The functional assessment provides examples of basic skills that are needed to be able to perform and manage Peritonal Dialysis.

Instructions to perform the functional assessment:

1. Gather supplies and place them on a working surface.
2. Nurse to demonstrate and verbally describe basic skill (#1-8) as it is performed.
3. Have patient perform each basic skill (#1-8) following.
4. Patient to complete basic skill #9 and #10 without assistance.
5. Nurse to document observations.

Supplies required

- Transfer set with white mini cap
- Mini cap
- Red clamp
- Mask
- PD solution bag with tubing and colored pull ring attached
- 2 liter PD solution bag
- Tongue depressor
- IV pole
- Pencil/pen

Resources

VIHA: Functional assessment. 22 June 2016 Reviewed by: Backx,T, VKCC, NKCC, CI/SI Navigators
### Peritoneal Dialysis Functional Assessment

<table>
<thead>
<tr>
<th>BASIC SKILL</th>
<th>CAN PERFORM</th>
<th>CANNOT PERFORM</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pick up the PD solution bag and hold it over head for a count of 3.</td>
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<tr>
<td>2. Hang PD solution bag on IV pole.</td>
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<tr>
<td>3. Hold the transfer set and twist the clamp open and closed until it clicks.</td>
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<tr>
<td>4. Open a minicap package and place on the end of the transfer set without contamination.</td>
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<tr>
<td>5. Remove the mini cap from the transfer set.</td>
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<tr>
<td>6. Remove the colored ring from the PD solution bag.</td>
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<tr>
<td>7. Attach the red clamp anywhere along the PD tubing and snap it closed. Release the clamp to open.</td>
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<tr>
<td>8. Pick up the tongue depressor and snap it into 2 pieces.</td>
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<tr>
<td>9. Look at the picture of the home choice cycler below and record what is seen in the display screen.</td>
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<td></td>
</tr>
</tbody>
</table>

What is displayed on the screen?
## Clock Test

<table>
<thead>
<tr>
<th>BASIC SKILL</th>
<th>CAN PERFORM</th>
<th>CANNOT PERFORM</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Using the circle diagram below as a clock face:</td>
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<tr>
<td>1. Put the numbers on the face of the clock.</td>
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<tr>
<td>2. Make the clock say “10 minutes after 11”.</td>
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<td></td>
</tr>
</tbody>
</table>

[Circle Diagram for Clock Test]
## PD Functional Assessment - For Nursing Use Only

<table>
<thead>
<tr>
<th>Patient name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment date</td>
<td></td>
</tr>
<tr>
<td>Assessment completed by</td>
<td></td>
</tr>
</tbody>
</table>

Patient completed all aspects of the assessment following visual/verbal demonstration without difficulty.

- [ ] Yes
- [ ] No

Comments:

Patient required repeated prompting to complete all aspects of the assessment following visual/verbal instructions.

- [ ] Yes
- [ ] No

Comments:

**Clock test score:**

- Score 1 point for each number in its correct eighth (1,2,4,5,7,8,10,11).
- No points for pen marks or words instead of numbers.
- Score 1 point for short hand pointing to number 11
- Score 1 point for long hand pointing to number 2
  - No points for hands approximately the same length
  - No point if the short hand is pointing to the 2 and the long hand pointing to the 11

**Results:**

- 10 or greater suggests cognitive impairment unlikely
- 6 - 9 indicates probable impairment
- 0 - 5 indicates prominent impairment

Comments:

**Future Steps:**

Documentation completed:  
- [ ] Chart
- [ ] PROMIS