



CULLMAN REGIONAL DIALYSIS FLOWSHEET

Machine #: _____ Tx Date: _____

Patient: _____
 Physician: _____
 Dialyzer: _____
 Dialysate: Bicarbonate: _____ K+: _____ Heparin Load: _____
 Ca: _____ Na: _____ Hourly Dose: _____
 Duration: _____ Arterial Needle: _____
 Frequency: _____ Venous Needle: _____

CHECK LIST	
_____ Correct Dialysate	_____
_____ Correct Dialyzer	_____
_____ Ultra Filtration Check	_____ Conductivity _____ pH
_____ Alarm Check	_____ Machine Temperature
_____ Air Detector On	_____ Reverse Osmosis On
_____ Dialysate Flow	_____ Chloromine Check

Date Previous Dialysis: _____
 Blood Flow Rate: _____
 Dialysate Flow Rate: _____
 Access Type: _____

Orders: _____

WEIGHTS	
Pre-Dialysis: _____	Previous Post Wt.: _____
Weight Gain: _____	Fluid to be removed: _____
Post-Dialysis Wt.: _____	UF Rate: _____

PRE-DIALYSIS ASSESSMENT	Comments:
Temp _____	Initials _____
Pulse _____ BP _____	
Access _____	

Time	BP	HR	Fluid Removed	Blood Flow Rate	Venous Pressure	TMP	Ultra Filtration	Saline	Hep/	Comments

Time	Drug/Dose/Frequency	Route	Initials

Time Off _____ Dialyzer Cleared _____
 Started By _____ Dialyzed By _____ Ended By _____

Sitting/Supine BP _____ Standing BP _____ Pulse _____ Temp _____
 Comments: _____