McLAREN FLINT
FLINT, MICHIGAN 48532

ACUTE HEMODIALYSIS ASSESSMENT

HEMODIALYSIS ORDERS Nephrologist: _____
Dialyzer:_____ Duration:____ BFR:____ DFR:____ Goal:_____
Dialysate: K:_____ Ca:_____ Na:_____ Bicarb:_____
Sodium Modeling:_____ ☐ NA UF Profiling:_____ ☐ NA
Initial Heparin:_____Units Bolus Units/Hr:_____ ☐ No Heparin
Floor Chart Check ☐ Consent Signed ☐ Crit-Line ☐
Additional Orders: _____

CATHETER ACCESS ☐ Tunnel ☐ Non Tunnel ☐ NA
☐ Catheter ☐ Patent ☐ No S/S Infection ☐ Clotted
☐ Redness ☐ Drainage:_____ ☐ Swelling ☐ Pain
☐ Dry/Intact Last Dressing Change: _____
Location: _____ Access Flows: ☐ Good ☐ Poor ☐ Positional

GRAFT/FISTULA ACCESS ☐ NA ☐ Buttonhole
☐ AVG ☐ AVF ☐ Patent ☐ No S/S Infection ☐ Clotted
Location: _____ Access Flows: ☐ Good ☐ Poor ☐ Positional
☐ Redness ☐ Drainage:_____ ☐ Swelling ☐ Pain
Bruit/Thrill: ☐ Pre Needle Gauge:_____ Length:_____
Initials: _____

GENERAL ASSESSMENTS
Lungs: ☐ Clear ☐ Crackles ☐ Rhonchi ☐ Wheezing ☐ Rales
☐ Diminished Location:_____
Rate:_____ ☐ Easy ☐ Labored ☐ Nasal Cannula ☐ Mask
Oxygen%:____ Saturation:_____% ☐ Intubated ☐ Trached ☐ Ventilator

CARDIAC ☐ Monitor
Heart Rate: ☐ Regular ☐ Irregular ☐ Pericardial Rub ☐ JVD

EDEMA ☐ NA
☐ Generalized ☐ Moderate ☐ Severe ☐ Facial ☐ Upper Ext.
☐ Lower Ext. ☐ Pitting Edema+_____ ☐ Pedal

SKIN
☐ Warm ☐ Pink ☐ Hot ☐ Cool ☐ Dry ☐ Pale ☐ Diaphoretic
☐ Flushed ☐ Jaundiced ☐ Cyanotic ☐ Weeping ☐ Rash

L.O.C.
☐ Alert ☐ OrientedX:_____ ☐ Person ☐ Place ☐ Time
☐ Confused ☐ Lethargic ☐ Sedated ☐ Comatose

RATE PAIN
0-10: ____ Location:_____

GI/ABDOMEN
☐ Flat ☐ Distended ☐ Soft ☐ Firm ☐ NPO
☐ Diarrhea ☐ Bowel Sounds ☐ Nausea ☐ Vomiting

DIET Type: _____ ☐ Tube Feed _____ml/hr ☐ TPN _____ml/hr

Pre-Treatment RN Signature:_____
Date:_____ Time: _____

(Optional) Physician Note: _____
_____
_____

PATIENT INFORMATION
Name: _____
Patient ID Verified ☐ _____
DX:_____
☐1st Time Acute ☐ Chronic Unit
☐ Allergies: _____ ☐ NKA

Code Status: _____

MOBILITY
☐ Bed ☐ Stretcher ☐ IV ☐ O2
☐ Acute Room ☐ Bedside

ISOLATION
☐ NA ☐ MRSA ☐ VRE ☐ C-DIFF ☐ TB ☐ Hepatitis Type

HEMODIALYSIS MACHINE SAFETY CHECKS - Before Each Treatment
Machine#: _____ Auto/Alarm Test: ☐ Passed ☐ Failed
Chlorine Residual: ☐ Negative ☐ Positive ☐ RO Log Complete
Dialysis: pH ____ Temp: ____ ☐ Extracorporeal Circuit Tested for Integrity
Meter#:_____ Conductivity:_____ Machine:_____

CURRENT LABS Date _____ ☐ **Drawn Pre**
BUN:_____ Creatinine:_____ Na:_____ K:_____ Cl:_____ CO_2:_____
Ca:_____ Phos:_____ Mg++:_____ Albumin:_____
Glucose:_____ Hgb:_____ Hct:_____ WBC:_____
Platelet:_____ PTT:_____ Initials: _____
Hepatitis B Antibodies _____ Date _____
Hepatitis B Antigen _____ Date _____
Initials _____

EDUCATION
☐ Patient ☐ Other: _____
Knowledge Basis: ☐ None ☐ Minimal ☐ Substantial
Inappropriate due to: _____
☐ Access Care ☐ S&S Infection ☐ Fluid Management ☐ Potassium
☐ Phosphorus ☐ Medication ☐ Tx Options ☐ Tx Adequacy ☐ Transplant
☐ Diet ☐ Other: _____
Teaching Tools: ☐ Explain ☐ Demo ☐ Handout ☐ Video

POST TREATMENT
Dialyzer Clearance: ☐ Excellent ☐ Good ☐ Fair ☐ Poor
☐ Capping: Heparin:____ Units/ml Arterial Vol.:____ Venous Vol.:____
☐ Cath FIO ☐ Citrate ☐ NS
☐ AVF/AVG Bleeding Stopped Arterial:_____ min. Venous:_____ min.
Initials: _____

RATE PAIN
0-10: ____ Location:_____

☐ Respiratory:_____ ☐ Skin:_____
☐ Cardiac:_____ ☐ LOC:_____
☐ Edema: _____ ☐ GI: _____
Acute Nurse Signature / Title: Date/Time:

PT.
MR.#/P.M.
DR.

ACUTE HEMODIALYSIS ASSESSMENT
M-3674 (4/18)

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