

Anmeldung zur Feriendialyse

Application for dialysis treatment on holiday

Bitte möglichst 2 Wochen vor der ersten Dialyse an das Feriendialysezentrum senden
Please send application form to holiday dialysis unit 2 weeks prior to your first dialysis

Name <i>Name</i>	Vorname <i>First name</i>
Geburtsdatum <i>Date of Birth</i>	
Strasse <i>Street</i>	PLZ/Ort <i>Place</i>
Telefon / Fax <i>Phone / fax</i>	E-Mail <i>E-Mail</i>
Ferienadresse <i>Adress to holiday</i>	

Person, die im Notfall verständigt werden soll / Tel. <i>Person to inform in an emergency / phone</i>
--

Krankenkasse (Name, Adresse, Nr.) <i>Health insurance (name, address, no.)</i>

Bitte bringen Sie Ihre Versicherungskarte mit.
Please bring the European Health Insurance Card with you.

Ihr Dialysezentrum / *Your dialysis unit*

Spital, Adresse, Telefon, Fax, E-Mail <i>Hospital, address, phone, fax, e-mail</i>	Arzt <i>Physician</i>
---	--------------------------

Feriendialyse / *dialysis on holiday*

Gewünschter Termin <i>Date preferred</i>	von <i>from</i>	bis <i>to</i>
---	--------------------	------------------

Anzahl Dialysen / Woche <i>Dialysis sessions / week</i>	HDF <input type="checkbox"/> HD <input type="checkbox"/>	Dauer / Dialyse <i>Duration / session</i>	Stunden <i>hours</i>
--	---	--	-------------------------

Medizinische Daten / *Medical dates*

Diagnose <i>Diagnosis</i>

Allergien <i>Allergies</i>

HBs-AC	HBs-Antigen	HIV-s-AC	Anti-HCV
--------	-------------	----------	----------

- ▶ Bitte Kopie der letzten Laborresultate beilegen (nicht älter als 3 Monate)
- ▶ *Please enclose your last blood results (not older than 3 months)*

Dialyse seit <i>On dialysis since</i>		Transplantationsliste <i>Transplant list</i>	Ja <input type="checkbox"/> Yes	Nein <input type="checkbox"/> No
--	--	---	------------------------------------	-------------------------------------

Gefäßzugang / *Vascular access*

Katheter <input type="checkbox"/> <i>Catheter</i>	Typ / Lokalisation <i>Type / localisation</i>			
Füllvolumen <i>Heparinisation</i>	Arteriell <i>Arterial</i>	ml <i>(IU/ml)</i>	Venös <i>Venous</i>	ml <i>(IU/ml)</i>

Fistel <input type="checkbox"/> <i>Shunt</i>	Typ / Lokalisation <i>Type / localisation</i>		Blutfluss <i>Blood flow</i>	UF-Profil
Nadel G <i>Cannula</i>	1.- Nadel <input type="checkbox"/> <i>Single Needle</i>	Bemerkungen <i>Remarks</i>		Na- Profile

Filter / *Dialyser*

Dialysator <i>Dialyser</i>	Material der Membrane <i>Type of membrane</i>	Oberfläche <i>Surface</i>	m ²
-------------------------------	--	------------------------------	----------------

Dialysat / *Diaysate*

Bikarbonat <input type="checkbox"/> <i>Bicarbonate</i>	Natrium <i>Sodium</i>	mmol/l	Kalium <i>Potassium</i>	mmol/l	Kalzium <i>Calcium</i>	mmol/l	Glukose <i>Glucose</i>	mmol/l
---	--------------------------	--------	----------------------------	--------	---------------------------	--------	---------------------------	--------

Antikoagulation / *Anticoagulation*

Heparin <i>Heparin</i>	Initial <i>Bolus</i>	IU	kont. <i>cont.</i>	IU	Fragmin <i>Fragmin</i>	Initial <i>Bolus</i>	IU
---------------------------	-------------------------	----	-----------------------	----	---------------------------	-------------------------	----

Blutdruck / *Bloodpressure*

vor Dialyse <i>before dialysis</i>	Nach Dialyse <i>After dialysis</i>	Trockengewicht <i>Dry weight</i>	kg	Max. UR Rate <i>ml</i>
---------------------------------------	---------------------------------------	-------------------------------------	----	---------------------------

Bemerkungen <i>Comments</i>

Datum / *Date*

Unterschrift / *Signature*