

Homechoice *Claria*

APD System

Patient At-Home Guide



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This device meets the requirements of Council Directive 93/42/EEC

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1

User Assistance Information

Keep this information available at all times. It includes important information about Baxter's **Homechoice Claria** APD system and the phone numbers to call for assistance. Your dialysis centre will help you enter the information in this section.

1.1 Personal and Cyclor Information

Name:

Patient ID Number:

Patient Activation Code (if applicable):

Cyclor Serial Number:

Cyclor Model Number:

1.2 Numbers to Call for Assistance

Baxter Technical Assistance:

Phone Number:

Dialysis Centre:

Phone Number:

Primary Contact Name:

When Available:

Other Important Information:

Glossary

2.1 Terms Used in This *Patient At-Home Guide*

# of Day Exchanges	The number of CAPD manual exchanges performed using an UltraBag or TwinBag system. If no manual exchanges are performed on a given day, enter a 0 (zero). The maximum number of manual exchanges allowed is five. See also Continuous Ambulatory Peritoneal Dialysis (CAPD) .
Abdomen	The central part of your body where organs such as the stomach, intestines, and liver are found.
Abdominal Fullness	A patient's feeling of fullness, sometimes referred to as "overfill" or "overfull." This feeling can come from IIPV or can come from eating a large meal, constipation or abdominal masses. See also Increased Intraperitoneal Volume (IIPV) , Intraperitoneal Volume (IPV) and Overfill .
Air Infusion	Air in the patient line delivered to the peritoneal cavity. Air infusion can cause shoulder or abdominal pain and may lead to serious injury.
Alarm Condition	A potential or actual hazardous situation has occurred which activates the alarm system of the Homechoice Claria . The attention of the user/patient is needed to resolve the problem.

2. Glossary

Alarm Signal	Alarm Signal or Alarm is a combination of text and tones with the intention of getting the attention of the user/patient. The text is shown on the display. An alarm can be a Manually Recoverable Alarm or a System Error Alarm.
Aseptic Technique	The practice of cleanliness when preparing, connecting and disconnecting your peritoneal dialysis therapy. For example, thoroughly washing (or disinfecting) and drying your hands is part of aseptic technique.
Audio Paused Period	This is the period where the audio generated because of an alarm or notice are silenced by the user/patient. To pause the audio the user/patient must press  . The pause period is 10 minutes.
Auto Recoverable Notice	This is one of four types of Notice. It notifies the user by showing a text message on the display and a beep which will disappear automatically if the problem is solved. If the problem is not solved the text message and beep will continue as a Manually Recoverable Notice.
Automated Peritoneal Dialysis (APD)	APD is any form of peritoneal dialysis that is performed by a mechanical device, known as a cyclor. Treatment settings are programmed on the cyclor and are performed automatically, generally while you sleep. Before you go to sleep, you attach the tubing and solution bags to the cyclor. You then connect the tubing to your transfer set attached to your catheter. The cyclor then performs the peritoneal dialysis by automatically delivering the prescribed Fills, Dwells and Drains of each therapy cycle throughout the night.
Blood Pressure, Diastolic	The bottom number of your blood pressure (mmHg) reading. It measures when your heart relaxes.
Blood Pressure, Systolic	The top number of your blood pressure (mmHg). It measures when your heart pumps blood.

Bypass	An option you can select to move on to the next phase of your peritoneal dialysis cycle. Bypass can only be selected when  (STOP) is pressed. Check with your dialysis centre to learn when it is safe to bypass. Some therapy or alarm/notice conditions cannot be bypassed.
Cassette	The clear rectangular plastic piece of the disposable set that is inserted behind the door of the cycler.
Catheter (PD Catheter)	The tube placed in the abdomen that is used to deliver dialysis solution to the peritoneal cavity and drain solution from the peritoneal cavity.
Contamination	The presence of foreign material, such as bacteria, that makes a sterile substance non-sterile and potentially harmful.
Continuous Ambulatory Peritoneal Dialysis (CAPD)	With CAPD, the blood is cleaned continuously, both day and night. The dialysis solution passes from a plastic bag through the catheter and into the peritoneal cavity using gravity. The solution stays in the peritoneal cavity with the transfer set closed. After several hours, the solution is drained into a disposable bag. Then the peritoneal cavity is refilled with fresh solution through the catheter to begin the cleaning process again. This is a manual type of peritoneal dialysis (PD) and does not use a cycler. See also UltraBag .
Continuous Cycling Peritoneal Dialysis (CCPD)	CCPD is a form of APD. It is a continuous therapy in which a cycler performs exchanges while you sleep. Dialysis solution can be left in the peritoneal cavity during the daytime or it can be completely drained before ending the treatment.
Corrugated Cardboard Box/Postage Box	Corrugated Cardboard Box/Postage Box is an approved form of Protective Packaging for Homechoice Claria (see Protective Packaging).
Current UF	See Ultrafiltration (UF) .

2. Glossary

Cycle	In peritoneal dialysis, a cycle consists of three phases: a Fill phase, a Dwell phase and a Drain phase. Every APD therapy contains one or more cycles. See also Exchange and Phase .
Cycler	A medical device that performs peritoneal dialysis solution exchanges in regular cycles. Your Homechoice Claria APD system device is a cycler.
Day Fills	The amount of solution the system delivers to your peritoneal cavity for a daytime exchange. During the Dwell phase of a daytime exchange, you can disconnect from the cycler and have the freedom to conduct your normal daytime activities. The daytime exchanges are a part of OptiChoice (OCPD) therapy. See also OCPD/OCPD Tidal .
Day Fill Volume	The volume of solution to be delivered to your peritoneal cavity during each day cycle. The appropriate volume of solution is determined by your nephrologist.
Delivery Container	The Delivery Container is a Protective Packaging used to send the Instrument from the manufacturer, or, to and from the service centre. It can take the form of either a Corrugated Cardboard Box/Postage Box or Hard Carry Case/Travel Case.
Dextrose	A form of sugar that is an ingredient in most of the solutions used for peritoneal dialysis. The dextrose draws extra fluid from the body into the dialysis solution. ➤ NOTE: Depending on your geographic location, glucose may be used instead of dextrose.
Dialysis	The process of removing waste from the blood artificially using special equipment. The two major forms of dialysis are haemodialysis and peritoneal dialysis. See also Peritoneal Dialysis (PD) .
Dialysis Solution	Fluid used to remove wastes from the blood. Haemodialysis and peritoneal dialysis use different forms of solution. Both solutions have compounds found in the body.

Disconnect Cap	A povidone-iodine solution-filled cap that is placed over the connector on the transfer set or the connector on the patient line of the disposable set. FlexiCap and MiniCap are disconnect caps. A MiniCap is used on the transfer set, and a FlexiCap is used on the patient line. An OptiCap package contains both the MiniCap disconnect cap and the FlexiCap disconnect cap.
Disposable Set	A package containing the organiser, cassette and tubing attached to the cassette that is used during APD. Solution bags are attached to the tubing. Once tubing and solution are prepared for dialysis, the tubing connects to your catheter. The disposable set is used only once.
Drain / Full Drain	The removal of fluid from your peritoneal cavity. Depending on the time of day and type of therapy, the amount of fluid drained may be a complete Drain or a partial Drain (used in Tidal therapy). The volume of fluid is measured in millilitres (ml). One litre is equal to 1000 millilitres.
Drain Bag	A bag into which fluid from your peritoneal cavity drains. A drain bag is optional. See also Drain Line Extension .
Drain Line Extension	An extension line that attaches to the drain line of the disposable set. This extra length allows you to drain into a shower, tub or toilet. The Drain Line Extension is optional. See also Drain Bag .
Drain Manifold	An optional part that allows you to connect two drain bags to the one drain line.
Drain Option	The method used to drain the fluid from your peritoneal cavity. See Drain Bag and Drain Line Extension .
Drain Volume	The volume of a Drain after a Dwell cycle.
Dry Day	Any day when no fluid remains in the peritoneal cavity when the APD therapy begins. This may be due to not performing a last Fill or manually draining without refilling prior to the next treatment.

