

St George Hospital CAPD Training Record



Name		DOB		MRN	
Address					
Phone		Work Phone		Mobile no.	

Date		Training Day No.	1	Comments
Admission Time		Discharge Time		
Blood Pressure		Weight		
Exit site care				
Oedema/Fluid assessment				
CAPD exchanges	Bag Strength	Volume In	Volume Out	UF
1 st exchange				
2 nd exchange				
3 rd exchange				
4 th exchange				
5 th exchange				
			Total UF	
Name of Staff			Signature/Date	

Date		Training Day No.	2	Comments
Admission Time		Discharge Time		
Blood Pressure		Weight		
Exit site care				
Oedema/Fluid assessment				
CAPD exchanges	Bag Strength	Volume In	Volume Out	UF
1 st exchange				
2 nd exchange				
3 rd exchange				
4 th exchange				
5 th exchange				
			Total UF	
Name of Staff			Signature/Date	

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Name		DOB		MRN	
Address					
Phone		Work Phone		Mobile no.	

Date		Training Day No.	3	Comments
Admission Time		Discharge Time		
Blood Pressure		Weight		
Exit site care				
Oedema/Fluid assessment				
CAPD exchanges	Bag Strength	Volume In	Volume Out	UF
1 st exchange				
2 nd exchange				
3 rd exchange				
4 th exchange				
5 th exchange				
			Total UF	
Name of Staff			Signature/Date	

Date		Training Day No.	4	Comments
Admission Time		Discharge Time		
Blood Pressure		Weight		
Exit site care				
Oedema/Fluid assessment				
CAPD exchanges	Bag Strength	Volume In	Volume Out	UF
1 st exchange				
2 nd exchange				
3 rd exchange				
4 th exchange				
5 th exchange				
			Total UF	
Name of Staff			Signature/Date	