## McLAREN FLINT FLINT, MICHIGAN 48532

## ACUTE HEMODIALYSIS TREATMENT FLOW RECORD

Time <b>On</b>		Pre B/P			AP/HR		Temperature		Resp. Rate		Pre	e Weight	Dry Weight	Machine #		
Time <b>Off</b>		Post B/P			AP/HR		Temperature		Resp. Rate		Pos	st Weight	Last Weight Off	ht Off Station #		
Primary N	Primary Nurse Report and Treatment Initiation Note:															
Acute Nu	rse Signa	ature / ¯	Title:								Initia	ls:	Date:			
Time		Pulse BFR AI		AP/ VP	Temp. Cor		TMP UFR		Fluid Heparin Removal Infused F		NS Flush ml	Safety Check*	Notes and Comments		Initials	
					,											
					,											
							TOTAL ·					Total	Nood Drassade			
5						Yes or [	☐ No. If n	o explain								
Post Hen	nodialysi	s Note:								iviot	100 01 2		О СХРІШІТ			
Acute Nu	ırse Signa	ature /	Title:								Initia	ıls:	Date:			
Time				edication /Blood			ume	Route			Reason		Nurse	Nurse Signature		
	+					-	_									
												I	f (blood given, 2nd RN S	Signature Re	quired)	
Pre-Tx - I	Report fro	om Hos	spital RN:	☐ Yes	s Name	:							Time:			
Post-Tx - Report to Hospital RN:												Time:				
MD Signa	ature (op	tional):					Da	ite:			Time	e:				
* Safety Che	ecks are the ions and blo	following ood lines a	: Access and are secure w	d Face visia	able at all tim	es, engaged.					PT.					

ACUTE HEMODIALYSIS TREATMENT FLOW RECORD 3651-A 05/14

WHITE - CHART YELLOW - DIALYSIS

760b

PT.

MR.#/P.M.

DR.