2. Glossary

Dry Weight	Your weight after a dialysis session when all of the extra fluid in your body has been removed.
Dwell	The phase when fluid remains in your body during each cycle. Dwell is part of the therapy cycle.
Dwell Time	The amount of time the fluid remains in your body during each cycle.
Effluent	The used dialysis solution, containing waste products and excess fluids, drained from the peritoneal cavity.
End-Stage Kidney Disease (ESKD) End-Stage Renal Disease (ESRD)	The point where your kidneys no longer function enough to sustain life. Requires dialysis or a kidney transplant.
Exchange	The process of draining used solution from the abdomen and filling the abdomen with new solution. See also Cycle and Phase .
Face mask	A mask covering the nose and mouth. Depending on your local practice guidelines, your dialysis centre may recommend the use of a face mask as part of aseptic technique. See Aseptic Technique .
Fill Volume	The volume of solution to be delivered to your peritoneal cavity during each cycle. The appropriate volume of solution is determined by your nephrologist.
First Fill	The first Fill cycle of your therapy following an Initial Drain (I-Drain).
Fluid Overload	Too much fluid in the body. This is caused by more fluid going into your body than is coming out. Fluid overload can be dangerous to your heart.

Flush / Flush Before Fill	The process by which the system pumps a small amount of dialysis solution from the supply bags to the drain line after the supply line connections have been made. This helps reduce potential contamination of dialysis solution or the fluid path before Fill.
Hard Carry Case/Travel Case	Hard Carry Case/Travel Case is an approved form of Protective Packaging for Homechoice Claria (see Protective Packaging).
Glucose	See Dextrose .
Hi-Dose CCPD / Hi-Dose Tidal	See OCPD/OCPD Tidal .
High Drain	A message displayed by the system that indicates you had a large Drain volume. You may have experienced increased intraperitoneal volume (IIPV) during your previous therapy.
Hypothermia	A body temperature that is below normal.
I-Drain Time	The amount of time that must be spent in Initial Drain before transitioning to the next therapy phase due to an empty detection condition. This only applies to Low Fill Mode therapies.
I-Drain Volume	The amount of fluid drained from the peritoneal cavity during Initial Drain.
Increased Intraperitoneal Volume (IIPV)	A condition when there is more fluid in your abdomen than was prescribed. This condition is sometimes called "overfill." IIPV could result in a feeling of abdominal discomfort, serious injury or death. See <i>Increased Intraperitoneal Volume (IIPV)</i> on page 15-78.
Initial Drain (I-Drain)	The Drain phase that occurs at the beginning of each therapy, before the first regular Fill.
Inflow	Phase during which the peritoneal cavity is filled. The term "fill" is commonly used as a synonym for "Inflow".
Information Signal	See Notice

2. Glossary

Insufficient Therapy	Insufficient therapy is the result of intermittent events that result in the cumulative loss of therapy relative to the prescribed dialysis dose. Insufficient therapy overtime may lead to the symptoms of uraemia.
Intermittent Peritoneal Dialysis (IPD)	A form of peritoneal dialysis in which dialysis sessions take place two to four times a week, 12 to 20 hours per session. The dialysis solution is drained completely at the end of the session and the peritoneal cavity remains empty between the sessions.
Intraperitoneal Volume (IPV)	The amount of fluid in the peritoneal cavity at a given point in time.
Last Fill	The last Fill phase before the end of treatment. The last Fill dialysis solution stays in your peritoneal cavity during the day as prescribed by your nephrologist.
Last Fill Concentration	The strength or type of dialysis solution used for the last Fill. The Last Fill Concentration may be different from other supply bag concentrations used for night therapy. The solution concentration options may vary by your geographic location. The strength or type of dialysis solution is prescribed by your nephrologist.
Last Fill Volume	The amount of dialysis solution delivered to your peritoneal cavity during the last Fill at the end of your treatment. This solution stays in your peritoneal cavity during the day.

Last Manual Drain

This term is used in two ways:

- When it appears while programming your therapy, the Last Manual Drain setting allows you another opportunity to drain more fully in the event that insufficient ultrafiltration (UF) volume has been achieved. Once you set Last Manual Drain to Yes, there are two additional settings to program: UF Target (mL) and Prompt (Yes/No).

The LOW UF Notice functionality is enabled when Last Manual Drain is set to Yes. If you or your nurse sets Last Manual Drain to Yes, the system stops therapy and sounds a LOW UF Notice at the end of the last Drain if the UF Target volume has not been achieved. The UF Target should be programmed based on the minimum expected UF volume for the entire therapy. The Notice can be silenced (displayed only) by setting Prompt to No, or it can be turned on by setting Prompt to Yes.

- When it appears after therapy has been completed, it refers to the amount of fluid drained using the Manual Drain option after a last Fill.

Low Fill Mode

This mode is available only to patients whose Fill volumes are less than 1000 ml. These patients typically weigh less than 20 kg (44 lbs).

In Low Fill Mode, the Drain Logic has lower alarm and notice limits for Slow Flow and No Flow. A Minimum Drain Time must be set, in addition to a Minimum Drain Volume. The WARNING: NEGATIVE UF Alarm and WARNING: POSITIVE UF Alarm can be set when in this mode.

Low Fill Mode must be used with the Low Recirculation Volume set. See **Low Recirculation Volume APD Set with Cassette**.

2. Glossary

Low Recirculation Volume APD Set with Cassette (Low Recirculation Volume Set)	A disposable set with a 2.3-metre (7.5-foot) patient line made with a smaller inside diameter tubing than the other lines in the set. This reduces the fluid flow to patients using Low Fill Mode. The internal recirculation volume of this set is 17 ml.
Manual Exchange	An exchange that you do without a cycler. See also Continuous Ambulatory Peritoneal Dialysis (CAPD) and UltraBag .
Manually Recoverable Alarm	Manually Recoverable Alarm is a combination of a text message on the display and beeps. A specific alarm symbol in a flashing pattern that overlays the alarm message is shown on the display to show that an alarm occurred. The user/patient should read the alarm message and if needed, refer to <i>Correcting Alarms</i> on page 15-8 to correct.
Manually Recoverable Notice	This is one of four types of Notice. It notifies the user by showing a text message on the display and a beep. The user/patient should read the display text and if needed, refer to <i>Correcting Notices</i> on page 15-23 to correct the Notice.
Master Device Program	The master prescription for your therapy. The master device program is downloaded to your device (your cycler) from the Sharesource web-based connectivity platform. Only your nephrologist or dialysis centre clinician can create or change the master device program on the Sharesource platform. If you make manual programming changes on your cycler after you confirm your program, those changes will be written to your treatment file and transmitted to the Sharesource platform for your clinician to review. The cycler uses those manually changed settings for your treatment, but the master device program remains unchanged on the Sharesource platform until the program is changed by your nephrologist or clinician. See <i>Confirm Configuration Settings</i> on page 7-6.

Maximum Fill Volume	Maximum Fill Volume (Day Fill Volume, Night Fill Volume or Last Fill Volume) is the highest Fill Volume that can be programmed based on: — Weight of patient — Body Surface Area (BSA) (See Section, 16.15, <i>Determining Maximum Fill Volume</i>)
Min I-Drain Vol	A programmable volume that is set to the minimum amount of Drain volume expected during the Initial Drain.
Minimum Drain Volume	A calculated value used to determine the minimum amount (in ml) of Drain Volume expected during each of your day or night drains. It is the Minimum Drain Volume percentage multiplied by the Fill Volume.
Minimum Drain Volume Percentage	A programmed therapy value that determines what minimum percent of the Fill Volume is expected to be drained.
Modem	An electronic device supplied by Baxter that enables the transmission of data between the Homechoice Claria APD system and the Sharesource platform. An Ethernet cable connects the modem to the Homechoice Claria APD system.
Night Concentration 1	This is the concentration of the primary solution bag placed on the heater pan.
Night Concentration 2	This concentration is for the supply solutions that may be different from the heater bag solution.
Night (Nite) Therapy Time	The total amount of time you will be connected to the cyclor during the night.
Night (Nite) UF	See Ultrafiltration (UF) .
No Flow	This occurs when there is no measurable flow rate of solution. No Flow can reduce the Dwell Time and decrease the amount of effective dialysis time. This can be caused by a kink or closed clamp on one or more of the lines or by an empty bag.

