epogen	/ units	SC/IV		
Alarm/Pressure Holding Test					Calcitriol	/ mcg	IV		
Conductivity / pH					Zemplar	/ mcg	IV		
ASSESSMENT		INFECTION CONTROL							
Admission Assessment		Isolation Precautions 1:1							
Via:		Organism:							
Discharge Assessment:									
Via:									
VASCULAR ACCESS		HbsAg Result: _____	Date: ____/____/____						
Cannulation, Routine		HbsAb Result: _____	Date: ____/____/____						
Cannulation, Complex									
Needle size _____ g		TREATMENT/LABS				Blood Products:			
Site Assessment (Note Area):		Heparin Free Protocol							
		Oxygen: _____	Via: _____						
		Blood Sugar: _____ mg/dl							
		Specimen Collection (circle):							
		H & H, CA, PO4,							
		PT, PTT BC x _____							
		CBC, Chem Screen,				Folic Acid 1 mg po			
		Hep B _____				Surbex T, 1 po			
Access Flow Monitoring		(note panel or marker)							
Result:		Iron Profile, Ferritin							
		PTH							
		Other:							
Hemostasis _____ min/site									

FULL SIGNATURE	PRINT NAME	INIT	TITLE

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Signature	Title	Initial

Patient Name _____ MR# _____

Treatment Date: _____

PROBLEM / NEEDS	DESIRED OUTCOME	MET	NOT MET*	PROBLEM / NEEDS	DESIRED OUTCOME	MET	NOT MET*	
Access	Remains patent/functional throughout treatment			Nutrition	Albumin > 3.5 Gm/dl			
	Hemostasis achieved < 10min/site				Verbalizes understanding of diet & fluid restrictions			
Treatment Adequacy	URR > 70% (checked monthly)			Transplant Status (✓ one only)	Active			
Anemia	Hgb > 11.0 Gm				Work-up in progress			
	T Sat 20-50%				Not a candidate (see LTCP)			
	**Done _____ Due _____ Ferritin 100-800 ng/ml **Done _____ Due _____			Psychosocial	Exhibits successful adjustment to dialytic therapy through compliance with therapeutic regimen			
Fluid Management/ Hemodynamic Stability	Achieved established dry weight				Knowledge Deficit Related to Plan of Care	Patient/family verbalizes understanding of diagnosis and plan of care, and participates in decision making		
	Absence of edema, shortness of breath					Pain Management	Denies pain	
	Vital signs stable throughout treatment			Patient Safety			Remains injury free in a safe environment	
Infection	No Evidence of Infection				Patient/Family Satisfaction	Patient/family verbalizes satisfaction with care		
	Hepatitis B Vaccine in progress or complete (✓ Kardex)			Renal Osteodystrophy		PTH assay 60 - 200 ng/dl (Checked quarterly) **Done _____ Due _____		
Electrolyte Imbalance	K+ 3.5 - 6.0 mEq/L				PO4 2.5 - 5.5 mg/dl			
	Na+ > 130mEq/L				Ca/PO4 product < 55			
	(Checked monthly)							

*Requires Progress Note

**Requires Progress Note only with latest result, if not met

PAIN

