

DIALYSIS SHEET

LAST NAME			
NAME			
BORN TO		DATE OF BIRD (dd/mm/yyyy)	
RESIDENCE		ADDRESS	
TELEPHONE			
DIALYSIS CENTER (name phone email)			
PHONE NUMBER IN ITALY			

TYPE OF DIALYSIS		CONCENTRATE	
FILTER		DATA OF DIALYSIS	
FREQUENCY		TURN	
TIME		BODY WEIGHT	
WEIGHT GAP		PA PRE	
HEPARIN		FC PRE	
CONDUCTIBILITY		PA POST	
NEEDLES		FC POST	
VASCULAR ACCESS		INFUSION	



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blood Test (dd.mm.aa)		Markers	
<i>Azotemia</i>		<i>HBsAg</i>	
<i>Creatinine</i>		<i>HBsAb</i>	
<i>Natrium</i>		<i>HCV Ab</i>	
<i>Potassium</i>		<i>HIV</i>	
<i>Calcium mmol/L</i>		Allergies	
<i>Phosphorum mmol/L</i>			
<i>PTH</i>			
<i>Albumine</i>			
<i>RBC</i>			
<i>Hb</i>			
<i>Ht</i>			
<i>WBC</i>			

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Domiciliary Drug

Drug	Daily dose	Posology

Dialysis Drug

Drug	Dialysis dose	Posology

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Medical History

Date

sign