



PATIENT INFORMATION or ADDRESSOGRAPH STICKER

Name: _____

Address: _____

PHN: _____

Home Hemodialysis Log

Date: _____

Duration: _____

Hours Dialyzed: _____

Diascan: _____ KT/V: _____

- Chlorine Water Test
- Dialox Peroxide Test
- Venous Pressure Test

Dialysate:

K: _____ Ca: _____ Na: _____ Bicarb: _____

Dialysate flow: _____ Dialysate temp: _____

Additives to Full Acid Concentrate Jug:

Calcium: _____

Phosphate: _____

Dialyzer: _____

PRE dialysis

POST dialysis

_____ Standing BP/P _____

_____ Sitting BP/P _____

_____ Weight _____

_____ Temperature _____

Goal Weight: _____

_____ Blood work _____

Pre-dialysis weight: _____ kg

Goal weight: _____ kg

Weight to lose: _____ L

Saline rinseback: _____ L

Other intake: _____ L

Total weight to lose (UF Volume): _____ L

Shortness of Breath Y / N Dizziness Y / N

Swelling Y / N Nausea Y / N

Dizziness Y / N Headache Y / N

Last off weight: _____ Cramping Y / N

HEPARIN:

Bolus: _____ units

Running: _____ units/hour

Stop Time: _____ minutes

Total heparin delivered: _____ units

MEDICATIONS:

Epoetin alfa (EPREX): _____ units

Darbepoetin alfa (ARANESP): _____ mcg

Iron sucrose (VENOFER): _____ mg

Ferric gluconate (FERRLECIT): _____ mg

Other: _____

Time	BP	Pulse	Blood Flow	Venous Pressure	Arterial Pressure	ACC Hep	Accumulated Ultrafiltration	UFR	Heparin/Syringe	TMP
VENOUS PRESSURE at 200 mLs/min										
Total Fluid Off: _____ Dialyzer Clearance: 1 2 3 4 5 Accumulated Volume: _____										



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Pre-dialysis checklist must be completed prior to hook-up.

<p>Machine</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Machine must be clean <input type="checkbox"/> 2. Air must be removed from system <input type="checkbox"/> 3. Venous clamp must be functioning <input type="checkbox"/> 4. Recirculation no longer than an hour <input type="checkbox"/> 5. Water sample must be done within the last month. Date: _____ 	<p>Fistula/Graft</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Take your temperature <input type="checkbox"/> 2. Call your team if your temperature is above 37.5°C <input type="checkbox"/> 3. Wash your hands <input type="checkbox"/> 4. Wash your fistula/graft arm <input type="checkbox"/> 5. Check the thrill <input type="checkbox"/> 6. Check the bruit <input type="checkbox"/> 7. Check for bruising <input type="checkbox"/> 8. Check for redness or tenderness <input type="checkbox"/> 9. Check for discharge 	<p>CVC</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Take your temperature <input type="checkbox"/> 2. Call your team if your temperature is above 37.5°C <input type="checkbox"/> 3. Wash hands <input type="checkbox"/> 4. Remove dressing carefully <input type="checkbox"/> 5. Wash hands/use antiseptic cleanser after dressing removal <input type="checkbox"/> 6. Check for redness <input type="checkbox"/> 7. Check for discharge <input type="checkbox"/> 8. Check if sutures are intact <input type="checkbox"/> 9. Clean your exit site using antiseptic wipes <input type="checkbox"/> 10. With new antiseptic wipe, clean your catheter (hub scrub) <input type="checkbox"/> 11. Allow antiseptic to dry <input type="checkbox"/> 12. Place new sterile dressing on exit site <input type="checkbox"/> 13. Change tego connector if required <input type="checkbox"/> 14. Use new antiseptic wipe for each tego connector change
<p>Dialysis Work Area</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. New clean drape for work area <input type="checkbox"/> 2. Dialysis work area must be clean <input type="checkbox"/> 3. Supplies must not be opened or reused <input type="checkbox"/> 4. Keep caps on syringes, needles etc. until hookup 	<p>Buttonhole</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Clean your buttonhole area using one antiseptic wipe per site <input type="checkbox"/> 2. Remove all of the scab <input type="checkbox"/> 3. New blunt needle for second buttonhole site <input type="checkbox"/> 4. Do not proceed if the site is bleeding post scab removal <input type="checkbox"/> 5. Use two new antiseptic wipes after the scabs have been removed <input type="checkbox"/> 6. Allow the antiseptic to dry prior to cannulation 	

COMMENTS: Should include any problems on dialysis including; needling, machine problems, visits to your doctor. Also any unusual signs and symptoms at anytime. You may also record any abnormalities on non-dialysis days in this section.
