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Holiday Dialysis

General Information:

<i>Name + surname</i>			
<i>Date of birth</i>			
<i>Address</i>			
<i>Phone</i>			
<i>Mobile</i>			
<i>Contact 1 (name + phone + relation)</i>			
<i>Contact 2 (name + phone + relations)</i>			

<i>Social security</i>			
<i>Adress</i>			
<i>Insured</i>			

<i>Holiday date</i>			
<i>Holiday address</i>			
<i>Holiday dialysis centre</i>			

Dialysis Information:

<i>Nephropathology</i>			
<i>Date first dialysis</i>			<input type="checkbox"/> Low care dialysis <input type="checkbox"/> High care dialysis
<i>Dialyzer</i>			
<i>Dialysis frequency</i>	/week	hours	
<i>Flow dialysate</i>	ml/min		
<i>Blood flow</i>	ml/min		
<i>Dialysis schedule</i>			
<i>Weight (dry)</i>	Kg		
<i>Weight gain</i>	Kg		
<i>Max UF/h</i>	Kg		
<i>Dialysate</i>	Potassium		mmol/l
	Sodium		mmol/l
	Calcium		mmol/l
	Bicarbonate		mmol/l
	Temp		°C

Medication:

<i>Anticoagulants</i>	
<i>Neorecormon (epo)</i>	I.E.
<i>Other</i>	

Vascular Acces:

<i>Catheter Volume</i>		
<i>Heparine (5000 I.U./ml)</i>	ml	ml
<i>Citrate 4%</i>	ml	ml
<i>Other</i>		
<i>AV-Fistula</i>		
<i>Location</i>		
<i>Technique</i>		
<i>Material</i>	<input type="checkbox"/> Sharp	<input type="checkbox"/> Short
	<input type="checkbox"/> Long	<input type="checkbox"/> Blunt

Blood Pressure:

<i>Before dialysis</i>	mmhg
<i>After dialysis</i>	mmhg

Overall condition:

<i>Cardiovascular</i>	
<i>Pulmonary</i>	
<i>Neurology</i>	
<i>Gastro-Enterology</i>	
<i>Urinary</i>	
Urine output	ml/24h
<i>Orthopedic</i>	
Phosphate	
<i>Hours and Number of Dialysis</i>	
KT/V	
PCR	
<i>Blood Values</i>	
Ag Hbs	Date:
Ac anti HbS	Date:
Ac anti HbC	Date:
Ac anti HcV	Date:
Sérologie HIV	Date:
<i>Screening</i>	
MRSA	Date:
VRE	Date:
CPE	Date:
<i>Allergy</i>	
<i>Transplant List</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments:

Please add a medication list in annex.