

# Hemodialysis Adequacy

Patient Last name **Overvee** First name **Katie**  
 Medical record number **12-34-56**  
 Date of birth **2/2/1981**

## DELIVERED HEMODIALYSIS<sup>1</sup>

Formula: Daguidas J. *J Am Soc Nephrol* 4:1205-1213, 1993.

Date of study **2/12/2002**

Pre-dialysis BUN	<b>55</b>	mg/dl
Post-dialysis BUN	<b>18</b>	mg/dl
Session length	<b>3.5</b>	hours
		minutes
Post-dialysis weight	<b>75</b>	kg
Net ultrafiltrate	<b>1.5</b>	kg

Patient results: Delivered	DOQI Minimum
Urea Reduction Ratio: <b>67%</b>	<b>65%</b>
Single-pool Kt/V: <b>1.3</b>	<b>1.2</b>

## PRESCRIBED HEMODIALYSIS

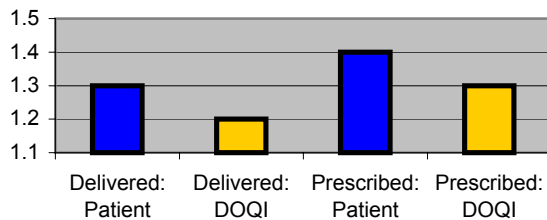
Dialyzer*	<b>CA210</b>	*Optional fields
Blood flow*	<b>300</b>	ml/min
Curea of dialyzer	<b>266</b>	ml/min
Session length	<b>3.5</b>	hours
		minutes
Dry weight	<b>75</b>	kg
Desired Kt/V*	<b>1.3</b>	

Minimum time required to achieve desired Kt/V **202** minutes

Patient results: Prescribed	DOQI Minimum <sup>2</sup>
Urea Reduction Ratio: <b>74%</b>	<b>70%</b>
Single-pool Kt/V: <b>1.4</b>	<b>1.3</b>

<sup>2</sup>DOQI recommends prescribing based on Kt/V, not URR.

## GRAPHIC SUMMARY



## Notes

## Interpretation/Plan:

Physician

**Children's**

Children's Hospital and Regional Medical Center  
 Seattle, WA 98105

ASSESSMENT OF HEMODIALYSIS ADEQUACY

Case Number **12-34-56**  
 Name **Overvee**  
 Date of birth **2/2/1981**

**Katie**