

Kappa Kidney Camp 2011



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 – Cyler: 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: <input type="checkbox"/> 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: <input type="checkbox"/> same <input type="checkbox"/> different</p> <p>Cycles: _____</p> <p>Dwell time: _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Bag size</th> <th style="width:30%;"># of bags</th> <th style="width:40%;">% of bags</th> </tr> </thead> <tbody> <tr> <td>Heater:</td> <td></td> <td></td> </tr> <tr> <td>Other:</td> <td></td> <td></td> </tr> <tr> <td>Other:</td> <td></td> <td></td> </tr> <tr> <td>Last bag option:</td> <td></td> <td></td> </tr> </tbody> </table>	Bag size	# of bags	% of bags	Heater:			Other:			Other:			Last bag option:			<p>Problems: <input type="checkbox"/> filling <input type="checkbox"/> draining <input type="checkbox"/> alarms _____</p> <p>To correct: _____</p> <hr/> <p>Exit Site Infection: <input type="checkbox"/> NO <input type="checkbox"/> YES when _____</p> <p>How treated: _____</p> <p>Antibiotics used: <input type="checkbox"/> Yes , Type: _____</p> <hr/> <p>Exit Site Care:</p> <p>Describe: _____</p> <p>How often done: <input type="checkbox"/> once /day <input type="checkbox"/> twice / day</p> <p><input type="checkbox"/> every other day</p> <p>Dressing over site: <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>Who does E.S. Care at home: _____</p> <hr/> <p>Peritonitis:</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES, when _____</p> <p><input type="checkbox"/> Organism _____</p> <p>How treated: _____</p> <hr/> <p>Medications added to Dialysate:</p> <p><input type="checkbox"/> Heparin <input type="checkbox"/> 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:																
<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: <input type="checkbox"/> UltraBag <input type="checkbox"/> Other _____</p> <p>% used for exchanges: _____</p> <p>1st: _____ 2nd: _____ 3rd: _____ 4th: _____</p>																

Forms completed by _____ RN _____ Date

All the above information is correct: _____ Physician signature _____ Date