



Nephro am See

PRAXIS UND DIALYSE

Nephro am See
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REGISTRATION FOR VACATION DIALYSIS

Date		Dialysis days are Monday - Wednesday - Friday	
Patient wants to dialyse from:		to :	
<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	

Personal data	
Name:	First name:
Date of birth:	Sex:
Street:	ZIP / City:
Phone:	Mobile phone:
E-mail address:	
Holiday address:	

Health insurance
Name:
Insurance No.
Card number:

Your home clinic for dialysis
Name:
Street:
ZIP / City:
Phone/Fax:
E-Mail:



REGISTRATION FOR VACATION DIALYSIS

Name: First name: Date of birth:

Days of dialysis treatment	
Number of dialysis	Duration: hours
Weekdays: Mon Tue Wed Thu Fri Sat	
Dialysat: Na: mmol/l K: mmol/l Ca: mmol/l Glucose: g/l	
Filter:	
<input type="checkbox"/> Heparin <input type="checkbox"/> Fragmin <input type="checkbox"/> Clexane <input type="checkbox"/> other: initial: hourly:	
Vascular access: <input type="checkbox"/> Fistula AV <input type="checkbox"/> Graft Needle size: <input type="checkbox"/> Catheter localisation: left right	
Dry weight: Blood pressure: <input type="checkbox"/> high <input type="checkbox"/> low	
Bloodpump speed: ml/min	
Diagnosis / problems	<input type="checkbox"/> see attachments (pls include lists)
1.	
2.	
3.	
4.	
5.	
Dialysis since:	
Laboratory	<input type="checkbox"/> see attachments (pls include latest lab values)
HBsAg: Date: anti-HBs-Ak: Date: MRSA:	
anti-HCV: Date: HIV Ag/Ak: Date:	
Hb: K:	
Drugs	<input type="checkbox"/> see attachments (pls include medication list)
1.	5.
2.	6.
3.	7.
4.	8.
ESA: <input type="checkbox"/> Mircera <input type="checkbox"/> Aranesp <input type="checkbox"/> other: Dose/frequency: Date last medication:	
Iron substitution: <input type="checkbox"/> Ferinject <input type="checkbox"/> Venofer <input type="checkbox"/> other: Dose/frequency: Date last medication:	
Various:	
Date:	Doctor: