

## CAPD Flowsheet

Date	TPR BP	Weight	Time	Solution Strength			Total Volume	Total Drainage Volume	Drainage Condition			Exit Site Condition	Medication	Initials
				1.50%	2.50%	4.25%			Clear	Cloudy	Filbrin			
			Start								Clear Crusty Red			
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<b>Resident Name:</b>	<b>Room #</b>	<b>Physician:</b>	<b>Medical Rec. #</b>