2. Glossary

Notice	A Notice is a combination of text messages displayed with or without sound with the intention of getting the user/patient's attention. Failure to respond to this message may cause discomfort or minor reversible injury. A Notice is an Information Signal.
Occluder	The occluder clamps the solution lines if a power failure occurs or when the cyclor is off. This prevents any solution from being delivered to the patient. The occluder is located inside the door on the front of the cyclor.
One Time Notice	This is one of four types of Notice. This type of Notice reminds the user/patient by a beep and text message on the display.
Operator's Position	Intended position of the operator with respect to the Homechoice Claria cyclor.
OCPD* / OCPD* Tidal	The goal of OptiChoice (OCPD) therapy is to provide a 24-hour therapy that combines conventional nighttime therapies, such as CCPD or Tidal, with additional daytime exchanges. This may help improve the adequacy of your dialysis treatment. During the Dwell phase of each daytime OCPD exchange, you can disconnect from the cyclor and have the freedom to conduct your normal daytime activities. ► NOTE: *Depending on your location, the term Hi-Dose may be used as an alternate to the term OptiChoice. OptiChoice (OCPD) is used throughout this <i>Patient At-Home Guide</i> to represent this type of 24-hour therapy.
Organizer	The plastic piece that holds the tubing lines and connectors of the disposable set during preparation for therapy. The organizer hooks onto the door of the cyclor.
Outflow	Phase during which the peritoneal cavity is emptied. The term "drain" is commonly used as a synonym for "Outflow".

Overfill	A feeling of fullness in the abdomen. This feeling can come from IIPV or can come from eating a large meal, constipation or abdominal masses. See also Abdominal Fullness, Increased Intraperitoneal Volume (IIPV) and Intraperitoneal Volume (IPV) .
Patient Activation Code	A unique ten-digit code provided to you by your dialysis centre to activate Sharesource connectivity on your Homechoice Claria APD system. The Patient Activation Code is also used by the Sharesource platform to identify you, the patient, in order to provide your prescribed therapy settings to the cyclor.
Patient Line Extension	An optional extension line that attaches to the patient line of the disposable set. This extra length allows you to be up to an additional 3.7 metres (12 feet) away from your cyclor during therapy.
Peritoneal Cavity	The space around your internal organs inside the abdomen.
Peritoneal Dialysis (PD)	A form of dialysis that uses the layer of tissue that lines your abdominal cavity, called the peritoneal membrane, as a filter to remove waste products from your body. A tube known as a catheter is surgically placed through the wall of your abdomen. Dialysis solution flows from a bag through the catheter and into the peritoneal cavity. Waste products and excess fluids from your body pass from the blood through the peritoneal membrane and into the dialysis solution. The dialysis solution, now filled with waste, is then drained from the peritoneal cavity. This cycle may be performed multiple times. See also Cycle and Effluent. Peritoneal dialysis can be performed with or without a cyclor. See also Automated Peritoneal Dialysis (APD) and Continuous Ambulatory Peritoneal Dialysis (CAPD).

2. Glossary

Peritoneal Membrane	The layer of tissue that lines your abdominal cavity. A membrane can act as a filter, allowing some particles to pass from one part of the body to another while not allowing others to pass. The peritoneal membrane is used as a filter during peritoneal dialysis.
Peritonitis	Inflammation of the peritoneal membrane, usually caused by infection.
Phase	Part of a cycle or exchange in peritoneal dialysis. Each cycle has three phases: a Fill phase, a Dwell phase and a Drain phase. See also Cycle and Exchange .
Positional Drainer	A patient who may increase Drain Volume by changing their position or who drains best in one position.
Protective Packaging	Protective Packaging is to guard the Instrument against damage or tampering while in transit. It is the original manufacturing "Delivery Container", also referred to as "Delivery Box" and is used to transport the Instrument from the manufacturer, or, to and from the service centre. Protective Packaging a.k.a "Delivery Container" for Homechoice Claria can be any one of the following forms: 1) Single sealable Corrugated Cardboard Box, also referred to as the Postage Box 2) Hard Carry Case/Travel Case, in conformance with all the requirements of an unlabelled, un-oriented standard Delivery Box and also the printed Postage Box.
Priming	Priming fills all tubing lines of the disposable set with solution. Priming removes air from the lines in preparation for therapy.
Pushback	A small amount of fluid is pushed back from the cyclor to the patient. This verifies that the patient line is not occluded when a Drain ends due to No Flow. This small amount of fluid is accounted for in your next Fill Volume.

Recovered I-Drain Volume	The amount of solution that did not drain during Initial Drain. This amount was drained by doing a Manual Drain during first Fill. This amount is not part of your ultrafiltration (UF) for this therapy.
Sharesource Connectivity Platform	Sharesource is a web-based connectivity platform that allows authorised users, including nephrologists, clinicians and nurses in the dialysis centre, to remotely view and manage treatment information sent from the Homechoice Claria APD system. Data about a patient's treatment is available to authorised users for viewing, programming or editing from the Sharesource web portal. Settings and device program information can be managed remotely and various summary reports can be generated. Your dialysis centre determines whether you have the option to use the Sharesource platform with your Homechoice Claria APD system. You must also accept the Sharesource Patient Consent in order to use the Sharesource platform with your cyclor. See Section 7, <i>Sharesource Connectivity Platform and Modem</i>.
Slow Flow	This occurs when the flow rate of solution is very slow. Slow Flow can reduce the Dwell Time and decrease the amount of effective dialysis therapy. This can be caused by a partial kink or closed clamp on one or more of the lines or by an empty bag.
Solution Bags	Bags that contain the prescribed dialysis solution for your therapy.
Standard Fill Mode (Standard Mode)	The Standard Fill operating mode is typically prescribed for patients with Fill volumes over 1000 ml. The Drain cycle Slow Flow Notice/move on threshold is 50 mL/minute and the Drain cycle No Flow move on threshold is 12 mL/minute.

2. Glossary

System	The Homechoice Claria APD system includes the cyclor, disposable set, solution bags, drain option, Homechoice Claria APD System Patient At-Home Guide and modem (if applicable).
System Error Alarm	An alarm arising from a problem that occurred inside the system during one cycle of the therapy. Therapy stops and a System Error is displayed. "System" includes the cyclor, the Disposable set, the solution bags and the workflow. The System Error causes the system to halt the therapy and go into a safe state in which the patient is isolated from the system. System Error Alarm is a text message displayed in combination with an audible tone. An alarm symbol in a flashing pattern overlays the alarm message on the display to show that an alarm occurred.
Therapy Time	The total amount of time you will be connected to the cyclor during the night.
Tidal Drain Volume	The Tidal Drain Volume is the expected night cycle drain volume based on Tidal therapy settings. The target Tidal Drain Volume equals the volume filled plus the UF Per Cycle volume.
Tidal Peritoneal Dialysis (TPD)	Tidal dialysis is a form of APD where only a portion of the solution in your peritoneal cavity is drained and filled each cycle.
Tidal Volume	The volume of solution filled during each Tidal cycle.
Tidal Volume Percent	The Tidal Volume expressed as a percent (%) of the Fill Volume.
Total UF	See Ultrafiltration (UF) .
Total Volume	Total Volume is the volume of all the dialysis solution used for the therapy. It includes the total Fill Volume for all cycles and the Last Fill Volume. Total Volume does not include the volume used for Priming or Flush.

Transfer Set	Tubing that connects the patient line on the Automated Peritoneal Dialysis (APD) disposable set or Continuous Ambulatory Peritoneal Dialysis (CAPD) disposable set to the patient's catheter.
<i>TwinBag</i>	See UltraBag .
Two Chamber Peritoneal Solution Bag	A two chamber peritoneal solution bag contains the glucose and electrolyte solution in one chamber and the buffer solution in the other chamber. The solutions in the two chambers must be mixed before use.
UF Per Cycle	See Ultrafiltration (UF) .
UF Target	See Ultrafiltration (UF) .
<i>UltraBag</i> (or <i>TwinBag</i>)	A twin-bag system for performing gravity-based (CAPD) peritoneal dialysis exchanges. See also Continuous Ambulatory Peritoneal Dialysis (CAPD) and Manual Exchange .

Ultrafiltration (UF)

UF is the fluid removed from your body as a part of dialysis therapy. It is the difference between the total amount of solution filled and the amount of fluid drained.

