



Date: _____ **Pre-Weight:** _____ kg **Post-Weight:** _____ kg

Pre-Vitals BP: _____ HR: _____ RR: _____ Temp: _____ O2 Sat: _____

Post-Vitals BP: _____ HR: _____ RR: _____ Temp: _____ O2 Sat: _____

Medications received @ Hemodialysis: _____

Notes:

Date: _____ **Pre-Weight:** _____ kg **Post-Weight:** _____ kg

Pre-Vitals BP: _____ HR: _____ RR: _____ Temp: _____ O2 Sat: _____

Post-Vitals BP: _____ HR: _____ RR: _____ Temp: _____ O2 Sat: _____

Medications received @ Hemodialysis: _____

Notes:

Date: _____ **Pre-Weight:** _____ kg **Post-Weight:** _____ kg

Pre-Vitals BP: _____ HR: _____ RR: _____ Temp: _____ O2 Sat: _____

Post-Vitals BP: _____ HR: _____ RR: _____ Temp: _____ O2 Sat: _____

Medications received @ Hemodialysis: _____

Notes:
