



PATIENT INFORMATION or ADDRESSOGRAPH STICKER

Name: _____

Address: _____

PHN: _____

Home Hemodialysis Log

Date: _____ Duration: _____ Time on: _____ Time off: _____	<input type="checkbox"/> Chloramine Water Test Temp Setting: _____ Dialysate: K: _____ Ca: _____ Lactate: _____ New Batch? Yes / No Expires: _____ PFSN# _____ Cyclor # _____ Pak Lot # _____ Cartridge Lot # _____ Sak Lot # _____														
<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">PRE dialysis</th> <th style="width:50%;">POST dialysis</th> </tr> <tr> <td>_____ Standing BP/P</td> <td>_____</td> </tr> <tr> <td>_____ Sitting BP/P</td> <td>_____</td> </tr> <tr> <td>_____ Weight</td> <td>_____</td> </tr> <tr> <td>_____ Temperature</td> <td>_____</td> </tr> <tr> <td>Goal Weight: _____</td> <td></td> </tr> <tr> <td>_____ Blood work</td> <td>_____</td> </tr> </table> 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	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
PRE dialysis	POST dialysis														
_____ Standing BP/P	_____														
_____ Sitting BP/P	_____														
_____ Weight	_____														
_____ Temperature	_____														
Goal Weight: _____															
_____ Blood work	_____														
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: _____														

VITALS			RATES			VOLUMES		PRESSURES	
Time	BP	Pulse	Dialysate	UF	Blood flow	Dialysate	UF	Venous	Effluent/ Access
VENOUS PRESSURE at 200 mLs/min									
Total Fluid Off: _____			Dialyzer Clearance: 1 2 3 4 5			Litres Processed: _____			
Time on Tx: _____									



Home Hemodialysis Log

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

PATIENT INFORMATION or ADDRESSOGRAPH STICKER

Name: _____

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<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
<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 	<ul style="list-style-type: none"> <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

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.
