

Guest dialysis treatment

The dialysis unit at Caphio Lundby Hospital offers you highly professional treatment and care. In order to book the dialysis treatments please read the information below, fill in the "Treatment prescription form" (see below) and contact the dialysis unit. We need to receive the test results, medical records and the treatment prescription form one week in advance.

Test results:

Following test results are mandatory. We need to have the results one week in advance. Unfortunately we can not accept patients with hepatitis B or HIV.

MRSA - maximum 1 month old

Samples should be taken from perineum, rectum, throat, inside nose, blood and wounds

VRE - maximum 1 month old

Samples should be taken from perineum and rectum

ESBL - maximum 1 month old

Samples should be taken from perineum and rectum

HEPATITIS - maximum 3 months old

Following tests are mandatory: HbsAg and antiHCV

HIV - maximum 3 months old

Payment of agreement/charge

In order to book the dialysis you need to send us a payment of agreement a week before scheduled dialysis, this must include where to send the invoice.

If you have a citizenship of the **European Union** you don't need a payment of agreement, although you have to send us a copy of the **European health insurance card** one week before scheduled dialysis.

Innohep, Duralock/Heparin, coffee, tea, sandwiches and one hot meal are included in the price.

Medications

Beside Innohep (anticoagulants) and Duralock/Heparin (anticoagulants for catheter) you are obligated to bring your own medications such as erythropoiesis stimulating agent, iron and vitamin D.

Interpreter

If you need an interpreter you'll have to pay and book this yourself.

Medical record

Please send necessary medical records, treatment prescription form, test results to the dialysis unit a week before scheduled dialysis.

Citizen of the European Union

Besides sending us a copy of your European health insurance card before your dialysis you also need to bring the card to the first dialysis treatment here at the hospital.

Opening hours:	Monday, Wednesday, Friday	7.00am- 7.00pm
	Tuesday, Thursday	7.00am- 3.00pm
	Saturday	7.00am- 2.00pm

How to get here:

Address: Wieselgrensplatsen 2A

From the Central station: Please take tram number 6, destination Länsmansgården, or number 13, destination Brämregården, and get off at Wieselgrensplatsen.

From Brunnsparken: Please take bus number 25, destination Länsmansgården, and get off at Wieselgrensplatsen.



Contact us:

Phone dialysis unit:

004631- 65 72 86

Fax:

004631- 65 72 80

Treatment prescription form

Name:

Date of birth:

Diagnosis and short history:

Allergies:

Dialyzer:

Name:

Type: Low flux High flux

Known adverse reactions to type of sterilization: No
 Yes Type:

In vitro urea clearance from manufacturer Blood flow.....ml/min
 Urea clearance.....ml/min

Vascular access

AV-fistula Graft Central venous catheter

Fistula needle size:.....

Catheter instillation: Type and concentration:
 A: ml V: ml

Dialysis regime:

Treatments/week:..... /week	Time/treatment:..... hours
Blood flow:..... ml/min	Dialysate flow:..... ml/min
Dialysate temperature:.....°C	Dry weight:..... kg
Sodium mmol/L	Potassium mmol/L
Ca mmol/L	Bicarbonate mmol/L
Glucose g/L	Profile Bicarbonate
Profile Na	
Profile ultrafiltration	
Anticoagulation: Type	Dosage
We can offer HDF postdilution	Substitution volume L

Does the patient need assist during dialysis?

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Complications during dialysis?

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Comments:

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Please send to Dialysis unit

- Present medication
- Recent laboratory
- Treatment protocol
- Blood group
- Test results

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HIV - maximum 3 months old

- Medical journal
- Nursing journal

Desired dates of treatment

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Patient's address and telephone number during the visit:

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Your dialysis unit:

Person to contact at your clinic:

Name: _____ Fax: _____
Phone: _____ E-mail: _____