

Centro dialisi di riferimento/Renal Unit \_\_\_\_\_

Via /Address \_\_\_\_\_ Città/ City: \_\_\_\_\_

Telefono /Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Fax \_\_\_\_\_ Medico compilatore/Physician in charge : \_\_\_\_\_

**CARATTERISTICHE DEL PAZIENTE/ PATIENT DATA**

Cognome/Surname \_\_\_\_\_ Nome/First Name \_\_\_\_\_ Data nascita/Date of birth \_\_\_\_\_

Indirizzo/Address: \_\_\_\_\_ Telefono/Telephone \_\_\_\_\_ Nazione/country \_\_\_\_\_

Data arrivo/Date of arrival \_\_\_\_\_ Data partenza/Date of departure \_\_\_\_\_

Numero di dialisi richieste/Number of dialysis required \_\_\_\_\_

**CARATTERISTICHE DI DIALISI/DIALYSIS DETAILS:**

TIPO DI DIALISI /DIALYSIS TYPE \_\_\_\_\_ Durata/Duration: \_\_\_\_\_ min INFUSATO/INFUSATE (LT) \_\_\_\_\_

Giorni di dialisi/Days of dialysis: \_\_\_\_\_ Peso secco/Dry weight : \_\_\_\_\_ Kg

Incremento interdialitico/Interdialytic wt gain: \_\_\_\_\_ Kg PA predialisi: \_\_\_\_\_ mmHg PA postdialisi: \_\_\_\_\_ mmHg

Filtro/Dialyser: \_\_\_\_\_ Membrana/Membrane: \_\_\_\_\_ mq/sm: \_\_\_\_\_

Bagno dialisi/ dialysis bath [ K] \_\_\_\_\_ mEq/l Glucose \_\_\_\_\_ mmol/L

Accesso vascolare/Vascular access: \_\_\_\_\_ Qb: \_\_\_\_\_ ml/min

Anticoagulation/e : Eparinizzazione/Heparin : [ ] Boli/Boluses \_\_\_\_\_ [ ] continua/continuous \_\_\_\_\_ U/h

Decorso dialitico/ Problems during dialysis : \_\_\_\_\_

**ESAMI RECENTI/RECENT INVESTIGATIONS**

Data/Date:			
	HBsAg: _____	HCV-Ab: _____	HIV: _____

Data/Date:					
	Hb: _____ g/dl	Ht: _____ %	Urea/Bun: _____ mg/dl/mmol/l	Creat/Screat: _____	K: _____ mEq/L

**NOTE CLINICO-ANAMNESTICHE/MEDICAL INFORMATION§**

Patologia di base/Type of nephropathy: \_\_\_\_\_ Data inizio trattamento/Dialysis start \_\_\_\_\_

Comorbidità/Problemi attivi/comorbidities/Active problems:	Allergie/Allergies:

Terapia intradialitica/Therapy during dialysis:	Terapia interdialitica/Therapy between dialysis: