



PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

RENAL SERVICES – DOWNTIME CAPD FLOWSHEET

Target Weight (filled)kg									
			Dialysate In				Dialysate Drainage		Weight after fill as ordered, Vital signs after fill prn, Measure dialysate drainage C & S only as ordered.
DATE	TIME	Wt. <u>afte</u> r fill (kg.)	%	liter	BP sit	BP stand	amt.	Appearance	Comments/Signature
EOPM # 08	0062 CA	T: 10 - EL OI	NSHEET	(REV. 08/2	2018)			1	1 OF