## St George Hospital Change of Peritoneal Dialysis Regimen



Name			DOB			MRN		
Address								
Address								
Phone		Work Phone			Mobile n	ο.		
Reason								
for								
_								
Change								
APD (Homechoice) Patients:								
Now	Total	Fill Volume	Tho	ronv	Loot		Doytroo	

New Program	Total Volume	Fill Volume	Therapy Time	Last Fill	Dextrose	

Day dwell	YES	NO	How much?	
Empty day dwell	YES	NO	What time?	
Daytime CAPD exchange	YES	NO	What time?	

Note: Day dwell not manually emptied will be emptied once connected to the APD machine.

Dialysate fluid/bags to use for 2 weeks:

Bag strength	MON	TUE	WED	THU	FRI	SAT	SUN
1.5 (Yellow)							
2.5 (Green)							
4.25 (Orange							
Icodextrin (purple)-always connect to blue clamp line							
Nutrineal-always connect to blue clamp line							

<sup>\*</sup>Change your bag concentration usage based on your fluid assessment/symptoms.

**CAPD** (manual bags) Patient

Exchange	Bag	<b>D.4.0</b>	MON	TUE	WED	THU	FRI	SAT	SUN
per day	Volume	BAG							
1.		S							
2.		R E							
3.		N							
4.		G							
5.		Н							

Staff Name	Signature/Date	