

page 1 (of 2) for the Registration of holiday patients
This form must be completed by the attending doctor.

Medicaments:

If medicaments are needed during or after dialysis, the patient must bring these along and the corresponding prescription. Due to the large number of holiday guests, it is not possible for us to have all the various medicaments on site.

In the case of oral anticoagulation (e.g. Marcoumar), please prescribe the dosage until the second day of dialysis in DiaLago.

Patient Name: Forename: Date of birth:
 Dialysis at DiaLago from to height:

Dialysis data HDF Postdilution: HDF Predilution: HD:

Dialysis duration hours: _____ Flow rate: _____ ml/min.

Weight dry: Tara: UF max.: ml/h reinfusion:

Filter please choose and tick

60	<input type="checkbox"/>	80	<input type="checkbox"/>	100	<input type="checkbox"/>	120	<input type="checkbox"/>
surface, m ²	1,4	1,8	2,2	2,5			

We use FX CorDiax High-Flux Fresenius

Concentrate

	data	Na ⁺	K ⁺	Ca ²⁺	Mg ²⁺	Cl ⁻	HCO ₃ ⁻
AC-F 211.25 - 75	<input type="checkbox"/>	138	2	1,25	0,75	109,00	32,00
AC-F 311.25 - 75	<input type="checkbox"/>	138	3	1,25	0,75	110,00	32,00
AC-F 411.25 - 75	<input type="checkbox"/>	138	4	1,25	0,75	111,00	32,00

▶ if the patient needs different materials - please give it to the patient to bring it along

Vascular access

Fistula: Nativ: right: Underarm: Femoralis:
 Graft: left: Upper arm: Other: _____

"Buttonhole" puncture: Please give patient the documentation - foto.

Needles Bionic: 15G 16G 17G

Catheter Lock: Tauro Lock, HEP500 5ml (Tauroliclin, 4% Zitrat, Heparin) or Heparin
 Lock arterial line: _____ ml Lock venous line: _____ ml

Bandage change with every dialysis or when? Mon. Wed. Fri.

▶ In case of Tego Connector => please give it to the patient to bring it along

page 2 (of 2) for the registration of Mrs. / Mr.

Anticoagulation

Heparin: Bolus: _____ UI continuous: _____ UI Stop: _____ min.

or

NMH: dosage: _____

▶ Please give differing products to the patient to bring it along!

Allergies / intolerances

Serology

▶ not older than 6 months

HIV pos neg

HBs AK pos. neg

HBV AG pos neg

HCV AK pos neg

eventually viremia:

Resistances

▶ not older than 3 months

MRSA pos neg

Registration

Please send this form to us with the attachments

- laboratory data
- viral serology not older than 6 months
- diagnosis list

not later than 2 weeks before the holidays

Please give to the patient:

- the **last dialysis protocol** before the holidays
- eventual **medicaments + corresponding prescription**

Date + signature of doctor

Thank you very much for your registration and your cooperation.

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