

# MONITORING LOG FOR CLINIC VISITS



Month: \_\_\_\_\_  
 Dialyzer: \_\_\_\_\_

Hours/Times per week: \_\_\_\_\_  
 Dry Weight: \_\_\_\_\_

Dialysis Prescription: Na \_\_\_\_\_ K \_\_\_\_\_ Ca \_\_\_\_\_ PO4 \_\_\_\_\_ Bicarb \_\_\_\_\_

Date	# Hours of HD	BP/P standing	BP/P sitting	Weight	Pressures at 200ml/min	Target	Avg. Blood Pump Speeds	Comments
	pre	pre	pre	pre	VP			
	post	post	post	post	AP			
	pre	pre	pre	pre	VP			
	post	post	post	post	AP			
	pre	pre	pre	pre	VP			
	post	post	post	post	AP			
	pre	pre	pre	pre	VP			
	post	post	post	post	AP			
	pre	pre	pre	pre	VP			
	post	post	post	post	AP			
	pre	pre	pre	pre	VP			
	post	post	post	post	AP			
	pre	pre	pre	pre	VP			
	post	post	post	post	AP			
	pre	pre	pre	pre	VP			
	post	post	post	post	AP			
	pre	pre	pre	pre	VP			
	post	post	post	post	AP			
	pre	pre	pre	pre	VP			
	post	post	post	post	AP			
	pre	pre	pre	pre	VP			
	post	post	post	post	AP			