

St George Hospital

Peritoneal Dialysis Training Summary



Name		DOB		MRN	
Address					
Phone		Work Phone		Mobile no.	
Diagnosis					
Surgeon		PDC insertion Date		Where	

Home Visit Date		No. of people at Home		Pets	
Home Assessment	Suitable	Unsuitable	Comments		
Dialysis area	<input type="checkbox"/>	<input type="checkbox"/>			
Hand washing facilities	<input type="checkbox"/>	<input type="checkbox"/>			
Storage area	<input type="checkbox"/>	<input type="checkbox"/>			
Dialysis supplies & set-up	<input type="checkbox"/>	<input type="checkbox"/>			
PD technique observed	YES	NO			

PD Topics	Education Date	Under supervision	Competent	Comments
PDC & Exit site care/dressing				
Handwash				
Preparation/Set-up/Connection				
Fluid Management/Dialysate selection				
Machine Troubleshooting		N/A	N/A	
Infection control		N/A	N/A	
Bowel Management		N/A	N/A	

Family Member Shown Procedure		Comments			
Other comments					
Date of Discharge				Dry weight (IBW)	
Training Period				No. of training days	
PD Prescription	Type:	Total Vol:	Fill Vol:	Time:	Last Fill:
Exit Site Dressing	Swab type: Betadine <input type="checkbox"/> Saline <input type="checkbox"/> Chlorhexidine <input type="checkbox"/> None <input type="checkbox"/>		Dressing Type: Cutiplast <input type="checkbox"/> Gauze <input type="checkbox"/> Tegaderm <input type="checkbox"/> None <input type="checkbox"/>		
Dietitian Review				Diabetes Centre Appt	
PET schedule				Nephrologist Appt	

Name of Staff		Signature/Date	
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