# 전원의뢰서

진단 및 병력

|  |  |
| --- | --- |
| **전원병원** |  |
| **진단명** |  |

투석정보

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **투석시작일** |  | | **작성일** |  | | |
| **마지막투석일** |  | | **헤파린용량** | **초기** |  | Unit |
| **투석기** |  | | **유지** |  | Unit/hr |
| **투석액** |  | | **활력징후** | **시작** |  | mmHg |
| **투석시간** |  | 시간 | **종료** |  | mmHg |
| **투석횟수** |  | 회/주 | **체중** | **건체중** |  | Kg |
| **혈류속도** |  | ml/min | **투석후** |  | Kg |

**투석통로**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **혈액투석**  **도관** | **카테터 종류** |  | **위치** |  |
| **삽입일** |  | **잠금용액** |  |
| **동정맥루** | **종류** |  | **위치** |  |
| **수술일** |  | **기타** |  |

**검사결과** **검사일 :**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CBC** | **WBC** |  | **Hb/Hct** |  | **Plt** |  |
| **Chemistry** | **T.Pro/Alb** |  | **AST/ALT** |  | **T.Bil** |  |
| **Electolyte** | **Na/K/Cl** |  | **TCO2** |  | **BUN/Cr** |  |
| **Ca/P** | **iPTH** |  | **Ferritin** |  | **TSAT** |  |
| **Infection** | **HBV** |  | **HCV** |  | **HIV** |  |
| **OTHERS** |  | | | | |

# 전원의뢰서

진단 및 병력

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| --- | --- |
| **전원병원** |  |
| **진단명** |  |
| **병력**  **1.**  **2.**  **3.**  **4.**  **5.** | |

투약력

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **약 명** | **용량용법** | **#** | **약 명** | **용량용법** |
| **1** |  |  | **8** |  |  |
| **2** |  |  | **9** |  |  |
| **3** |  |  | **10** |  |  |
| **4** |  |  | **11** |  |  |
| **5** |  |  | **12** |  |  |
| **6** |  |  | **13** |  |  |
| **7** |  |  | **14** |  |  |

기타

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| **작성일 :** |  | **연락처 :** |  | **작성자 :** | (인) |