- **Current UF:** A status screen shown during Drain phases. It is the sum of the UF removed from your body for all cycles of a treatment, updated throughout the current Drain cycle. If this is a negative number, it means more fluid has been filled than the amount that has been drained for the current therapy.
 - **Nite (Night) UF:** Displayed when the Therapy type is set to OCPD Tidal. Nite UF represents the expected total ultrafiltration for the night portion of the therapy, as determined by your clinician. When divided by the number of night cycles, this is used to calculate the UF Per Cycle.
 - **Total UF:** This term is used in two ways:
 - When it appears while programming or reviewing the currently programmed Tidal therapy, it represents the expected total ultrafiltration for the night portion of the therapy, as determined by your clinician. When divided by the number of night cycles, this is used to calculate the UF Per Cycle.
 - When it appears during or at the end of your therapy, it represents the sum of the UF removed from your body for all cycles of a treatment, updated at the end of each Drain cycle. If this is a negative number, it means more fluid has been filled than the amount that has been drained for the current therapy, as of the end of the most recent Drain cycle.
 - **UF Per Cycle:** The extra amount that will be drained in each Tidal Drain cycle in addition to the Tidal Volume, based on the programmed Total UF or Nite UF and the calculated number of cycles.
 - **UF Target:** The minimum amount of UF that you are trying to drain. See also **Last Manual Drain**.
-

Universal Precautions	Universal precautions refers to the practice, in medicine, of avoiding contact with patients' bodily fluids, by means of wearing nonporous articles such as medical gloves, goggles and face shields.
Uremia	A condition in which waste products (such as urea) build up in the blood when the kidneys are not working properly. A person who has uremia may experience nausea, weakness, weight loss, memory problems or trouble sleeping.
Visual Notice	This is one of four types of Notice. Visual Notice is a text message on the cyclor display informing the user/patient about a certain condition. Visual Notices will not have any beep.
Weight	Your current weight in kilogrammes (KG) or pounds (LB). The system uses this value to verify portions of your therapy settings are properly programmed. If you have a modem, this information is sent to your dialysis centre to help monitor your therapy.
Wet Day	A day in which you keep dialysis solution in your peritoneal cavity, through day exchanges or by a last Fill delivered by the cyclor.

2.2 Symbols Used on the *Homechoice Claria* APD System

Table 2-1. Symbols

Symbol	Symbol Title	Description	Symbol Source/Reference
	GO button	Indicate to start the therapy	Custom for Baxter products; not a harmonised symbol
	STOP button	Indicate to stop the therapy and to silence or pause an auditory alarm/notice	Custom for Baxter products; not a harmonised symbol
	ENTER button	Indicate to enter/confirm the data during the therapy	Custom for Baxter products; not a harmonised symbol
	UP arrow button	Indicate to navigate up	Custom for Baxter products; not a harmonised symbol
	DOWN arrow button	Indicate to navigate down	Custom for Baxter products; not a harmonised symbol
P1	Ethernet port	Indicates the port for ethernet connectivity	Custom for Baxter products; not a harmonised symbol

Table 2-1. Symbols (*continued*)

Symbol	Symbol Title	Description	Symbol Source/Reference
P2	Service port	Indicates the port for Service activities	Custom for Baxter products; not a harmonised symbol
P3	Calibration port	Indicates the port for Calibration	Custom for Baxter products; not a harmonised symbol
	General warning sign	Indicates General warning	IEC 60601-1 Edition 3.1, 2012 (Table D.2, #2); ISO 7010-W001)
	Caution (for both 15223-1 and 60601-1 3rd ed)	Indicates the need for the user to consult the instructions for use as important cautionary information such as warnings and precautions that cannot, for a variety of reasons, be presented on the medical device itself.	ISO 15223-1:2016, 5.4.4; also ISO 60601-1 Edition 3.1, 2012 (Table D.1, #10); ISO 7000-0434A)
	Consult instructions for use or Read operator manual	Consult the Homechoice Claria APD System Patient At-Home Guide for detailed instructions: ■ Consult accompanying documents ■ Read all instructions before using	ISO 15223-1:2016, 5.4.3; also ISO 60601-1 Edition 3.1, 2012 (Table D.1, #11); ISO 7000-1641

Table 2-1. Symbols (*continued*)

Symbol	Symbol Title	Description	Symbol Source/Reference
	Manufacturer	Legal manufacturer and year of manufacture	ISO 15223-1:2016, 5.1.1
	Rx Only	Federal (U.S.A.) Law restricts this device to sale by or on order of a physician	Docket No. FDA-2013-N-0125, Use of Symbols in Labelling found in 81 FR 38911 - 38931: effective 13.Sep.2016 (will update 21 CFR 801 and 809)
	UL Classification Mark	A safety certification mark that indicates the product has been tested and certified by Underwriters Laboratories Inc. (UL) as to electrical shock, fire and mechanical hazards UL is a qualified Nationally Recognised Testing Laboratory (NRTL).	ANSI/AAMI ES60601-1:2005 (A1:2012) IEC60601-2-39:2007 NOTE: Devices with Software version 12.0XX or higher and having label referring to IEC 60601-2-39:2007 have been modified with new software to include the requirements of IEC 60601-2-39:2018

Table 2-1. Symbols (*continued*)

Symbol	Symbol Title	Description	Symbol Source/Reference
	UL Classification Mark	A safety certification mark that indicates the product has been tested and certified by Underwriters Laboratories Inc. (UL) as to electrical shock, fire and mechanical hazards to US and Canadian National Standards UL is a qualified Nationally Recognized Testing Laboratory (NRTL) and accredited by Standards Council of Canada (SCC).	ANSI/AAMI ES60601-1:2005 (A1:2012) CAN/CSA-C22.2 No 60601-1 (2014) IEC 60601-2-39:2018
	INMETRO Conformity Mark	Indicates that the product has been tested and evaluated by UL Brazil and conforms to the electrical requirements set forth by Instituto Nacional de Metrologia (National Institute of Metrology) [INMETRO] for medical equipment.	ANVISA RDC 27/2011
	CE Marking	CE Conformity marking. This device meets the requirements of Council.	Directive 93/42/EEC Annex XI

Table 2-1. Symbols (*continued*)

Symbol	Symbol Title	Description	Symbol Source/Reference
	Serial number	Indicates the manufacturer's serial number so that a specific medical device can be identified.	ISO 15223-1: 2016, 5.1.7
	Catalogue number	Indicates the manufacturer's catalogue number so that the medical device can be identified.	ISO 15223-1: 2016, 5.1.6
 Corrugated Recycles	Corrugated Recycles symbol	Cardboard marked with this symbol is recyclable.	International Corrugated Case Association (ICCA)
	Recoverable/ Recyclable	Material marked with this symbol is recoverable and recyclable.	IEC 60878:2015 No. 1135; also Unicode U+2672 Universal recycling symbol
 Pb, Li	Lead-acid and Lithium batteries are recyclable	Contains lead-acid and lithium batteries. Must be recycled or disposed of properly.	Universal but not harmonised
 NONSPILLABLE BATTERY Pb	Non-spillable lead-acid battery is recyclable	Contains a nonspillable lead-acid battery. Must be recycled or disposed of properly.	Universal but not harmonised

Table 2-1. Symbols (*continued*)

Symbol	Symbol Title	Description	Symbol Source/Reference
	Rechargeable battery	To identify equipment which shall only be used with rechargeable (secondary) cells or batteries, or to identify rechargeable cells or batteries. When shown on a battery holder, the symbol also indicates the positioning of the cells.	IEC 60878:2015 No. 5639
	Waste Electrical and Electronic Equipment (WEEE)	Crossed-out wheeled bin: ■ Do not dispose of this product as unsorted municipal waste ■ Collect this product separately ■ Use collection and return systems available to you Bar below bin: ■ Product brought to market after 13 August 2005	WEEE Directive 2002/96/EC Article 10 and Annex IV
IP21	Degrees of protection provided by enclosures (Ingress Protection or IP Code)	Ingress protection rating: ■ Protected against ingress of fingers or similar objects ■ Protected against ingress of vertical dripping water	IEC 60601-1 Edition 3.1, 2012 (Table D.3, #2); IEC 60529

Table 2-1. Symbols (*continued*)

