Caregiver Dialysis Patient Communication Form

To Be Completed by Caregiver
Patient Name: Date:
Falls since last treatment: 🗆 Yes 🗆 No
If yes, please explain:
Access Issues (i.e. bleeding, drainage or pain):
Did the dressing/bandage come off the catheter? Ves No
To Be Completed by Dialysis Facility
Pre-Dialysis Treatment
Blood Pressure: Temperature: Pulse: Weight:
Dialysis Treatment Orders
Target Weight: Treatment Duration:
Medications Administrated During Dialysis Treatment
Post-Dialysis Treatment
Blood Pressure: Temperature: Pulse: Weight:
Amount of Fluid Removed:
Did patient complete prescribed treatment:
If no, why? (cramping, low BP, other symptoms)
Please note any dialysis access problems (excess bleeding, infiltration, etc):
* To help reduce the risk of infection, remove the bandage once the bleeding stops.
Nurse completing this form:



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