

Dextrose strength guidance chart

Patient Name: _____

Date: _____ **Target Weight:** _____

Take your vital signs daily as instructed by your PD nurse. Use this chart to assist in choosing the right dextrose strength for your treatment. Follow the PD program your doctor selects with you.

Weight	Blood pressure	Swelling	Shortness of breath	Dextrose to use
More than ____ lb below your target weight	Systolic* is lower than your normal and you may feel dizzy when standing	None	None	____bags 1.5% yellow____L ____bags 2.5% green____L Call your PD nurse
____ lb below or above your target weight	Systolic in your normal range _____	None	None	____bags 1.5% yellow____L ____bags 2.5% green____L ____bags 4.25% red____L
____ - ____ lb above your target weight	Systolic higher than normal > _____	Slight swelling	Shortness of breath with activity	____bags 1.5% yellow____L ____bags 2.5% green____L ____bags 4.25% red____L
Greater than ____ lb above your target weight	Systolic very high > _____	More swelling and may leave a dent in the skin when pushed	Shortness of breath at rest	____bags 1.5% yellow____L ____bags 2.5% green____L ____bags 4.25% red____L Call your PD nurse

*Systolic blood pressure is the top number of your blood pressure reading.

PD Nurse Name: _____

PD Nurse telephone number: _____