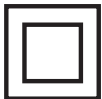
Symbol	Symbol Title	Description	Symbol Source/Reference
Hz	Hertz	Hertz is the unit of frequency.	International System of Units
V	Volt	Volt is the unit of electrical potential	International System of Units
VA	Volt-ampere	Volt-ampere is the unit of apparent power	International System of Units
	Class II Equipment	Class II equipment refers to electrical equipment in which protection against electric shock does not rely on Basic Insulation only, but in which additional safety precautions such as double insulation or reinforced insulation are provided, there being no provision for protective earthing or reliance upon installation conditions.	IEC 60601-1 Edition 3.1, 2012 (Table D.1, #9); IEC 60417-5172)
	Type BF Applied Part	Type BF Applied part is an F-TYPE APPLIED PART complying with the specified requirements of this standard to provide a higher degree of protection against electric shock than that provided by Type B applied parts; TYPE BF APPLIED PARTS are not suitable for DIRECT CARDIAC APPLICATION	IEC 60601-1 Edition 3.1, 2012 (Table D.1, #20); IEC 60417-5333)

Table 2-1. Symbols (*continued*)

Symbol	Symbol Title	Description	Symbol Source/Reference
	"OFF" (power)/ "ON" (power)	To indicate disconnection/connection to the mains, at least for mains switches or their positions, and all of those cases where safety is involved.	IEC 60601-1 Edition 3.1, 2012 (Table D.1, #13); IEC 60417-5008)/ IEC 60601-1 Edition 3.1, 2012 (Table D.1, #12); IEC 60417-5007)
	Alternating current	Indicates alternating electrical current	IEC 60601-1 Edition 3.1, 2012 (Table D.1, #1); IEC 60417-5032)
	Home use conditions	Indicates operating and home use conditions	Custom for Baxter products; not a harmonised symbol
	Storage and delivery conditions	Indicates storage and delivery conditions [non temperature related]	Custom for Baxter products; not a harmonised symbol
	Temperature limit	Upper and lower temperature limits for operation or storage and transportation	ISO 15223-1:2016, 5.3.6
	Humidity limitation	Upper and lower humidity limits for operation or storage and transportation	ISO 15223-1:2016, 5.3.8

Table 2-1. Symbols (*continued*)

Symbol	Symbol Title	Description	Symbol Source/Reference
	Atmospheric pressure limitation	Upper and lower atmospheric pressure limits for operation or storage and transportation	ISO 15223-1:2016, 5.3.9
	Fragile, handle with care	Indicates a medical device that can be broken or damaged if not handled carefully.	ISO 15223-1:2016, 5.3.1
	Keep dry	Indicates a medical device that needs to be protected from moisture.	ISO 15223-1:2016, 5.3.4
	Stacking limitation	Stacking limit; Do not stack more than five, when the Protective Packaging is a Postage Box Do not stack more than seven, when the Protective Packaging is a Hard Carry Case/Travel Case	ISO 7000:2012, No. 2403; EN ISO 780:1999 symbol 14
	This way up	Indicates the correct, upright position of the package	ISO 7000:2012, No. 0623; EN ISO 780:1999 symbol 3
X1	Number of units [quantity inside package]	Carton contents; carton contains 1 unit	Custom for Baxter products; not a harmonised symbol

Table 2-1. Symbols (*continued*)

Symbol	Symbol Title	Description	Symbol Source/Reference
	Alarm	Indicates an Alarm Condition during the therapy. Symbol flashes and overlays the Alarm name	IEC 60601-1-8 2006 & A1:2012 (2.1 Edn), Symbol 1 in Table C.1
	Audio Paused	Indicates an audible alarm silence period during the therapy. Alarm silence period is also known as Audio Paused Period. Symbol flashes and overlays the Alarm name	IEC 60601-1-8 2006 & A1:2012 (2.1 Edn), Symbol 6 in Table C.1

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Warnings and Cautions

**READ ALL INSTRUCTIONS BEFORE USING THE
HOMECHOICE CLARIA APD SYSTEM CYCLER!**

3.1 Warnings

WARNING



Warnings are related to things that can cause harm to you.

3.1.1 Treatment

WARNINGS – Treatment



The **Homechoice Claria** APD system (the system) is not intended to be a substitute for monitoring the patient's overall condition by a nephrologist. Use of the device without patient monitoring can lead to serious injury or death.



Use aseptic technique to reduce the chance of infection:

- When you connect yourself to the cycler
- When you disconnect yourself from the cycler
- Any time you handle fluid lines and solution bags

Contaminating any part of the fluid path may result in peritonitis, serious patient injury or death. Peritonitis is an inflammation of the peritoneal membrane, usually caused by infection.

WARNINGS – Treatment (*continued*)



Caregivers should use universal precautions when handling effluent dialysis solution or contaminated disposables. Failure to use universal precautions can result in infection or injury to the caregiver.



All therapies using the system must be prescribed and performed under the responsibility of a nephrologist who is familiar and well-informed about peritoneal dialysis. Improper use of the system can result in serious patient injury or death.



Do not change the settings for your therapy unless directed by your nephrologist or dialysis centre. Using incorrect settings can cause symptoms and signs of uremia, including fluid overload. This can lead to serious injury or death.



Contact your dialysis centre if:

- You did not complete your treatment
- You skipped your treatment
- You bypassed one or more cycle phases
- Other alarm conditions or notices occur, as instructed by your dialysis centre

Too many incomplete or skipped treatments may lead to insufficient removal of fluid or waste products.



After priming, do not connect to your patient line unless the fluid level is at or near the connector at the end of the disposable set patient line. Connecting when air is present will result in sterile air being delivered during the first Fill if there was no Initial Drain. Air introduced into your peritoneal cavity can cause shoulder or abdominal pain and may lead to serious injury.



Conditions that can cause poor catheter drainage include:

- Constipation
- Fibrin accumulation
- Blockage of the catheter lumen or drainage holes with fibrin, blood clots or intestines
- Kinking of the catheter
- Movement of the catheter to the upper portion of the peritoneal cavity

Contact your dialysis centre if you are experiencing poor drainage.

WARNINGS – Treatment (*continued*)



Use extra care when administering subcutaneous insulin in preparation of APD therapy. A delay or interruption of APD therapy after the administration of insulin can cause low blood glucose (sugar) levels. Adjust your insulin therapy as directed by your clinician.



Changing the dialysis solution concentrations of glucose or dextrose in patients receiving insulin can cause too high or too low blood glucose (sugar) levels. Adjust your insulin therapy and other medication as directed by your clinician.



Ascites refers to the accumulation of fluid in the peritoneal cavity due to other medical conditions unrelated to your kidney disease. Peritoneal dialysis patients with Ascites may have large volumes of fluid in their peritoneal cavity unrelated to their dialysis solution. If you have Ascites, draining to empty may place you at an increased risk of low blood pressure.

Patients using the **Homechoice Claria** APD system with severe kidney failure and Ascites need to know that the cyclor will attempt to drain them to empty during Initial Drain. All subsequent cycle drains will be drain to empty, except for Tidal night cycle drains which are based on programmed Tidal Volume percent and Tidal Total UF. The cyclor allows you to pause but does not allow to bypass an active Initial Drain unless the amount of fluid drained is more than the Minimum Initial Drain Volume setting (provided the "Initial Drain Bypass" option in Standard Mode is enabled by the Clinician) and you have reached a Slow Flow condition for a predetermined period of time, and you confirm you are empty. Cycle drains can be paused and bypassed.

Contact your clinician immediately if you have Ascites and observe the following:

- Your abdomen is more distended or tense than usual, or
- Drain volumes that exceed the pre-determined amount set by your clinician.

WARNING



Do not modify any therapy parameters including I-drain bypass because it may lead to a hazardous situation. Consult with Clinician before making changes to Settings/Therapy Parameters.

Bypassing Initial Drain when there is still fluid left in the peritoneal cavity can result in an increased intraperitoneal volume (IIPV) situation later in your therapy. Change your position or sit up to aid draining completely during the Initial Drain. IIPV could result in a feeling of abdominal discomfort, serious injury, or death.

Do not use this option until your clinician has given you instruction on when it is safe for you to bypass the initial drain.

If any patient, or patient carer, suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the carer during treatment, such as small children or infants.



Do not Bypass the Initial Drain if you are not experiencing Drain Pain.

WARNING



If INITIAL DRAIN appears on the display screen and you have not already connected yourself, do NOT connect yourself. Instead, restart your therapy with all new supplies (solution bags and disposable set). Do not attempt to reuse any disposable supplies. Possible contamination of the fluid or fluid pathways can result if disposables are reused. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury, or death.

