

Blood Pump Speed 200 = Venous Pressure _____

Patient :										Date: ___/___/___		
Cartridge Lot # Cyclor Serial # PFSL Serial # PAK Lot # SAK Lot # SAK Type							Alarms Test Passed Y / N		Chloramines ≤ 0.1 ppm (mg/l) Y / N / n/a			
Pre-Treatment Assessment												
Today's weight - dry weight + oral fluid = Volume Goal (Kg)				UF	BP sitting	BP standing	Pulse sitting / standing	Temp	Liters of Dialysate / Max FF	Medications: Time / Drug / Dose		Initials
-	=	+	=		/	/	/		/	/	Heparin	/
Any nausea / vomiting / diarrhea?										/	/	
Any difficulty breathing / edema?										/	/	
Any chest pain / palpitations?										/	/	
Any other medical complaints?										/	/	
Any change in medications?										Labs and Water Samples:		
Access:				Any access problems?								
Time	Blood Pressure	Pulse	RATES			VOLUMES		PRESSURES			Alarms / FF Changes / Comments Initials	
			Dialysate	UF	Blood Flow	Dialysate	UF	Venous	Effluent	Access		
	/											
	/											
	/											
	/											
	/											
	/											
	/											
	/											
	/											
Post -Treatment Assessment			Total Tx Time: ___ hr ___ min Total Dialysate: _____ Total UF: _____ BLP: _____ Total PO/IV Fluids: _____ ml									
BP sitting	BP standing	Pulse	Temp	Weight	Any access / bleeding problems?							
/	/				Needle sites held for _____ minutes.							
					Any other medical complaints?							
Initials/Signature				Initials/Signature								