

Application form for holiday dialysis

It's only really holiday, if dialysis is well controlled. That's why we ask you to fill in this form so we can review and access. Please send it to (afdeling dialyse postbus 9025 7610HN Ede The Netherlands or e-mail: secretariaatdialyse@zgv.nl), **Before confirming your stay with us. So we can make your holiday!**

General data

Personal guest self to fill in

Name + First name		
Date of birth		
Home address		
Postal Code + Place		
Country		Spoken language
Phone number		
Mobile number		
E-mail address		

In case of emergency warn during the holiday

Name + First name	
Address	
Relationship to guest	
Phone number	
Mobile number	
General practitioner	
Address	
Phone number	

Health insurance

Health Insurance	
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Insurance number	
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Details about the holiday

Period desired Holiday

Date desired period	From	Till
Desired dialysis schedule		
First dialysis day	Date	
Last dialysis day	Date	

Holiday accommodation data

Surname/Camping site	
Holiday address	
Holiday place	
Phone number	

Data own dialysis center

General information

Dialysis center	
Address	
Postal Code + Place	
Phone number	
Fax number	
E-mail address	
Treating Nephrologist	
First Responsible Nurse	

Data to be filled by the treating Nephrologist and the dialysis nurse

Reanimation code	
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Dialysis data

Dialysis method	HD/ HDF/ HF/ night dialysis/ Every other day	
Dialysis schedule	hours	times a week
Recent problems (during dialysis)		
Diet		
Bloodpressure	before dialysis	after dialysis
Idealweight	Kg	
Interdialytic weight gain	Kg	
Shunt/ Katheter location		
Type of artificial kidney		
One needle / two needles		
Type dialysis needle	Thickness	Length
0 Steell	15 G	25 mm
0 Steel	16 G	25 mm
0 Steel	16 G	32 mm
0 Flexible	14 G	25 mm
0 Flexible	15 G	25 mm
0 Flexible	15 G	32 mm
0 Buttonhole	15 G	Steel
Bloodflow		
Dialysate flow		
Maximum UF rate		

Maximum UF volume	
Temperature bathing water	
Sodium bathing water	
Bicarbonate bathing water	
negative pressure	
Venous pressure	
Composition of dialysate	

Heparinization and Medication

Initial dose of Fragmin
<p>Medication during dialysis:</p> <ul style="list-style-type: none"> - Erythropoietin, Mircera <i>Aranesp is present, when using other erythropoietin</i> - Iron supplementation - Potassium supplementation - Vitamin D - Disseminate Sintromitis for the duration of the holiday (if possible) - Medicinease (if catheter) - Duralock (if catheter) - Otherwise

Blood transfusion

Blood type + Rhesus factor	
When last transfusion	

Allergy	Yes / No / Unknown
Allergic of	
Allergic reaction to?	

!!Important!!

We would like to receive copies of this transfer have attached

- Health insurance valid insurance card EHIC = European health insurance card
- ID valid
- Current medicine list
- Latest recent medical letter with history
- Laboratory values (and blood and rhesus) of the last 6 weeks
- Recent ECG not older than 6 months
- Recent results (with date) no older than 6 months from:
 - HbsAg • Hep C • HIV • Anti HCV

Agree statement treated Nephrologist

Undersigned, treating nephrologist, agrees with the content of this transfer

Completed by nurse:

Name Nephrologist:

Signe:

Date: