

**McLaren Acute Dialysis  
CCPD Flowsheet**

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Consent

Time of Tx: \_\_\_\_\_ Preweight: \_\_\_\_\_

Vital Signs: B/P: \_\_\_\_\_ HR: \_\_\_\_\_ Resp: \_\_\_\_\_ Temp: \_\_\_\_\_

Dialysate: Ordered \_\_\_\_\_ Volume Ordered: \_\_\_\_\_

Fill Time: \_\_\_\_\_ Dwell Time: \_\_\_\_\_ Drain Time: \_\_\_\_\_

Sleep Time: \_\_\_\_\_

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**Pre-Treatment:**

Catheter / Exit Site:  Patent  No Signs/Symptoms of infection

Redness  Drainage  Swelling  Pain

Dressing Dry & Intact Date of Dressing Change: \_\_\_\_\_

Edema:  NA  Generalized  Moderate  Severe  Facial

Upper Extremities  Lower Extremities  Pitting  Pedal

**LOC:**  Alert  Oriented to:  Person  Place  Time

**Bowel Assessment:** Last Bowel Movement: \_\_\_\_\_

On Time: \_\_\_\_\_ Signature: \_\_\_\_\_

Report Given to Floor Nurse: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

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**Post Treatment:**

Peritoneal Catheter Secured:

Effluent:  Clear  Cloudy  Bloody  Fibrin

Notes: \_\_\_\_\_

**UF:** Removed \_\_\_\_\_ Dwell Time: \_\_\_\_\_ Last Dwell: \_\_\_\_\_

Off time: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

