

Kappa Kidney Camp 2009



CCPD or CAPD TREATMENT FORM To be completed by Dialysis Nurse & signed by a Physician

Camper's Name: _____

Date started on PD: _____

DRY WT: _____ kg -or- _____ lbs. **AVG.**

B/P: _____
 CCPD – Cycler: HomeChoice Other _____.

Nights/week: 6 7 skip 1 night Q 2 weeks

CAPD

TYPE OF SOLUTION: Lo-Calcium PD – 2

<p style="text-align: center;">HomeChoice Settings</p> <p>Type: CCPD</p> <p>Total volume: _____ mL</p> <p>Therapy time: _____ hrs</p> <p>Fill volume: _____ mL</p> <p>Last fill volume: _____ mL</p> <p>Dextrose: same different</p> <p>Cycles: _____</p> <p>Dwell time: _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 25%;">Bag size</th> <th style="width: 25%;"># of bags</th> <th style="width: 25%;">% of bags</th> </tr> </thead> <tbody> <tr> <td>Heater:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last bag option:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p style="text-align: center;">CAPD</p> <p>Size of bags _____ .mL</p> <p>Fill volume: _____ .mL</p> <p># of Exchanges each day: _____</p> <p>Time Exchanges are done: _____</p> <p>System used: UltraBag Other _____</p> <p>% used for exchanges: _____</p> <p>1st: _____ 2nd: _____ 3rd: _____ 4th: _____</p>		Bag size	# of bags	% of bags	Heater:				Other:				Other:				Last bag option:				<p>Problems: filling draining alarms _____</p> <p>To correct: _____</p> <hr/> <p>Exit Site Infection: NO YES when _____</p> <p>How treated: _____</p> <p>Antibiotics used: Yes , Type: _____</p> <hr/> <p>Exit Site Care:</p> <p>Describe: _____</p> <hr/> <p>How often done: once /day twice / day every other day</p> <p>Dressing over site: NO YES</p> <p>Who does E.S. Care at home: _____</p> <hr/> <p>Peritonitis:</p> <p>NO YES, when _____</p> <p>Organism _____</p> <p>How treated: _____</p> <hr/> <p>Medications added to Dialysate:</p> <p>Heparin Other _____</p> <hr/> <p>Who does the dialysis at home: _____</p> <hr/> <p>Dextrose:</p> <p>Describe how % is selected: _____</p> <hr/> <p>AVG WT Off / night or day: _____</p>
	Bag size	# of bags	% of bags																		
Heater:																					
Other:																					
Other:																					
Last bag option:																					

Forms completed by _____ RN _____ Date

All the above information is correct: _____ Physician signature _____ Date Edited 3/19/2009