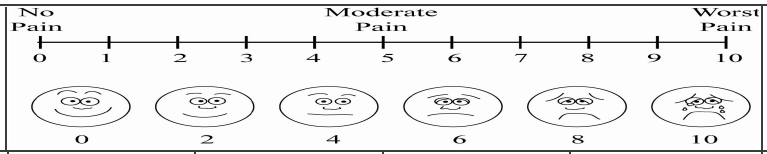
DCDC KIDNEY CARE

RE-ASSESSMENT SHEET

Branch Name:		**Date of admission:**	16-06-2026	**Patient Name:**	
Age/Sex:		**UHID:**		**BED/Machine:**	2
Contact No.:		**Nephrologist:**		**Time of Admission:**	13:00:00

Patient Assessment

Pain Assessment (Visual Analogue Scale)		**VULNERABLE:**	Yes ☐ No ☑	**PEDAL OEDEMA:**	Yes ☐ No ☑		
DRY WEIGHT:	65.00	**SRE. STATUS:**	Negative	**KNOWN ALLERGY:**	N/A	**DIALYSIS FREQUENCY:**	Twice/week
Hepar FREE:	☐	**K+ FREE:**	☐	**Ca++ FREE:**	☐	**Dext FREE:**	☐

DIAGNOSIS:CKD Type 5	**Access Type:**A.V.F	**Access Site Infection:** Yes ☐ No ☑	
Dialysis Nurse/Technician Notes: **Proposed 4 hour Dialysis**		**Pre**	**Post**
Doctor's Notes:	**Temperature**	97.50	97.20
	Resp. Rate	17	17
INJ. HEPARIN (5000 I.U.)	**Access Patent**	Yes No	Yes No
	RBS(id Done)	0	0
Staff Name:Mr. Singh	**Emp ID:**DC00001	**Time:** 01:54 PM	

Weight(Last sess.):	70.6	**Dialyzer Type:**	Re-Use	**UF Target:**	3.00	
Weight(Pre):	68.6	**Dialyzer Use:**	3	**UF Removed:**	2.90	
Weight(Gain):	2.0	**FBV:**	80	**Total Duration:**	4.00	
Weight(Post):	65.70	**Kt/V:**	1.2	**Heparin Given(Total):**	5000	

Duration	TIME	BP	Pulse	SPo2	BFR	DFR	STAFF NAME	Emp ID
Pre	13:00:00	153/75	78	98			Mr. Singh	DC00001
00:30	13:30:00	150/82	75	98	250	500	Mr. Singh	DC00001
01:00	14:00:00	156/80	81	98	250	500	Mr. Singh	DC00001
01:30	14:30:00	150/78	86	98	250	500	Mr. Singh	DC00001
02:00	15:00:00	146/76	80	98	250	500	Mr. Singh	DC00001
02:30	15:30:00	140/78	87	98	250	500	Mr. Singh	DC00001
03:00	16:00:00	150/81	80	98	250	500	Mr. Singh	DC00001
03:30	16:30:00	138/75	83	98	250	500	Mr. Singh	DC00001
Post	17:00:00	170/90	81	98			Mr. Singh	DC00001

S.No	Time	MEDICATION		Dose	Route	Frequency	Staff Name	Emp ID
1	13:00:00	Inj.	INJ. HEPARIN (25000 I.U.)	5000 IU	I.V.	Infusion	Mr. Singh &	DC00001
2	17:00:00	Inj.	INJ. ERYTHROPOITIN 4000 IU	4000 IU	S.C.	STAT	Mr. Kumar Mr. Singh	DC00002

DISCHARGE SUMMARY

Discharge Note(Dietary/Medication/Infection etc.)	**Contact us immediately in case of:**	
All vaitals are normal	-Loss of Thrill/Vibration/leakage from AVF/AVF. -Bleeding/Extraction/Sutures Broken of Dialysis Catheter. -Redness/swelling/pain/warmth/Pus Discharge from AVF/Catheter.	-Breathing Difficulties (SPO2=›94%). -Low BP(‹100/70 mmhg),High BP(›170/100 MMHG), -Chills/Rigors/ Fever › 100°F -Rescheduling Dialysis Session.
	OR **In Case of any emergency, please visit any nearby hospital**	
Investigations/Procedure (if any): No	**Next Appointment:**18-06-2026	**Date & Time of Discharge:** 16-06-2026 17:10:00
Patient is: Fit To Discharge ☑ Unfit To Discharge ☐	**Emergency Person Name:** Ms. Yadav	**Designation & Contact No.:** Center Manager ( )
Doctor's Name: Dr. Shukla	**Doctor's Emp ID:** DC00003	**Date & Time:** 18-06-2026 17:10:00