Reinier de Graaf

Dialysis

Registration form for holiday dialysis

No later than six weeks before dialysis the complete form and a copy of your passport or ID card (both sides) has to be send to: Dialyse Reinier de Graaf, Antwoordnummer 10263, 2600 WW Delft.

Phone number:: 015 260 46 86

Remark: Antwoordnummer = Freepost

A. Personal Data		
Name:		First name:
Street + number:		Zip code:
City:		Country:
Nationality:		Date of birth:
Spoken language:		E-mail:
Home phone number:		Mobile:
BSN + passport-/ ID card number		
General practitioner:		Phone number:
Address:		
B. Current dialysis Centre		
Name of dialysis Centre:		
Street:	Number:	Zip code:
City:		Country:
Phone number:		Fax:
E-mail:		
Current dialysis days and dialysis duration:		
Treating nephrologist:		
Responsible dialysis nurse:		
C. HOLIDAY DATA		
Holiday period:		
Name holiday address (if already known):		
Street:	Number:	Zip code:
City:		Phone number:
Warn in case of emergency:		Relation to patient:

Desired holiday dialysis days and half-days

Date of first dialysis in Reinier:	☐ Monday	☐ Tuesday	☐ morning
	☐ Wednesday	☐ Thursday	☐ noon
Date of last dialysis in Reinier:	☐ Friday	☐ Saturday	☐ night

D. Insurance information*
Name health care provider:
Policy number:

* You must send us, attached with this form, written permission of your health care provider that they will pay the expenses of the total dialysis costs at Reinier de Graaf.

Registration form for holiday dialysis to be filled in by nephrologist

Phone number:: 015 260 46 86

Please submit information below to your patient so this can be sent along.

- Recent serology (max. 3 months old).
- MRSA results (max. 3 weeks old).
- Laboratory results of the last month.
- Written agreement of health care provider with regard to compensation of costs for patient
- Most recent data of dialysis patient
- Copy insurance form

Data to filled in by nephrologist

Name of patiënt:

Date of birth:

Diagnosis and medical history:

First date of dialyses:

Current medical status/ details:

Independency of patient:

Transplantation waiting list: ☐ Yes ☐ No

Vasculair access

☐ Right	☐ Left		
☐ AVF	☐ Button hole techniek	☐ Yes	☐ No
☐ PTFE			

Reinier de Graaf

Type of needle

☐ Steel	☐ Plastic
☐ 15 gauche	☐ 16 gauche
☐ 14 gauche	☐ 17 gauche
☐ SN	☐ SN

Catheter	☐ Single lumen	☐ Double lumen
	☐ Left	☐ Right

Dialysis duration:	hour
Frequency:	
Dry weight:	
Own diuresis:	
Gained weight between two dialysis sessions:	
Allergy information:	
Dieet information:	

Dialysis method

☐ HD	☐ HDF	l/h

Type of dialyzer

Fresenius

- ☐ F6 HPS
- ☐ F8 HPS
- ☐ F10 HPS
- ☐ FX 60
- ☐ FX 80

Anticoagulation policy

- ☐ Fraxiparine 2850 IE
- ☐ Fraxiparine 3800 IE
- ☐ Fraxiparine 5700 IE

Reinier de Graaf

Bloodflow			
Maximum UF flow			
Maximum UF rate			
Maximum GUF rate			
Sodium			
Bicarbonate			
Dialysate temperature			
Dialysate concentration			
Fresenius	☐ **AC-F 119/5**	☐ **AC-F 219/1**	☐ **AC-F 313/2**
Na (sodium)	138 mmol/l	138 mmol/l	138 mmol/l
K (potasium)	1 mmol/l	2 mmol/l	3 mmol/l
Ca	1,25 mmol/l	1,25 mmol/l	1,25 mmol/l
Mg	0,5 mmol/l	0,5 mmol/l	0,5 mmol/l
Cl	107,5 mmol/l	108,5 mmol/l	109,5 mmol/l
HC03	32 mmol/l	32 mmol/l	32 mmol/l
Glucose	1 g/l	1 g/l	1 g/l

Serology			
HbsAg	positive	negative	Date:
HCV (hep C)	positive	negative	Date:
HIV-test	positive	negative	Date:
MRSA infection	positive	negative	not tested

Reanimatie code:

Current medication:

Are there any other points of interest?

Name and signature of treating nephrologist

Date: