



ชื่อ-นามสกุล  
STICKER HERE

Date.....  
Time.....  
Visit No.....

ASSESSMENT	Diagnosis/ Treatment/ Appointment																																																																																								
<p><b>History</b></p> <p>Poor appetite    <input type="checkbox"/>N <input type="checkbox"/>Y      Nausea/ vomiting    <input type="checkbox"/>N <input type="checkbox"/>Y</p> <p>Dyspnea / PND    <input type="checkbox"/>N <input type="checkbox"/>Y      Edema                    <input type="checkbox"/>N <input type="checkbox"/>Y</p> <p>Nocturia            <input type="checkbox"/> no    <input type="checkbox"/> yes</p> <p>กินยาแก้ปวด , ยาสมุนไพรรักษา _____ <input type="checkbox"/> ไม่ <input type="checkbox"/> บางครั้ง <input type="checkbox"/> ประจำ</p> <p>ผู้ป่วย DM มี <input type="checkbox"/> hypoglycemia <input type="checkbox"/> DR <input type="checkbox"/> DN <input type="checkbox"/> diabetic foot</p> <p>อื่นๆ _____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Definition</th> <th style="width:30%;">Stage</th> <th style="width:40%;">GFR level</th> </tr> </thead> <tbody> <tr> <td>high/normal</td> <td><input type="checkbox"/> G1</td> <td>≥90</td> </tr> <tr> <td>mild</td> <td><input type="checkbox"/> G2</td> <td>75-89</td> </tr> <tr> <td>mild</td> <td><input type="checkbox"/> G2</td> <td>60-74</td> </tr> <tr> <td>mild-moderate</td> <td><input type="checkbox"/> G3a</td> <td>45-59</td> </tr> <tr> <td>moderate-severe</td> <td><input type="checkbox"/> G3b</td> <td>30-44</td> </tr> <tr> <td>severe</td> <td><input type="checkbox"/> G4</td> <td>15-29</td> </tr> <tr> <td>kidney failure</td> <td><input type="checkbox"/> G5</td> <td>&lt; 15</td> </tr> </tbody> </table> <p>O A1 (ACR&lt;30) O A2 (ACR30-300) O A3 (ACR&gt;300)</p> <p>Risk: <input type="checkbox"/> low <input type="checkbox"/> mod <input type="checkbox"/> high <input type="checkbox"/> very high</p> <p>Underlying <input type="checkbox"/> DM <input type="checkbox"/> HT <input type="checkbox"/> IHD <input type="checkbox"/> Dyslipdemia</p> <p><input type="checkbox"/> Other _____</p>	Definition	Stage	GFR level	high/normal	<input type="checkbox"/> G1	≥90	mild	<input type="checkbox"/> G2	75-89	mild	<input type="checkbox"/> G2	60-74	mild-moderate	<input type="checkbox"/> G3a	45-59	moderate-severe	<input type="checkbox"/> G3b	30-44	severe	<input type="checkbox"/> G4	15-29	kidney failure	<input type="checkbox"/> G5	< 15																																																																
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<p>PE V/S : BT....°C , PR...../min, RR...../min BP.....mmHg</p> <p>BW.....kg. Ht.....cm.</p> <p>BMI <math>\left( \frac{BW}{Ht(m)^2} \right) = \dots\dots\dots/m^2</math></p> <p>Pale <input type="checkbox"/> N <input type="checkbox"/> Y</p> <p>Edema <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4</p> <p>Flapping tremor <input type="checkbox"/> N <input type="checkbox"/> Y</p> <p>Volume status : <input type="checkbox"/> Dehydrate <input type="checkbox"/> Normal <input type="checkbox"/> Overload</p> <p>Urine volume <input type="checkbox"/> _____ ml /day</p> <p>Estimated GFR <input type="checkbox"/> MDRD _____ mL/min/1.73m<sup>2</sup></p> <p><input type="checkbox"/> CKD-EPI _____ mL/min/1.73m<sup>2</sup></p> <p>Previous eGFR (CKD-EPI) _____ mL/min/1.73m<sup>2</sup></p>	<p>คำแนะนำที่ผู้ป่วยได้รับในการตรวจครั้งนี้ _____ Protein , _____ Low salt, _____ low potassium, _____ งดสูบบุหรี่ , _____ งด NSAIDs&amp;COXII inhibitor, _____ ปริมาณ fluid, _____ RRT, _____ การใช้ยา , _____ ยา Epo</p> <p>อื่นๆ _____</p> <p><input type="checkbox"/> พบนักกำหนดอาหาร เรื่อง _____</p>																																																																																								
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