WARNING



By selecting ARE YOU EMPTY? YES, you indicate that you are empty. The system considers your volume 0 (zero) and delivers your entire prescribed Fill Volume. Bypassing Initial Drain when there is still fluid left in the peritoneal cavity can result in an increased intraperitoneal volume (IIPV) situation later in your therapy.

If any patient, or patient carer, suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the carer during treatment, such as small children or infants.

3.1.2 Treatment – Overfill / IIPV Symptoms and Causes

The following are the symptoms of IIPV.

WARNINGS – SYMPTOMS OF IIPV



Overfilling or not draining enough can result in excess fluid in the abdomen, also known as increased intraperitoneal volume (IIPV). IIPV is an inherent risk of peritoneal dialysis. While some people may not exhibit symptoms, most commonly observed symptoms include:

- Feeling full, bloated or overfull
 - Abdominal pain or discomfort
 - Expanded or tense abdomen
 - Vomiting or spitting up
 - Difficulties feeding
 - Localised swelling around the PD catheter exit site, belly button, groin region or genital area
 - Leakage of fluid from the PD catheter exit site
 - Difficulty breathing
 - A child complaining of a “funny feeling” in the abdomen
 - A child crying
 - Unexpected increase in blood pressure
-



Following are the complications of IIPV in adults and children

- Abdominal or back pain
 - Dialysate leakage into the abdominal wall, genital tissues or pleural cavity
 - Shortness of breath
 - Severe respiratory distress
 - Hydrothorax
 - Pericardial effusion
 - Worsening cardiovascular (CV) function in patients with pre-existing CV disease or compromised pulmonary function
 - Elevated blood pressure
 - Decreased pulmonary compliance
 - Hypoxia
 - Hypercapnia
 - Decreased pulmonary volumes
 - Death
-

WARNINGS – SYMPTOMS OF IIPV (*continued*)



Some patients are uniquely vulnerable to excess retention of fluid in the peritoneal cavity that may be related to the dialysis therapy. These patients include neonates, infants and small children, and any patient with significant heart or lung disease.

- Due to their small size, neonates, infants and small children may display severe symptoms with the retention of small amounts of fluid in the peritoneal cavity.
- Any patient with significant heart or lung disease, regardless of age, may also show severe symptoms with seemingly small amounts of fluid retention in the peritoneal cavity.

Symptoms that should alert the patient or caregiver that excess fluid may have accumulated may be specific for the patient's age and developmental level, as described below:

- Neonate / Infant: General signs of distress (examples: fussiness, crying), paleness or bluish skin colour, difficulty breathing, refusal to eat, bloated abdomen or persistent vomiting.
- Small child: Complaints of feeling full, report of pain in abdomen, persistent crying, difficulty breathing, refusal to eat, bloated abdomen or persistent vomiting.
- Patients with heart or lung disease: Difficulty breathing, shoulder or chest pain, paleness or bluish skin colour.

3. Warnings and Cautions

IIPV can occur because of one or more of the following reasons.

WARNINGS – CAUSES OF IIPV



Failure to use Low Fill Mode for patients whose Fill volumes are less than 1000 ml may result in IIPV. These patients typically weigh less than 20 kg (44 lbs). The Negative UF Limit should not be raised above 50% and the Minimum Drain Volume percent should not be lowered below 85% (the default values).



Programming the Minimum Initial Drain Volume too low may result in IIPV. The system may move on to the first Fill before you are completely drained if:

- Your last therapy left you with more than your normal Last Fill Volume
- You did not perform a Manual Drain
- A Slow Flow condition occurs before you are completely drained

If the Min I-Drain Vol setting is programmed too low, then temporarily increase it or perform a Manual Drain to make sure that your Initial Drain is complete.



Programming the Minimum Drain Volume percent too low may result in IIPV. This can cause your Drain cycles to end early.



Programming the Day Fill Volume, Night Fill Volume or Last Fill Volume too high may result in IIPV. This can cause you to be overfilled if the volume is not appropriate for your body's size.



For Tidal therapies, programming Total UF volume too low may result in IIPV. This can cause a gradual buildup of UF volume during the therapy.



Programming Last Manual Drain to NO or programming the UF Target for the Last Manual Drain too low may result in IIPV. This can cause an incomplete last Drain.



Pressing  and  (to reduce noise) during successive Tidal Dwell cycles may result in IIPV. This can reduce the volumetric accuracy of the device over the course of treatment.

WARNINGS – CAUSES OF IIPV (*continued*)

- 

After a power failure during Prime, pressing  to start therapy without closing all clamps first may result in IIPV. This can cause a free flow of fluid from one bag to another or to the patient during the time when LOAD THE SET appears.
- 

Opening the door during an alarm or notice without closing all clamps first may result in IIPV. This can cause a free flow of fluid from one bag to another or to the patient.
- 

Connecting the transfer set to the patient line before CONNECT YOURSELF appears on the display screen may result in IIPV. This can cause air to be delivered to your peritoneal cavity, which can cause IIPV if you had fluid in your peritoneal cavity prior to the Initial Drain.
- 

Pressing  at the end of therapy before all clamps are closed when CLOSE ALL CLAMPS appears on the display screen may result in IIPV. This can cause a free flow of fluid from one bag to another or to the patient.
- 

Opening the door at the end of therapy before all clamps are closed may result in IIPV. This can cause a free flow of fluid from one bag to another or to the patient.
- 

Bypassing any Drain phase, including Initial Drain, Day Drain or Night Drain, may result in IIPV. This can cause the system to deliver a full Fill in addition to any fluid left in the peritoneal cavity.
- 

Bypassing the Notices DRAIN NOT FINISHED, LOW UF or LOW DRAIN VOLUME may result in IIPV. This can cause the system to deliver a *full* Fill in addition to any fluid left in the peritoneal cavity.
- 

Bypassing WARNING: NEGATIVE UF Alarms may result in IIPV. This can cause the system to deliver a *partial* Fill in addition to any fluid left in the peritoneal cavity.
- 

Stopping or bypassing a Manual Drain performed during Fill may result in IIPV. This can cause the system to deliver a full Fill in addition to any fluid that might have been left in the peritoneal cavity due to one of the potential IIPV reasons listed above.

WARNINGS – CAUSES OF IIPV (*continued*)



Poor catheter drainage can lead to incomplete draining of dialysis solution and ultrafiltration from the peritoneal cavity and may result in IIPV.

Conditions that can cause poor catheter draining include:

- Constipation
- Fibrin accumulation
- Blockage of the catheter lumen or drainage holes with fibrin, blood clots or intestines
- Kinking of the catheter
- Movement of the catheter to the upper portion of the peritoneal cavity

Contact your dialysis centre if you are experiencing poor drainage.



Failure to follow the prescription by using fill volumes less than prescribed may lead to decreased clearances and insufficient therapy. Patients prescribed fill volumes less than 1000mL should use Low Fill Mode with the appropriate low recirculation set to avoid IIPV.

WHAT TO DO IF IIPV IS SUSPECTED

If IIPV is suspected, please do the following:

1. Press  (STOP) immediately, then press  (DOWN) and initiate a Manual Drain. The Manual Drain procedure is located on the next page.
See Increased Intraperitoneal Volume (IIPV) on page 15-78 if IIPV is suspected.
2. Once the fluid is completely drained from the abdomen, call your nephrologist.
3. Call your nephrologist immediately if you have ANY complaints or symptoms of IIPV including, but not limited to, those listed above.
4. For assistance in performing the above steps, call your dialysis centre or Baxter Technical Assistance at the number located in *Numbers to Call for Assistance* on page 1-1.
5. If you are unable to reach your dialysis centre, nephrologist, or Baxter Technical Assistance at the numbers located in *Numbers to Call for Assistance* on page 1-1 and you or the patient are experiencing symptoms of IIPV, call your national emergency phone number or go to the nearest hospital emergency unit.

Steps to perform a Manual Drain	Display screen
The current FILL phase appears on the display screen.	FILL 3 OF 5
1. Press  .	STOPPED: FILL
2. Press  .	FILL VOLUME: ML
3. Press  .	TOTAL UF: ML
4. Press  .	BYPASS
5. Press  .	CHANGE PROGRAM
6. Press  .	MAKE ADJUSTMENTS
7. Press  .	MANUAL DRAIN
8. Press  .	DRAINING: ML
The display screen shows the Drain volume. The system continues to drain until flow is no longer detected.	
9. Press  to return to therapy.	
10. Reinitiate a Manual Drain if it is stopped during Fill.	

