



AUTOMATED PERITONEAL DIALYSIS RECORD

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

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