



KANTONSSPITAL WINTERTHUR

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**Anmeldung zur Feriendialyse  
Inscription pour des dialyses en vacances  
Iscrizione per dialisi in vacanze  
Application for Dialysis Treatment on Holidays**

| Personalien / Identité / Generalità / Personal Details  |   |   |
|---|---|---|
| Name / Nom /<br>Cognome / Last name   | Vorname / Prénom /<br>Nome / First name | Geburtsdatum / Date de naissance<br>Data di nascita / Date of birth |
| <b>Wohnort/Domicile/Domicilio/Domicile</b>  |   | <b>Ferien/Vacances/Vacanze/Holidays</b>                             |
| Strasse / Rue / Via / Street  |   | Strasse / Rue / Via / Street  |
| PLZ-Ort / NP-Lieu /<br>NP-Località / ZIP-Place  |   | PLZ-Ort / NP-Lieu /<br>NP-Località / ZIP-Place                      |
| Telefon / Téléphone<br>Telefono / Phone / fax   |   | Telefon / Téléphone<br>Telefono / Phone / fax                       |
| <b>Person, die im Notfall verständigt werden soll:</b><br><b>Personne a aviser en cas d'urgence:</b><br><b>Persona da avvisare in caso di urgenza:</b><br><b>Person to inform an emergency:</b> |   | Telefon/Téléphone<br>Telefono/Phone / fax                           |

| Ihr Dialysezentrum / Votre centre de dialyse /<br>Il vostro centro dialisi / your Dialysis Unit  |
|--|
| <b>Kantonsspital Winterthur, Nephrologie/Dialysestation</b><br>Brauerstrasse 15, Postfach 834, CH-8401 Winterthur<br>Tel: ++41-(0)52- 266 23 40 (Dialysestation)<br>Leiter: Dr. med. Th. Kistler, Pflegedienstleitung: Fr. B. Sam Aka<br>Arzt / Médecin / Dottore / Physician: |

| Feriendialyse / Dialyses en vacances / Dialisi in vacance / Dialysis on Holidays   |   |   |  |
|--|---|---|--|
| <b>Gewünschter Termin / Date désirée / Date desideratam / Date preferred:</b>  |   |   |  |
| von / de<br>da / from  | bis / au<br>al / to   | fur / pour /<br>per / for   | Stunden / heures /<br>oras / hours   |
| Dialysen pro Woche / Traitements par semaine /<br>Dialisi per settimana / Dialysis sessions per week   |   |   |  |
| <b>Gewünschte Zeit / L'heure désirée / Ora desiderata / Time preferred:</b>  |   |   |  |
| <input type="checkbox"/> Morgen / Matin<br>Mattina / Morning   | <input type="checkbox"/> Nachmittag / Après midi<br>Pomeriggio / After noon |   |  |
| <b>GewünschteTage / Jours désirés / Giorni desiderati / Days preferred</b>   |   |   |  |
| <input type="checkbox"/> Montag<br>Lundi<br>Lunedì<br>Monday   | <input type="checkbox"/> Dienstag<br>Mardi<br>Martedì<br>Tuesday            | <input type="checkbox"/> Mittwoch<br>Mercredi<br>Mercoledì<br>Wednesday | <input type="checkbox"/> Donnerstag<br>Jeudi<br>Giovedì<br>Thursday                                      |
|  |   | <input type="checkbox"/> Freitag<br>Vendredi<br>Venerdì<br>Friday       | <input type="checkbox"/> Samstag<br>Samedi<br>Sabato<br>Saturday   |
| Haben Sie schon einmal bei uns dialysiert?<br>Avez-vous déjà été dialysé(e) chez nous?<br>Ha già fatto dialisi da noi?<br>Have you already dialysed in our unit? | <input type="checkbox"/> Ja<br>Oui<br>Sì<br>Yes                             | <input type="checkbox"/> Nein<br>Non<br>No<br>No                        | Wenn ja, in welchem Jahr?<br>Si oui, en quelle année?<br>Se sì, in quale anno?<br>If yes, in which year? |

