# Dialysis details

**We would appreciate it if:**
- you could send this form at least six weeks prior to the start of the patient's holiday (by post or by e-mail).
- you could give the patient the most recent dialysis details to take with them.

**Details to be completed by the attending physician and the dialysis nurse**

| **Please select at which location you prefer to have your dialysis** | |
|---|---|
| ☐ **Zwolle,**<br>**Dr van Heesweg 2**<br>**8025 AB**<br>Tel.: +31 (0)88 624 46 32<br>E-Mail: vakantie.dialyse@isala.nl | ☐ **Meppel**<br>**Reggersweg 2**<br>**7943 KC**<br>Tel.: +31 (0)88 624 1229<br>E-Mail: vakantie.dialyse@isala.nl |
| **Access to bloodstream:**<br>Shunt type:<br>☐ AV fistula<br>☐ AV graft | <br>Catheter:<br>☐ tunneled<br>☐ non-tunneled |
| Location: | |
| Disinfectant: | |
| Needle type<br>Please indicate the correct diameter | Steel: Nipro Safetouch Tulip:<br>☐ 14G 25mm ☐ 15G 25mm<br>Flexible: Nipro Safetouch<br>☐ 14G 25mm ☐ 14G 32mm<br>☐ 15G 25mm ☐ 16G 25mm<br>☐ one needle<br>☐ two needles |
| Dialysis duration and frequency: | |
| Dialysis method: | ☐ HD<br>HDF not possible |
| Target weight: | kg |
| The available anticoagulant is Fraxiparine<br>Initial dose: | ☐ 0,3 ml: 2850 IE ☐ 0,4 ml: 3800 IE ☐ 0,6 ml: 5700 IE<br>Any other dose of Fraxiparine: |
| Any second dose of Fraxiparine: | |
| **Type of artificial kidney** | |
| Type of artificial kidney (polyamide) | ☐ Polyflux 14L ☐ Polyflux 17L ☐ Polyflux 21L |
| Surface area | 1,4 m² 1,7 m² 2,1 m² |
| **Composition of haemodialysis fluid:** | ☐ X 125G = K1.0 Ca 1.25 ☐ X 250G = K2.0 Ca 1.50<br>☐ X 225G = K2.0 Ca 1.25 ☐ X 275G = K2.0 Ca 1.75<br>☐ X 325G = K3.0 Ca 1.25 ☐ X 350G = K3.0 Ca 1.50<br>☐ X 150G = K1.0 Ca 1.50 |
| Maximum bloodflow: | |
| Maximum UF volume: | |
| Bicarbonate: | |
| Sodium: | |
| UF profiling | ☐ no ☐ yes Start Stop |
| Dialysate temperature: | |
| Blood pressure | before dialysis: after dialysis: |
| Interdialytic weight gain: | |

1462 / 0323

Medical history:

| | |
|---|---|
| Transplantable:<br>☐ yes<br>☐ no<br>☐ temporarily not | |

Since when has the patient been receiving dialysis? Anything else to note?

Diet:

Allergies:

Has the patient had any issues with their health over the past six months? (if "yes", please provide details)

| | |
|---|---|
| • Unstable angina? | ☐ no ☐ yes, |
| • Heart attack? | ☐ no ☐ yes, |
| • Heart failure? | ☐ no ☐ yes, |
| • Hyperkalemia? | ☐ no ☐ yes, |
| • Serious infections? | ☐ no ☐ yes, |
| • Shunt issues? | ☐ no ☐ yes, |
| • Operations? | ☐ no ☐ yes, |
| • Other complications? | ☐ no ☐ yes, |

**Resuscitation policy: ☐ Resuscitate ☐ Do not resuscitate**

**Isolation measures:**

**Please enclose the following with the transfer:**

- medical letter
- administrations during dialysis
- list of current medication
- lab values (and blood group/rhesus) for the last month
- recent ECG (no older than six months)
- shunt duplex
- recent results (no older than three months) of: HBsAg test, Hep C test, HIV test

How is the independence, mobility and eyesight of the patient?

Are there any other important things to note?

| | |
|---|---|
| Nephrologist signature: | Date: |

**PLEASE NOTE!** Visitors from abroad: you must include a copy of the written authorisation by your health insurance provider to confirm that the full cost of dialysis at our centre will be reimbursed, as well as a copy your proof of identity and insurance card.