St George Hospital CAPD Training Record



Name				DOB			MRN	
Address				<u> </u>				
Phone		Work Phone	Mobile no.					
					1			
Date			Training Day No.			1	Comments	
Admission Time			Discharge Time		е			
Blood Pressure			Wei					
Exit site care								
Oedema/Fluid as								
CAPD exchanges		ag Strength	Volume In		Volume Out UF		:	
1 st exchan								
2 nd exchar	nge							
3 rd exchan	ige							
4 th exchan	ige							
5 th exchange								
					Total UF			
Name of Staff		Signature/Date						
Date			Troining			2	Comments	
			Training Day No.			2	Comments	
Admission Time			Discharge Time		9			
Blood Pressure			Weight					
Exit site care								
Oedema/Fluid as								
CAPD excha		ag 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						

Renal Department

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September 2011

St George Hospital CAPD Training Record



Name Address				DOB		MR	MRN		
Phone		Work Phone			Mobil	e no.			
Date		Trainin	g Day N	lo.	3	Comments			
Admission Time	ne		Discharge Time		ne				
Blood Pressure	re		W						
Exit site care									
Oedema/Fluid assessment									
CAPD exchanges		ag Strength	Volume In		Volume Out UF		UF		
1 st exchange									
2 nd exchange									
3 rd exchange									
4 th exchange									
5 th exchange									
	<u> </u>				Tota	UF			
Name of Staff	if Signatu					ure/Date			
Date			Training Day No		ю.	b. 4		Comments	
Admission Time			Discharge Time						
Blood Pressure			Weight						
Exit site care					•				
Oedema/Fluid as	ssessment								
CAPD excha	inges B	ges Bag Strength		Volume In		Volume Out L			
1 st exchange									
2 nd exchange									
3 rd exchange									
4 th exchange									
5 th exchange									
					Tota	UF			
Name of Staff Sign					ture/Da	te			

Renal Department

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September 2011