



**Medical questions:**

Medical history:

Since when has the patient been dialysed? Are there any particulars to mention?

Diet:

Have there been any health problems in the past 6 months? (If so, please add further details)

- |                            |  |       |
|----------------------------|--|-------|
| •Instable angina pectoris? | <input type="checkbox"/> no <input type="checkbox"/> yes | _____ |
| •Heart attack?             | <input type="checkbox"/> no <input type="checkbox"/> yes | _____ |
| •Decompensatio cordis?     | <input type="checkbox"/> no <input type="checkbox"/> yes | _____ |
| •Hyperkalemia?             | <input type="checkbox"/> no <input type="checkbox"/> yes | _____ |
| •Serious infections?       | <input type="checkbox"/> no <input type="checkbox"/> yes | _____ |
| •Shunt problems?           | <input type="checkbox"/> no <input type="checkbox"/> yes | _____ |
| •Surgeries?                | <input type="checkbox"/> no <input type="checkbox"/> yes | _____ |
| •Other complications?      | <input type="checkbox"/> no <input type="checkbox"/> yes | _____ |

**Reanimation policy:**  Reanimate  Do NOT reanimate**For the purpose of transfer we would like to receive the following copies:**

- Present medicine list or medicine passport
- Laboratory results of previous month (and blood group and rhesus)
- Recent ECG (not older than 6 months)

**-Duplex shunt**

- Recent results (not older than 3 months) of:
  - HbsAg test
  - Hep C test
  - HIV test

How are the patient's independence, mobility and vision?

Are there any other matters that should be borne in mind?

**Enclosure:****Options for type of artificial kidney**

Type of artificial kidney	Polyflux 14L	Polyflux 17L	Polyflux 21L	Polyflux 210H (HDF)
Company	Gambro	Gambro	Gambro	Gambro
Membrane	Polyamide	Polyamide	Polyamide	Polyamide
Sterilisation	Steam	Steam	Steam	Steam
Surface area	1.4 m <sup>2</sup>	1.7 m <sup>2</sup>	2.1 m <sup>2</sup>	2.1 m <sup>2</sup>

**Composition of haemodialysis fluid:**

- X 125G = K1.0 Ca 1.25
- X 225G = K2.0 Ca 1.25
- X 325G = K3.0 Ca 1.25
- X 150G = K1.0 Ca 1.50
- X 250G = K2.0 Ca 1.50
- X 275G = K2.0 Ca 1.75
- X 350G = K3.0 Ca 1.50

Name of the patient's nephrologist:

Signature of nephrologist:

Date:

Nephrologist Isala Clinics:

Initials to indicate agreement