

Dienst Nefrologie

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Medisch diensthoofd

Stafleden

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HOLIDAY DIALYSIS REQUEST FORM

PERSONAL DATA

1. Personal information patient

Surname:

First name:

Date of birth:

National registration number:

(please enclose copy of ID-card)

Surname partner:

First name partner:

Home address:

Street + Nr. :

Postal code: Residence/City:

Country:

Telephone and/or mobile:

Mother language:

General practitioner:

Name doctor:

Residence/City:

Emergency contacts:

ICE 1:

Surname:

First Name:

Phone number(s):

ICE 2:

Surname:

First Name:

Phone number(s):

2. National health or personal insurance data

Insurance holder:

Surname:

First name:.....

Registration/insurance number:.....

Insurance company:

Name:

Telephone:

E-mail:

3. Dialysis center

Dialysis center or hospital:

Postal code: City:

Country:

Telephone:

E-mail:

Nephrologist :

Current dialysis schedule:

☐ Monday/Wednesday/Friday ☐ a.m.

☐ p.m

☐ evening

☐ Tuesday/Thursday/Saturday ☐ a.m.

☐ p.m

☐ evening

4. Holiday information

Holiday address in Belgium:

Nr & Street:

Postal code: City:

Telephone:

E-mail:

Start date holiday dialysis: / /

End date holiday dialysis: / /

Desired dialysis schedule during holiday:

- | | |
|---|---|
| ☐ Monday/Wednesday/Friday | ☐ Morning |
| | ☐ Afternoon |
| | ☐ Evening (17h00 – 21h00) |
|
☐ Tuesday/Thursday/Saturday |
☐ Morning |
| | ☐ Afternoon |
| | (no evening dialysis possible) |

5. Transport

- ☐ With own car
- ☐ By taxi

MEDICAL INFORMATION & DIALYSIS DATA

1. Renal diagnosis & relevant medical history/comorbidity:

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2. Date first dialysis:

3. Allergies:

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4. Recent problems during dialysis:

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5. Serology and microbiology

Date analysis

- Hep B surface antigen O negative O positive
- Hep B surface antibodies O negative O positive
- Hep B core antibodies O negative O positive
- Hep C antibodies O negative O positive
- HIV antibodies O negative O positive
- MRSA screening O negative O positive

6. Blood type: Rh factor:

Atypical antibodies:

7. Therapy: O hemodialysis O hemodiafiltration

8. Dialysis frequency + duration: x hours

9. Membrane type:

10. Dialysate composition: Sodium: mmol/l

Potassium: mmol/l

Bicarbonate: mmol/l

Glucose: mg/dl

Calcium: mmol/l

11. Dialysis parameters:

- Dry weight: kg
- Interdialytic weight gain: kg
- Maximum UF (rate) L or L/hour
- Average blood pressure:
start of dialysis: mmHg
end of dialysis: mmHg
- UF profiling:
- Sodium profiling:
- Arterial pump speed: ml/min
- Venous pump speed: ml/min

12. Vascular access:

- AV fistula:
Type: Place:
O metal needle O catheter needle
O unipuncture O bipuncture
- Dialysis catheter:
Type: Place:
O Single lumen O Double lumen
- Heparin lock: art. ven.

13. Medication during dialysis:

- Anticoagulation (we use IV enoxaparin = Clexane)

Type:

Dose & frequency :

- ESA/EPO (we use IV Aranesp = darbepoietin 40 µg)

Type:

Dose & frequency:

- Iron preparation (we use IV Injectafer 100 mg)

Type:

Dose & frequency :

- Other medication:

Type:

Dose & frequency :

14. Home medication:

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15. Transplant candidate:

☐ yes

☐ no

Transplantcenter:

16. Lab results:

please attach a copy of recent results

17. ECG:

please attach a copy of recent ECG

18. Recent MRSA screening:

please attach a copy of recent results

19. Vaccinations:

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20. Please enclose a copy of your ID-card