SELF ASSESSMENT CHECKLIST FOR PERITONEAL DIALYSIS SERVICES

Name of the State:

Name of the District:

S.No	QUESTIONS	RESPONSE	REMARKS IF ANY
PART-A QUESTIONNAIRE FOR STATE NODAL OFFICER			
1.	Availability of State level SOP for Peritoneal Dialysis (PD)	Yes ☐ No ☐	
2.	Date/Year of initiation of PD services in the State		
3.	Total no of patients on PD		
4.	Criteria for selection of patients for PD		
5.	Are the services free of cost for all Patients?	Yes ☐ No ☐	
6.	Is there any role of Haemodialysis Centres in providing peritoneal dialysis services	Yes ☐ No ☐	If yes, provide details
7.	Availability of State level IT platform for record keeping	Yes ☐ No ☐	Details if available
8.	Registration of PD patients in PMNDP Portal	Yes ☐ No ☐	
SUPPLY CHAIN OF PD BAGS			
9.	Name of the Supplier of PD Bags		
10.	Cost of Peritoneal Dialysis (PD) Bag	Cost per PD bag.	
11.	PD bags are stored at	Medical College ☐ DH ☐ SDH ☐ CHC ☐ Other ☐	
12.	Responsibility of supplying PD Bags to the Patients is with whom	Supplier ☐ Designated Staff ☐ Patient ☐	

		Other ☐	
13.	For how many days PD bags are provided to patient	No of Days-	
14.	Responsibility of disposing used PD Bags is with whom		
PART-B QUESTIONNAIRE FOR PATIENT			
NAME OF THE PATIENT- CONTACT DETAILS- HEALTH FACILITY- DISTANCE FROM HEALTH FACILITY-		**AGE- OCCUPATION-**	
SERVICE DELIVERY AND INITIATION OF PD			
15.	How patient came to know about ESRD		
16.	Since when patient is on PD	Date-	
17.	Was the patient shifted from HD to PD	Yes ☐ No ☐	
18.	Choice of Modality was given to patient	Yes ☐ No ☐	
19.	PD Catheterisation was done at which facility level	Medical College ☐ DH ☐	
20.	No of PD cycles undertaken by patient in a day		
21.	Is there any dietary plan provided to patient	Yes ☐ No ☐	
22.	Frequency of health facility visits by patient for follow up and investigations		Check records of last two visits-
23.	Frequency of visits by ANM/ASHA/PD nurse to the patient home	Weekly ☐ Fortnightly ☐ Monthly ☐	Records of last 02 visits
24.	Any OOPE incurred by patient in getting peritoneal dialysis services	Yes ☐ No ☐	
25.	Any incident of disruption in supply of PD bags	Yes ☐ No ☐	
26.	Investigation tests (Peritoneal Equilibration Test (PET), Kt/V) are done on regular basis	Yes ☐ No ☐	Check Reports
TRAINING AND CAPACITY BUILDING			
27.	Was the training provided to patient	Yes ☐ No ☐	
28.	Resources used for training	Videos ☐ Hands on Training ☐ Others ☐	

29.	For how many days training was provided to patient		
30.	Any procedure for post training assessment	Yes ☐ No ☐	
31.	Was the training provided to the care giver also	Yes ☐ No ☐	
32.	Refresher training interval		
HOME SETTING			
33.	Availability of clean and dry space for storage of supplies	Yes ☐ No ☐	
34.	Does the patient have devices at home for monitoring BP, weight, temperature, and pulse rate.	Yes ☐ No ☐	
35.	Availability of IV Stand	Yes ☐ No ☐	
36.	Availability of space for storing used PD bags	Yes ☐ No ☐	
INFECTION CONTROL			
37.	Any incidence of infection associated with peritoneal dialysis	Yes ☐ No ☐	Check Records
38.	Patient does proper exit site care	Yes ☐ No ☐	
39.	Does the patient aware whom to contact for any complication	Yes ☐ No ☐	
PART-C QUESTIONNAIRE FOR FACILITY LEVEL OFFICERS-SPOKE FOR PD SERVICES			
NAME OF THE FACILITY- FACILITY IN CHARGE- CONTACT DETAILS-			
40.	Total no of PD patients covered by the facility		
41.	Whether training has been provided to medical officer for peritoneal dialysis services or not	Yes ☐ No ☐	
42.	Whether any nurse/ANM has been trained for PD services	Yes ☐ No ☐	
43.	Any case of peritonitis observed by the facility for the patients covered by the facility	Yes ☐ No ☐	If yes, details
44.	Availability of adequate clean and dry space for storage of PD bags	Yes ☐ No ☐	
45.	Supply chain mechanism of PD bags		