

Dialysis Run Sheet showing inputs required for Vasc-Alert

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XYZ DIALYSIS CENTER

HEMODIALYSIS FLOW SHEET

Station # _____ Inventory # _____ (yellow tag) Date ____ / ____ / ____

	Machine	Manual	Parameters
Conductivity	_____	_____	13.4 - 14.5 *** variations of +/- 0.3 are accepted
Dialysate pH	_____	_____	6.5-7.5** **Do NOT initiate dialysis if not within parameters
Machine temp	_____	_____	36-38° *** ** variations of +/- 2° are accepted
Bleach check neg.	Y/N	_____	<0.5 **
	Pass	Fail	
Alarms check	_____	_____	Primed with 1000cc NS? Y/N
Pressure Check	_____	_____	IV and Y clamped? Y/N
Air Detect Armed?	Y/N	_____	

Dialysis Prescription	Vascular Access	MED	DOSE	ROUTE	TIME	INT.
Hours: _____ Dialyzer: _____ Reuse: Y/N	ARM ___ LEG ___ NECK ___	EPOGEN				
Heparin: Bolus: _____ Hourly: _____ Time on: _____ Time off: _____	R ___ L _____	ZEMPLAR				
QB: _____ QD: _____	FISTULA ___ GRAFT ___	23.4% NS				
Dialysate: ___ K+ ___ Ca++	VAS-CATH _____	INFED/ FERRLECIT				
NA Modeling 150 146 PRN to maintain BP		ALBUMEN 25%				
NA Modeling _____ %		DEXTROSE 50%				
STEP _____	VAS CATH/VEN A PUNCTURE	CATH FLOW				
LIN _____	CLEANING AGENT:					
EXP _____	BETADINES/SANI-DEK/ EXCEPT	VANCO.				
OTHER _____	ACCESSED BY:	GENT.				
COMMENTS: _____						
	_____ # needle gauge					
	_____ # needle sticks					
	_____ # clots aspirated					
	_____ infiltration					

Also required: most recent hematocrit or hemoglobin values from lab

TIME	QB	VEN. PRES	VEN PRESSURE @ 2-3 MIN > 120 X 1 2/3 TX	# needle gauge	# needle sticks	# clots aspirated	# infiltration	TEMP	UF RATE	UF REMOVED	HEP	FLUIDS PO	FLUIDS IV	COMMENTS *A/O (alert & oriented) NI (needles intact)
														A/O _____ NI _____
														A/O _____ NI _____
														A/O _____ NI _____
														A/O _____ NI _____
														A/O _____ NI _____
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														A/O _____ NI _____

Measurement data