3. Warnings and Cautions

3.1.3 Supplies – General

WARNINGS – General Supplies



Use only Baxter accessories, solutions, disposable sets and supplies with your system. Baxter cannot ensure that the dialysis products of other manufacturers, when connected with Baxter's products, will function in a safe and satisfactory manner.



Make sure that you are able to complete all of your treatments as prescribed by your nephrologist:

- Order your supplies on time.
- Keep extra supplies on hand.
- Keep supplies for a manual exchange available.
- If your cyclor cannot begin or complete your treatment, or your APD supplies are not available, perform a manual exchange as instructed by your dialysis centre.

Too many incomplete or skipped treatments may lead to insufficient removal of fluid or waste products.

3.1.4 Supplies – Solutions

WARNINGS – Solutions



Add medication to the solution only as prescribed by a nephrologist. Failure to follow proper instructions can result in contamination. Adding the wrong dosage of medication can make your condition worse.



Place the solution bags on a flat, stable surface that supports the entire solution bag. To prevent bags from falling, do not stack bags on top of each other. Falling bags can result in a disconnect or leak. Possible contamination of the fluid or fluid pathways can result if a fluid leak occurs. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury or death.

WARNINGS – Solutions (continued)

Check each solution bag to ensure:

- The solution is clear
- The solution matches the prescribed type
- The dextrose concentration is correct
- The volume of solution in the bag is correct
- The expiration date has not passed
- The pull ring and medication port are in place
- There are no leaks

If any problems are found, do not use the solution bag. Obtain and use a fresh dialysis solution supply bag. Using wrong or damaged bags can result in inadequate therapy or contamination of the fluid lines. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury, or death. Report and return any damaged or defective bags to Baxter or your dialysis centre.



Do not use the dialysis solution if you think you may be allergic to any component of the solution. Check the labelling provided with your solution for details to reduce the potential of an allergic reaction.



The solution bag must be placed properly on the heater pan.

- Be sure that the bag completely covers the silver heater sensor button.
- Additional care should be taken when positioning small solution bags on the heater pan.
- If the solution bag is not placed properly, overheated or underheated dialysis solution can be delivered.



Make sure the solution bag placed on the heater pan is big enough to hold the largest programmed Fill Volume plus a replenish buffer of at least 500 ml. Use of a smaller solution bag on the heater pan can cause the heater bag to be filled in excess of its designed volume. These bags heat slower and can burst.

WARNINGS – Solutions (*continued*)



When attaching your solution bags to your cyclor and disposable set:

- Make sure the solution bags are connected to the proper lines on the organizer.

If the solution bag connected to the line with the RED clamp is not placed on the heater pan, room temperature solution can be delivered. Room temperature solution is cooler than body temperature.

If a patient is unconscious or asleep and therapy continues for many hours, hypothermia can develop.

- Make sure you use the correct dialysis solution.

If the concentration or type of solution is different from your prescription, you may not receive the dialysis therapy you need. This may lead to an increase or decrease in the amount of ultrafiltration during the therapy. When performing a Tidal therapy, your intraperitoneal volume can increase or decrease if the ultrafiltration volume does not equal the programmed Total UF. Contact your dialysis centre if you have any questions about the selection of dialysis solutions for your treatment.

- Make sure to connect enough bags of the right volume to deliver your prescribed Fill Volume.

Too many incomplete or skipped treatments may lead to insufficient removal of fluid or waste products.



Do not replace empty solution bags or reconnect disconnected solution bags during your therapy. Possible contamination of the fluid or fluid pathways can result if disposables are reused. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury or death.

If a bag becomes disconnected during your therapy, follow the instructions in *End Therapy Early Procedure* on page 15-71. Notify your dialysis centre.



For storage and preparation of the dialysis solution, follow the labelling instructions that come with the solution. Failure to follow the solution labelling instructions can lead to serious patient injury.

WARNINGS – Solutions (*continued*)



Discard the disposable set and all solution bags at the end of therapy. Possible contamination of the fluid or fluid pathways can result if disposables are reused. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury or death.



When using two chamber peritoneal solution bags, failure to follow instructions to open interchamber seals or interchamber Frangibles will result in improper mixing of solutions between chambers. Infusion of improperly mixed solution can lead to abdominal pain or serious patient injury.

3.1.5 Supplies – Disposable Set

WARNINGS – Disposable Set



Before loading the disposable set, inspect the cassette and tubing for damage. Using damaged sets can result in contamination of the fluid or fluid pathways. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury or death.

- Inspect the flexible surfaces of the cassette for obvious signs of damage, including cuts, tears or punctures.
- Ensure the tip protectors on the ends of the tubing are on and unbroken.

If damage is found, obtain a new disposable set and repeat the inspection procedure.

Tubing indentations can be present on disposable sets due to the flexible and supple nature of the tubing. Slight tubing indentations are cosmetic and will not likely have any impact on the functionality of the product.



Use the disposable set(s) prescribed by your nephrologist or dialysis centre. Using the wrong disposable set can result in an inadequate therapy.

WARNINGS – Disposable Set (*continued*)



Do not apply alcohol, hydrogen peroxide or antiseptic containing alcohol to the disposable set or to the cassette interface inside the door of the cyclor. Using these products can cause the cassette to develop cracks. Using damaged sets can result in contamination of the fluid or fluid pathways. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury or death.



Do not use the disposable set more than once. Discard after each use. Reusing the disposable set can increase the risk of contamination, which may result in peritonitis, serious patient injury or death.



Check all disposable set connections for a secure fit before beginning your therapy. Make sure all clamps on unused fluid lines are closed securely. Contamination of any portion of the fluid path may result in peritonitis, serious patient injury or death.



Tip protectors for disposable sets pose a choking hazard. Secure tip protectors appropriately and dispose promptly after use.



Open the packaging of the disposable set by hand. To avoid injury or damage to the disposable set, do not use a knife, scissors or other sharp object to open the packaging.



Performing Hi-Dose Therapy or Emergency Disconnect procedures require the use of disconnect caps for the disposable set. If you do not have a FlexiCap and MiniCap disconnect caps available, end your therapy and then restart your therapy using all new supplies (solution bags and disposable set). If you disconnect during therapy and do not reconnect using new supplies, there may be a possibility of contamination of your patient line, which may lead to peritonitis.

3.1.6 General

WARNINGS – General



Leave an air gap (space) between the end of the drain line and any fluid in the drain or container when using a drain line extension. This prevents non-sterile fluid from flowing backwards up the drain line. Non-sterile fluid can contaminate the fluid path and may result in peritonitis, serious patient injury or death.



Contamination of the fluid or fluid pathways can result if a pet or animal bites a solution bag or the disposable set. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury or death. To reduce this risk, do not perform dialysis in the same room as pets or animals.



Changing from CCPD to Tidal mode will automatically reset the Tidal Volume % and Total UF to the default settings. If your cyclor is programmed with these default settings, contact your clinician to verify that they are correct for you.



Verify the operation of the audible notification before starting your therapy. If the audible notification of tones/beeps is not working, you will not be notified of an alarm or notice situation. If your cyclor does not produce any tones/beeps during start up, contact Baxter Technical Assistance on the number located in *Numbers to Call for Assistance* on page 1-1. This can lead to insufficient therapy, serious patient injury or death.



Do not connect unapproved accessories to the cyclor's modem port. Only connect the modem provided with the cyclor. Using an unapproved modem may increase the risk of electrical shock or cause damage to the cyclor.



Do not open the cyclor. Electrical circuitry inside can pose a shock hazard.



Unplug the system power cord from the wall outlet or other AC power source, before cleaning the cyclor. Failure to do so can cause an electric shock.

WARNINGS – General (*continued*)



Do not use external heating sources (such as a microwave, stove, electric heating pad with an uncontrolled temperature gauge, or immersion in hot water) to warm solution bags. This can result in overheated solution delivered into your peritoneal cavity, causing patient injury. Dialysis solution should only be heated by the cyclor.



Do not connect any devices to the system other than those specified by Baxter as part of the system. Baxter cannot ensure that the dialysis products of other manufacturers, when connected with Baxter's products, function in a safe and satisfactory manner.



