

Missed Treatment Time Tracking Record

Patient Name: _____ Month/Year: _____

Facility Name: _____

	Date	Type of Occurrence*	Time Missed	Comments	Initials
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
		Total Treatment Time Missed During Month:			

*Missed Treatment / Late Arrival / Early Termination

Dear Patient,

Your physician has prescribed _____ hours of dialysis _____ times per week for you to receive adequate treatment. The chart above summarizes that you have missed a total of _____ hours / minutes of your prescribed dialysis during the past month. Failure to dialyze your prescribed treatment time and receive adequate dialysis may result in hospitalization or any of the following conditions:

- Itching, bone and joint pain
- Poor appetite
- Increased risk of infections
- Chest pain or cardiac arrest
- Nausea and vomiting
- Fluid overload causing difficulty breathing
- Decreased energy levels
- Death

Patient Signature / Date