BANGKOK HOSPITAL PHUKET

Chronic Hemodialysis Prescription for Fly in

Name.....

DOB.....HN.....AN.....

Age.....Gender.....Visit.....

Email ..... Telephone number ..... Country.....

Chronic HD Prescription

Date .....

Mode □ **Conventional HD** □ **Online HDF**

Vascular access .....

Dry weight ..... Kg.

Dialyzer ..... Surface area .....

Duration ..... hrs.

Dialysis time ...../ week

Blood Flow Rate ..... ml/min.

Dialysate Flow Rate..... ml/min.

Dialysate Sodium .....mEq/L Potassium ..... mEq/L

Calcium ..... mEq/L Bicarbonate ..... mEq/L

Anticoagulant Heparin loading ..... Unit,maintanace .....unit/hr

LMWH .....

No Heparin , Flush NSS ..... ml every .....min

Medication during hemodialysis .....

Allergy □ No □ Yes **.....**

Lab results: Please provide a medical report with the following details (results must be no more than 6 months old):

- Anti HIV, HbsAg, Anti HCV
- CBC, BUN, Cr, Calcium, Phosphorus, Electrolyte
- EKG, Chest X-ray
- Hemodialysis record
- Medication record

Remarks: Please mark "N/A" under the item that is not applicable. Scanned by.....

Do not use	U	IU	Q.D.	Q.O.D., QOD, q.o.d., qod	Trailing zero (x.0 mg) Lack of leading zero (.x mg)	MS, MSO_4 or $MgS0_4$
Use	unit	International unit	Daily or Every day	Every other day	x mg Exp.(1mg) 0.x mg Exp.(0.5 mg)	Morphine sulfate Magnesium sulfate