

PERITONEAL DIALYSIS PATIENT KARDEX

PART 3 To be used with RENAL PATIENT KARDEX PART 1

PERITONEAL DIALYSIS COMMUNITY CARE INFORMATION			
Services:			
	PDCC	Self	Work to Independence: <input type="checkbox"/> Yes <input type="checkbox"/> No
Set up Cyler	<input type="checkbox"/>	<input type="checkbox"/>	Patient/Family Teaching Plan:
Strip Cyler	<input type="checkbox"/>	<input type="checkbox"/>	
Connect Patient	<input type="checkbox"/>	<input type="checkbox"/>	
Disconnect Patient	<input type="checkbox"/>	<input type="checkbox"/>	
Weight/Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	
Dialysate Choice	<input type="checkbox"/>	<input type="checkbox"/>	
Medication (MAR)	<input type="checkbox"/>	<input type="checkbox"/>	
Baxter Ordering	<input type="checkbox"/>	<input type="checkbox"/>	
Garbage/Recycling	<input type="checkbox"/>	<input type="checkbox"/>	
Exit Site Care	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> CLEAN <input type="checkbox"/> STERILE <input type="checkbox"/> ANTIBIOTIC OINTMENT (MAR) <input type="checkbox"/> Mepore <input type="checkbox"/> Gauze and Mefix <input type="checkbox"/> Gauze and Paper Tape <input type="checkbox"/> Skin Protector <input type="checkbox"/> Adhesive Remover			
Equipment:			
Dialysate:	# per day		# per day
5000 mL bags	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Cassette: <input type="checkbox"/> 4 prong <input type="checkbox"/> 8 prong	1 per day
3000 mL bags	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	12 foot extension easy lock	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2
2500 mL bag (7.5%)	<input type="checkbox"/> 0 <input type="checkbox"/> 1	12 foot extension	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2
		Drain Manifold	<input type="checkbox"/> 0 <input type="checkbox"/> 1
		Drain Bag 15 litre set	<input type="checkbox"/> 0 <input type="checkbox"/> 1
Special Orders:			
Blood Sugar Monitoring:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency:	Report to: _____ Fax: _____
Frequency:	<input type="checkbox"/> amac <input type="checkbox"/> pmac	Hold 7.5% Icodextrin prn	Blood Pressure less than: _____ Weight less than: _____
Hold 7.5% Icodextrin prn	<input type="checkbox"/> Yes <input type="checkbox"/> No	Twin bag exchange prn	Volume: _____ Strength: _____
Twin bag exchange prn	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medication IP (MAR)	
WOUND CARE			

Recopied Date

D	D	M	M	M	M	Y	Y	Y	Y	Y	Y

 Signature _____ Printed Name and Designation _____
 Signature _____ Printed Name and Designation _____