

SKILLS CHECKLIST: AUTOMATED PERITONEAL DIALYSIS

	NAME:	UNIT: _				DATE:	
1=Cannot Perform Skill Independently 2=Requires Some Assistance to Perform Skill		3=Can F N/A=No				ependently **Evaluator must initial every lin	
		1	2	3	N/A	**EVALUATOR'S INITIALS	COMMENTS
I.	Gather and Inspect Supplies						
1.	Solution Bags						
	Drain Option, if needed (drain bag or drain line extension)						
	Disposable Set						
	MiniCap Disconnect Cap(s)						
	Face Mask(s)						
6.	Hand Sanitizer						
7.	Patient Line Extension, if needed						
II.	Check Solution bags for SEAL						
1.	Strength						
2.	Expiration Date						
3.	Amount						
4.	Leaks						
5.	Additionally, check bags leaks						
III.	Prepare for Therapy						
1.	Place a single solution bag on the heater pan a. Place edge of the solution bag against the bag stops on the right side of the heater pan b. Make sure that the bag completely covers the silver heater sensor button						
2.	Turn on the cycler						
	a. Press the On/Off switch to the ON positionb. Listen for the audible beep to ensure the alarr is working	n					
	c. Observe that all the characters on the display flash for several seconds						
	 d. The current mode (STANDARD MODE or LOW FILL MODE) appears for a few seconds e. When the system is ready, the screen displays 						
	PRESS GO TO START	=					
3.	Prepare the disposable set						
	a. Open the packaging						
	b. Close all clamps on the disposable set						
1	c. Check all lines to ensure a cap is in place Press GO when you are ready to begin						
→.	1 1000 00 Which you are ready to begin				ı	i l	

5. Open the door	
 Push the handle up to unlock and open the door 	
6. Load the cassette	
a. The cassette only fits one way, with the lines leading	
to the right of the cycler	
b. Close the door and press the handle down to lock	
the door	
7. Place the organizer	
a. Place the long slot of the organizer over the	
hook at the top of the door	
 b. Snap the lower slot organizer over the post 	
at the front of the door	
 c. Make sure the end of the patient line is 	
correctly positioned in the organizer as	
shown	
8. Attach your drain option	
 <u>For Drain Bag:</u> Before attaching ensure clamp is 	
closed on the short tube with the blue pull ring	
to prevent leakage	
<u>OR</u>	
 For Drain Line Extension: Leave the line clamp 	
open and remove tip protectors from both ends	
of drain	
 Open all clamps in the drain lines 	
9. Press GO	
a. SELF TESTING appears on the display screen	
b. When the self-test is complete, the display screen	
alternates between CONNECT BAGS and OPEN THE	
CLAMPS	
10. Put on face mask and wash and dry your hands	
thoroughly (OR use hand sanitizer)	
11. Connect bags	
a. Connect the line with the RED clamp to the heater	
bag	
b. Connect the line with the BLUE clamp to the Last Fill	
bag	
c. Connect the lines with the WHITE clamps to	
additional solution bags if needed	
d. Reak the frangibles for all solution bags (note: Do	
not stack the bags on top of one another. Place all	
bags on a flat surface. Leave any unused lines in the	
organizer with clamps closed).	
12. Check connections and open clamps	
a. Open clamps only lines connected to solution bags	
b. Make sure the patient line is in the left slot of the	
organizer c. Open the clamp on the patient side	
13. Press Go button to begin priming	
14. Priming Complete: Check that the fluid level is at or near	
the connector on the national line hefore connecting	

	a. The display screen alternates between CONNECT				
	YOURSELF and CHECK PATIENT LINE (Note: If				
	needed, follow the Reprime Patient Line Procedure				
	instruction).				
15.	Get your Transfer set ready				
	a. Make sure your transfer set is available but do not				
	remove the MiniCap disconnect cap until after you				
	have washed your hands.				
4.0	b. Get your exchange area ready				
16.	Put on Face mask and wash and dry your hands				
4-7	thoroughly (or use hand sanitizer)				
17.	Connect the patient				
	a. Remove pull ring from patient line connector				
	b. Remove MiniCap disconnect cap from transfer set,				
	and immediately connect to the patient line				
	connector				
40	c. Open the transfer set				
18.	After connecting to the cycler, Press GO button.				
	a. Treatment begins with initial drain				
	If you perform a Hi-Dose Therapy, continue with Performs a Hi-Dose Therapy.				
	with Perform a Hi-Dose Therapy				
	IF you are not performing av Hi-Dose thereon, postinue Fnd Thereon.				
10	therapy, continue End Therapy				
19.	The HomeChoice Systems will tell you when your				
	therapy is complete. a. END OF THERAPY appears on display.				
	a. Ind or militar rapposite on alopisy.				
IV.	End Therapy				
	End Therapy				
	End Therapy Press to view the end of therapy summary				
1.	Press to view the end of therapy summary information				
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1.	Press to view the end of therapy summary information Document the following on your treatment record, if required: a. Initial Drain Volume				
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1.	Press to view the end of therapy summary information Document the following on your treatment record, if required: a. Initial Drain Volume b. Total UF c. Average Dwell Time				
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1.	Press to view the end of therapy summary information Document the following on your treatment record, if required: a. Initial Drain Volume b. Total UF c. Average Dwell Time d. Other data as instructed by your dialysis nurse Press GO button				
1. 2. 3.	Press to view the end of therapy summary information Document the following on your treatment record, if required: a. Initial Drain Volume b. Total UF c. Average Dwell Time d. Other data as instructed by your dialysis nurse Press GO button a. CLOSE ALL CLAMPS appears on the display screen				
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a. The display alternates between CLOSE ALL CLAN	MPS I							
and DISCONNECT YOURSELF								
b. Close all clamps								
10. Open the door								
11. Remove and discard the disposable set and solution								
bags								
12. Press GO button								
 a. TURN ME OFF appears on the display screen 								
13. Press the On/Off switch to OFF position								
14. The waste dialysis solution is emptied in to the toilet	and							
flushed.								
OVERALL REVIEW	ACTIONS RECOMMENDED							
Outstanding	_ Schedule makeup of procedure							
	Review procedure policy before makeup further demonstration of skill by supervisor							
Unsatisfactory	_ In-service/Continued Education required							
Comments:								
Print Staff Name:	Print Evaluator's Name:							
Staff Signature:								
Stair Signature:	Evaluator Signature:							
Fugliation/Validation Mathods: Verbal Demonstration/Observation Practical Evercise Interactive Class								