kidneyhealth.ca

AUTOMATED PERITONEAL DIALYSIS RECORD

DATE	THERAPY PRESCRIPTION			
	Therapy Volume _____ mL Therapy Time _____ hr	Fill Volume _____ mL Dextrose _____ Other _____	Last Fill Volume _____ mL Dextrose _____ Other _____ Diff _____ Same _____	Medication Added _____
	Initial Drain Alarm Set at: _____ mL Comments: _____ Signature (set up) _____ Signature (hook up) _____			
	POST THERAPY: Initial Drain _____ mL Total Ultrafiltrate _____ mL Average Dwell _____ Last/Added Dwell _____ 24 Hour Ultrafiltrate Total _____ (Total Ultrafiltrate + Ultrafiltrate at CAPD bags + Initial Drain Ultrafiltrate) Comments: _____ Signature: _____			

DATE	THERAPY PRESCRIPTION			
	Therapy Volume _____ mL Therapy Time _____ hr	Fill Volume _____ mL Dextrose _____ Other _____	Last Fill Volume _____ mL Dextrose _____ Other _____ Diff _____ Same _____	Medication Added _____
	Initial Drain Alarm Set at: _____ mL Comments: _____ Signature (set up) _____ Signature (hook up) _____			
	POST THERAPY: Initial Drain _____ mL Total Ultrafiltrate _____ mL Average Dwell _____ Last/Added Dwell _____ 24 Hour Ultrafiltrate Total _____ (Total Ultrafiltrate + Ultrafiltrate at CAPD bags + Initial Drain Ultrafiltrate) Comments: _____ Signature: _____			