

Your
Hospital's
Logo
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HEMODIALYSIS NURSING RECORD

PATIENT IDENTIFICATION

DATE:	TIME:	Pre - assessment:	
		Treatment Started:	Treatment Completed:
		Labs drawn pre-treatment:	
		Labs drawn post-treatment:	
		VITAL SIGNS:	Pre-Dialysis: Post-Dialysis:
		Blood Pressure:	
		Pulse:	
		Weight:	KG. KG.
		Total Weight Loss	KG. (1 KG = 2.2 lb of fluid)
		Fluids:	
		Normal saline solution:	ml
		25% Albumin:	ml
		Blood:	ml
		Other (Specify):	ml
		TOTAL =	
		Patient Education:	ACCESS CARE: CATH CARE:
		<input type="checkbox"/> New Patient Handbook	<input type="checkbox"/> Graft <input type="checkbox"/> Yes
		<input type="checkbox"/> Nutrition	<input type="checkbox"/> Fistula <input type="checkbox"/> No
		<input type="checkbox"/> Fluid Control	<input type="checkbox"/> Catheter <input type="checkbox"/> N/A
		<input type="checkbox"/> Others:	
		Medications Given:	
		Summary of Events:	
		RN SIGNATURE / TITLE:	

PART OF THE MEDICAL RECORD