## Diagnosen / Diagnostic / Diagnosi / Diagnosis

### Allergien / Allergies / Allergie / Allergies:

| Serologien / Sérologies / Serologie / Serologies: |                  |                  |                  |             |
|---|------------------|------------------|------------------|-------------|
| <b>HBs-Ag:</b>                                    | <b>anti-HBs:</b> | <b>anti-HBc:</b> | <b>anti-HCV:</b> | <b>HIV:</b> |
| Datum / Date /<br>Data / Date:                    |                  |                  |                  |             |

| Medikamente / Médicaments / Farmaci / Medicaments   |
|---|
| gemäss Medikamenten-Karte / selon la carte des médicaments / secondo la carta dei medicinali / according to the medication card |

### Information über Dialyse / Information de la Dialyse / Infomtazione della Dialisi / Information about Dialysis

|   |  |   |  |
|---|--|---|--|
| Dialyse seit / Dialyse depuis<br>Dialisi da / On dialysis since | Transplantationsliste / Liste de transplantation /<br>Lista di trapianti / Transplant list | <input type="checkbox"/> Ja / Oui /<br>Si / Yes | <input type="checkbox"/> Nein / Non /<br>No / No |
|---|--|---|--|

| Gefässzugang / Accès vasculaire / Accesso vascolare / Vascular access |  |                                     |       |
|---|--|-------------------------------------|-------|
| Fistel-Typ<br>Fistule-type<br>Fistola-tipo<br>Shunt-type              | <input type="checkbox"/> Rechts / droit /<br>dextra / right  | Nadel / Aiguille /<br>Ago / Cannula | Gauge |
|   | <input type="checkbox"/> links / gauche /<br>sinistra / left |                                     |       |
| Bemerkungen / Remarques / Osservazione / Comments                     |  |                                     |       |

| Filter / Filtre / Filtro / Dialyser:   |  |                |
|--|--|----------------|
| Material der Membran / Type de membrane /<br>Tipo di membrano / Type of membrane | Oberfläche / Surface /<br>Superficie / Surface | m <sup>2</sup> |

| Dialysat / Dialysate / Liquido di dialisi / Dialysate |               |                       |               |                        |               |  |
|---|---------------|-----------------------|---------------|------------------------|---------------|--|
| <b>Na<sup>+</sup>:</b>                                | <b>mmol/l</b> | <b>K<sup>+</sup>:</b> | <b>mmol/l</b> | <b>Ca<sup>+</sup>:</b> | <b>mmol/l</b> | <input type="checkbox"/> Glukose<br>Glucose<br>Glucosio<br>Glucose |
|   |               |                       |               |                        |               | <input type="checkbox"/> Bikarbonat<br>Bicarbonato<br>Bicarbonate  |
|   |               |                       |               |                        |               | <input type="checkbox"/> Azetat<br>Acetat<br>Acetate               |

| Antikoagulation / Anticoagulation / Anticoagulazione / Anticoagulation |           |  |                                  |
|--|-----------|--|----------------------------------|
| <b>Fragmin (LMWH)</b>  |           | <b>Heparin</b>   |                                  |
| initiale Dosis / dose de charge /<br>dosa iniziale / initial bolus     | <b>IU</b> | initiale Dosis / dose de charge /<br>dosa iniziale / initial bolus | <b>IU</b>                        |
| 2. Dosis / 2. dose /<br>2.dosa / 2. bolus                              | <b>IU</b> | nach / après /<br>doppo / after                                    | <b>Std / hrs /<br/>oras /hrs</b> |
|  |           | kontinuierlich / entretien /<br>continuata / continuous            | <b>IU</b>                        |

| Blutdruck / Tension artérielle / Pressione de sangue / Bloodpressure          |   |              |   |
|---|---|--------------|---|
| vor der Dialyse / avant la dialyse /<br>prima della dialisi / before dialysis | / | <b>mm Hg</b> | nach der Dialyse / après la dialyse /<br>dopo la dialisi / after dialysis |
|   |   |              | /   |
|   |   |              | <b>mm Hg</b>  |

|   |           |
|---|-----------|
| <b>Trockengewicht / Poids de base / Peso secco / Dry weight</b> | <b>kg</b> |
|---|-----------|

### Bemerkungen / Remarques / Osservazione / Comments

Datum / Date /  
Data / Date

Unterschrift / Signature /  
Firma / Signature