



## GÄSTDIALYSFORMULÄR

**Patientnamn:** \_\_\_\_\_

**Personnummer:** \_\_\_\_\_

**Diagnos och kort anamnes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Allergier:** \_\_\_\_\_

\_\_\_\_\_

### Dialysregim:

\* Dialysbehandlingar/vecka: \_\_\_\_\_ Timmar/behandling: \_\_\_\_\_

\* ☐ HD      ☐ HDF \_\_\_\_\_ l / h      ☐ HF \_\_\_\_\_ l

\* HD-koncentrat: \_\_\_\_\_

\* Koncentratinnehåll:      Na:      K:      Ca:      Gluc: \_\_\_\_\_

\* HDF-vätska \_\_\_\_\_ HF-vätska: \_\_\_\_\_

\* Dialysator: \_\_\_\_\_ Yta: \_\_\_\_\_ Koff: \_\_\_\_\_

\* Torrsvikt: \_\_\_\_\_

\* Antikoagulantia: \_\_\_\_\_ IE/ml

Administrering: \_\_\_\_\_

\* Apparatinställning:      Na: \_\_\_\_\_ Bic: \_\_\_\_\_

\* Profilerings: \_\_\_\_\_

### Access:

\_\_\_\_\_

\* Dialysnålar A: \_\_\_\_\_

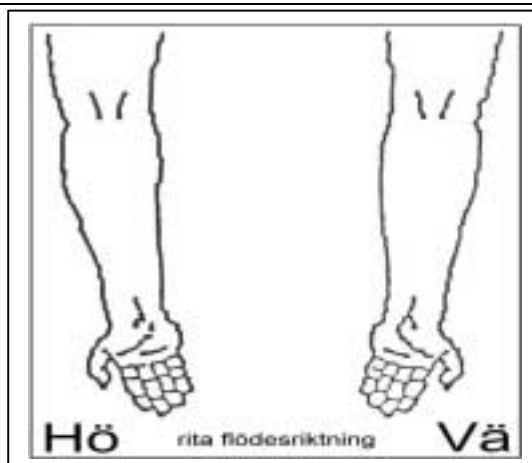
V: \_\_\_\_\_

SN: \_\_\_\_\_

\*CDK      Längd: \_\_\_\_\_

Hep.lås: A. \_\_\_\_\_

V. \_\_\_\_\_



**Sköter patienten någon del av dialysen själv?**

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**Ev. komplikationer under dialysbehandlingen:**

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Åtgärder/behandling: \_\_\_\_\_

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**Övriga upplysningar av intresse:**

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**Kopior som skickas med patienten:**

- ☐ Läkemedelslista.
- ☐ Lab.listor.
- ☐ Behandlingsprotokoll.
- ☐ Blodgruppering.
- ☐ Lab.svar HbsAg / HCV / HIV / MRSA / VRE.
- ☐ Journalanteckning.
- ☐ Omvårdnadsanteckning.
- ☐ Rapportblad.
- ☐ Patienten har frikort giltigt till och med: \_\_\_\_\_

**Önskade behandlingsdatum:** \_\_\_\_\_

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**Patientens vistelse adress och tel./nr. under gästdialysperioden:**

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*Dialysavdelning:* \_\_\_\_\_

*Kontaktperson:* \_\_\_\_\_

*Telefonnr:* \_\_\_\_\_ *Faxnr:* \_\_\_\_\_



## Travelling dialysis patient information

**Patients name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Diagnosis and short history:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies:** \_\_\_\_\_

### Dialysis regime:

\* No of treatments/week: \_\_\_\_\_ hours/HD: \_\_\_\_\_

\* ☐ HD      ☐ HDF \_\_\_\_\_ l / h      ☐ HF \_\_\_\_\_ l

\* HD-dialysat: \_\_\_\_\_

\* Composition of dialysat:    Na:            K:            Ca:            Gluc: \_\_\_\_\_

\* HDF-fluid: \_\_\_\_\_ HF-fluid: \_\_\_\_\_

\* Profile :Na: \_\_\_\_\_ Bic: \_\_\_\_\_ UF: \_\_\_\_\_

\* Dialyzer

Material: \_\_\_\_\_ Surface: \_\_\_\_\_

Sterilisation: \_\_\_\_\_ UF-coefficient \_\_\_\_\_

\* Dry Weight: \_\_\_\_\_

\* Anticoagulant: \_\_\_\_\_ E/ml

Administration: \_\_\_\_\_

### Access:

\_\_\_\_\_

\* Needle      A: \_\_\_\_\_

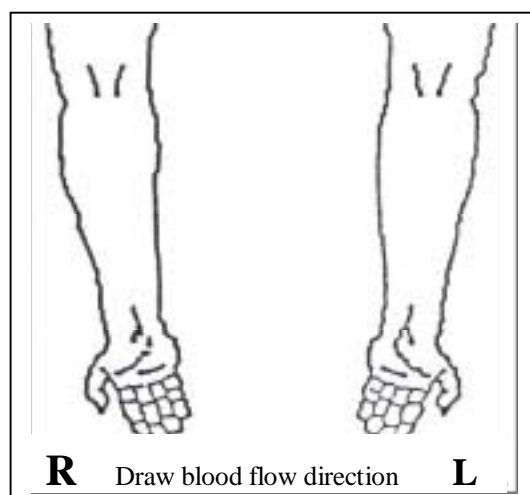
                  V: \_\_\_\_\_

                  SN: \_\_\_\_\_

\*CDK: \_\_\_\_\_

Hep. lock: A. \_\_\_\_\_

                  V. \_\_\_\_\_



**Does the patient assist during dialysis?**

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**Complications during dialysis:**

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Treatment:

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**Further comments:**

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**Copy and send with patient:**

- ☐ Present medication.
- ☐ Resent laboratory.
- ☐ Treatment protocol.
- ☐ Blood group.
- ☐ Test results, HbsAg / HCV / HIV / MRSA / VRE.

**Please note:** We are unable to accept HbsAg, HIV, MRSA and VRE positive patients. All results should be within 1 month of patient's 1st dialysis at our centres.

- ☐ Medical journal.
- ☐ Nursing journal.

**Desired dates of treatment:**

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**Patients address and telephone number during the visit:**

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*Dialysis unit:*

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*Person to contact:*

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*Telephone:*

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*Fax:*