PRESCRIPTION

FANØ DIALYSIS CLINIC

Vestervejen 1  
6720 Nordby, Fanø

Fanoe@nyre.dk

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| Name: | Duration: hours x week |
| Civil Reg. No.: | Holiday address: |
| Home address:  Telephone/Mobile: | Vascular access: Fistula: left right  Needle type:  CVK: left right |
| Centre:  Home:  Limited Care: | Filter: **FX 100 is standard**.  Any special filters must be brought with you. |
| DIALYSIS  **Calcium 1.25 is standard**.  Blood flow: Anticoagulation:  Na: Standard Heparin or Innohep:  Bicarbonate: Max. liquid for extraction:  Temperature: Desired weight: Profile (if applicable): | |
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| STATUS:  Complications arising from dialysis: Other illnesses:   * Breathing problems: - DM * Oedemas: - Heart * Tachycardia/Angina - Lungs * Dyspepsia: - Cancer * Bleeding tendency - Other * Cramps: * Other:   Disability: | |
| BLOOD TESTS: (< 3 months)  We do NOT admit people with MRSA/VRE/Chlostridia/CPO/ESBL/HIV/Hepatitis  Haemoglobin: Potassium: HIV: HBS-Antigen: HCV-Antigen:  Swab result for MRSA, etc.: | |
| MEDICINE:  Please, bring your usual medicine (e.g.: EPO, Venofer) – Also catheter lock (e.g.: TauroLock) | |
| **CAVE:** | |
| Other information: | |