**DiaLago**
Centre for kidney diseases and dialysis

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Nephrologists

# Page 1 (of 2) for the registraton of holiday dialysis patients

We kindly ask the doctor to fill in or tick all medical data. The patient may need a medication which differs from our products. In this case please give the patient the required products and prescriptions to take with him.

## Patient

Name: _____          Forename: _____

Date of birth: _____          height: _____

MRSA pos. ☐   neg. ☐          HIV pos. ☐   neg. ☐

HBs-Ag pos. ☐   neg. ☐          Anti-HBs pos. ☐   neg. ☐          Anti-HCV   pos. ☐   neg. ☐

HDF Postdilution: ☐          HDF Predilution: ☐          HD: ☐

## Weight

dry: _____   Tara: _____   UF max.: _____ ml/h   Reinfusion: _____

## Filter

please choose and tick

We use FX CorDiax  High-Flux Fresenius

| 60 ☐ | 80 ☐ | 100 ☐ | 120 ☐ |
|---|---|---|---|

surface, $m^2$      1,4          1,8          2,2          2,5

## Concentrate

Data

| ↓ please tick | | $Na^+$ | $K^+$ | $Ca^{2+}$ | $Mg^{2+}$ | $Cl^-$ | $HCO_{3-}$ |
|---|---|---|---|---|---|---|---|
| AC-F 211.25 | ☐ | 138 | 2,00 | 1,25 | 0,50 | 108,5 | 32,00 |
| AC-F 211.5 | ☐ | 138 | 2,00 | 1,50 | 0,50 | 109,00 | 32,00 |
| KCL | ☐ +1 | | 1,00 | | | | |
| | ☐ +2 | | 2,00 | | | | |

## Dialysis lenght

hours: _____          flow rate: _____ ml/min.

## Vascular access:

**Fistula**          **Nativ:** ☐          right: ☐          Underarm: ☐          Femoralis: ☐

**Graft:** ☐          left: ☐          Upper arm: ☐          Other: _____

needles Bionic:          17G ☐          16G ☐          15G ☐

"buttonhole" infiltration ☐          16G ☐          15G ☐          Please give  patient the documentation.

**Catheter** ☐          Block:  Tauro Lock, HEP500 5ml (Tauroliclin, 4% Zitrat, Heparin) ☐     or Heparin ☐

Lock arterial line: _____ ml          Lock venous line: _____ ml

Bandage change with each dialysis ☐   or when ?   Mon. ☐   Wed. ☐   Fri. ☐
In case of Tego Connector => please give it to the patient to take it with him.

## Anticoagulation

**Heparin:**   Bolus: _____ IE          continuous: _____ IE          Stop: _____ min.

oder

**Clexane:**

| 20 ☐ | 40 ☐ | 60 ☐ | 80 ☐ |
|---|---|---|---|

## Page 2 (of 2) for the registraton of holiday dialysis patients

### Erythropoietin

Recormon:  i.v. ☐  s.c. ☐  how often per week: Mon. ☐  Wed. ☐  Fri. ☐

2000 IE ☐  3000IE ☐  4000 IE ☐  5000IE ☐  10'000 IE ☐

If the patient needs a different product - which one :

If yes, the patient should bring it along.  i.v. ☐  s.c. ☐  Mo. ☐  Mi. ☐  Fr. ☐

### Ferritin

Ferinject 100 mg  Mon. ☐  Wed. ☐  Fri. ☐

If the patient needs a different product - which one :

If yes, the patient should bring it along.

### Zemplar 5 µg  Mon. ☐  Wed. ☐  Fri. ☐

### Allergies  Antibiotica - which ? : ............................................................................

Aspirin ☐  Heparin ☐  Other: ........................................................

### Attachments  please attach the following documents:  - Laboratory data  - Dialysis protocol
- Viral serology not older than 6 months  - Medication regimen  - Diagnosis list.

Please give the the patient the last dialysis protocol to take with him.

Thank you very much !

| date + signature of doctor |
| --- |
| |

We kindly ask the patient to fill in.

### Important information concerning your holiday:

Holiday address:

Telephone No. during your holiday:

Telephon No. of your dialysis centre at home:

Who is a relative person or contact person during your holiday time?

Name:  Tel. No.:

Thank you very much for your registration and your valuable help!

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