The system should not be used next to, or stacked with, other electrical equipment. Such equipment may cause the cyclor to operate incorrectly. However, if it is necessary to use the cyclor close to other equipment, the cyclor should be monitored to verify normal operation.



Do not attempt to operate the system in an explosive atmosphere (i.e., when gas is present). This is an explosion hazard and can cause personal injury or death to you or others and damage to equipment.



Do not operate this product where the following are in use:

- Aerosol spray products
- Flammable anaesthetic agents
- Nitrous oxide
- Oxygen-enriched environment (for example, oxygen tent)

Operating this device in these environments can cause an explosion or fire.



Do not use this product outdoors. Outdoor use can increase the risk of shock to you or others or damage the device, which can result in serious injury or death.



Do not use electrical nerve stimulation pain management devices while performing your dialysis therapy. Some of these devices, when used at the same time as the system, have been shown to cause damage to the cyclor and to the cassette. Baxter cannot ensure that the cyclor will function in a safe and satisfactory manner when damaged. Damage to the cassette can lead to air infusion into the peritoneal cavity. Air infusion can cause shoulder or abdominal pain and may lead to serious injury.

WARNINGS – General (*continued*)



Do not operate this product if it:

- Has a damaged cord or plug
- Is not working properly
- Has been dropped or damaged
- Has been dropped into water

If the cord or plug is damaged, replace only with a Baxter approved cord replacement. Do not attempt to repair the cord or plug yourself.

Baxter cannot ensure that a cyclor will function in a safe and satisfactory manner under these conditions.

Return the product to Baxter Technical Assistance for examination and repair if damage occurs. Contact Baxter Technical Assistance at the number located in *Numbers to Call for Assistance* on page 1-1.



To reduce the risk of burns, electrocution, fire or injury to persons:

- Close supervision is necessary when this product is used by, on or near children or those unable to care for themselves.
- Use this product only for its intended use as described in this *Patient At-Home Guide*.
- Do not use attachments, products or supplies not recommended by Baxter.
- Keep the power cord away from heated surfaces.
- Do not use while bathing or otherwise while using water.
- Do not place or store product where it can fall or be pulled into a tub or sink.
- Do not place in or drop into water or other liquid.
- Do not reach for the cyclor if it has fallen into water. Unplug it right away.



The power cables, modem cables, extension lines (if used) and fluid lines on the disposable set pose a strangulation hazard. Special care and close supervision is necessary when this product is used by, on or near children and patients unable to care for themselves.

WARNINGS – General (*continued*)



Close supervision is necessary when the cyclor is used by, on or near children to prevent contamination of the fluid in case they bite the solution bag or disposable sets. Contamination of any portion of the fluid or fluid pathway could result in peritonitis.



Fluid lines and electrical cables pose a tripping hazard and may lead to injury. Exercise care when moving near or around electrical cables and fluid lines.



Injury can occur as a result of lifting the cyclor or having the cyclor impact you if you fall while attempting to move the cyclor. Exercise care under such conditions.



The use of wireless communications equipment, such as wireless home network devices, mobile phones, cordless telephones and their base stations, or walkie-talkies, can affect the cyclor and should be kept at least 3.3 metres away from the cyclor. An alarm or notice may occur if you use these devices within 3.3 metres of your cyclor.



Portable RF communications equipment (including peripherals such as antenna cables and external antennas) should be used no closer than 30 cm (12 inches) to any part of the **Homechoice Claria** APD system, including cables. Degradation or unexpected performance can be caused by this electromagnetic disturbance. This disturbance may result in unexpected screen images, screen brightness levels changing and unexpected alarm or notice conditions. In the event electromagnetic disturbances are suspected as the cause of this behaviour, move the **Homechoice Claria** APD system (including cables) as far from RF equipment as possible in an effort to resolve these issues.



Do not attempt to service or modify the cyclor yourself. Doing so can result in personal injury or death. Return the product to Baxter for examination and repair if damage occurs. Contact Baxter Technical Assistance at the number located in *Numbers to Call for Assistance* on page 1-1.



To prevent the cyclor from falling, place it on a sturdy, stable nightstand or table large enough to hold the cyclor and the solution bags. Falling can damage the cyclor or cause personal injury.

WARNINGS – General (*continued*)



If an extension cord is used, make sure the ampere rating of the cyclor does not exceed the extension cord ampere rating.

- Use only heavy-duty extension cords rated at 1200 watts, 10 amps or greater.
- Use no more than one extension cord, with a length no greater than 3.65 metres (12 feet).

Failure to follow this advice can result in excessive heating or fire.



For product disposal (according to WEEE 2002/96/EC or other applicable regulations), please do the following:

- Return this product to your dialysis centre or to Baxter by calling Baxter Technical Assistance.
- For more information on return, recovery, or recycling of this product, please contact Baxter Technical Assistance at the number located in *Numbers to Call for Assistance* on page 1-1.
- Do not dispose of this product as unsorted municipal waste.
- Use the collection and return systems available to you.
- Follow your local guidelines for disposal of dialysis waste materials and check with your local authorities if questions arise about the waste disposal regulations in your area.

Failure to follow disposal instructions can result in groundwater contamination or a monetary fine.



Incorrect replacement of the cyclor batteries could result in a fire or explosion. Contact Baxter Technical Assistance at the number located in *Numbers to Call for Assistance* on page 1-1 if battery replacement is required.



The use of RFID technology containing equipment can affect the cyclor and should be kept 3.3 metres away from the cyclor.

The Claria APD system has been proven to work in the intended use environment defined in IEC 60601-1-2:2014 standard for emissions and immunity. Signals not specified in the standard, for example 13.56 MHz frequency at 5A/m and 13.56 MHz frequency at 12A/m, may cause improper operation such as unexpected alarms or notices that could result in a delay of therapy or treatment.

WARNINGS – General (*continued*)



The Claria cycler is remotely monitored by your healthcare provider. For your own safety and therapy effectiveness, please be aware of the following situations and take necessary precautions.

The Claria cycler receives and transmits protected health information. Any unauthorised interception of data communication or tampering of the device can lead to information disclosure and impact to the therapy. Please safeguard the Claria cycler and its modem when these instruments are in your possession.

The cycler performance relies on the calibrated system configurations and electrotechnical components. Any attempts to modify the device wiring and cabling are prohibited. Please inform your healthcare provider if you suspect the cycler panels have been opened by anyone other than authorised Baxter representatives.

3.2 Cautions

CAUTION



Cautions are related to things that can damage the *Homechoice Claria* APD system.

CAUTIONS – General



The cycler you are using may be the property of Baxter. Improper care or use may result in additional expense.



Wipe up any spills right away. This reduces the chance of moisture entering the cycler and causing a malfunction. This also reduces the chance of bacteria contamination or other unsanitary condition.



Do not use chemical cleaning agents or aerosol spray cleaners. These products might damage the plastics or surface finishes. Use a small amount of mild soap and water on a damp cloth to wipe the exterior of the cycler. Because the system uses a disposable set, it does not need to be sterilised or disinfected between uses.

3.3 Battery Cautions

CAUTIONS – Battery



The cyclor contains both a lead-acid and a lithium battery. The lead-acid battery is automatically checked and recharged during the system operation. The batteries require no periodic maintenance.



In case replacement of either battery is needed, contact Baxter Technical Assistance at the number located in *Numbers to Call for Assistance* on page 1-1.



Do not crush, puncture, incinerate or short external contacts.



In disposing of sealed-lead batteries, the following precautions should be observed:

- Dispose of these batteries after first discharging them or insulating the terminals to prevent accidental shorting.
- Do not incinerate or expose to fire or high heat, as the battery may burst and spray acid over a large area.

Disposal should always conform to applicable local regulations.



**Contains lead-acid and lithium batteries.
Must be recycled or disposed of properly.**

3. *Warnings and Cautions*

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System Description

4.1 Indications for Use and Contraindications

4.1.1 Indications for Use

Baxter's **Homechoice Claria** APD system is intended for automatic control of dialysis solution exchanges in the treatment of paediatric and adult renal failure patients undergoing peritoneal dialysis in the home healthcare environment including comparable use in professional healthcare facilities.

4.1.2 Contraindications

The **Homechoice Claria** APD system is contraindicated in patients whose peritoneal membrane does not support dialysis as determined by trained and qualified clinicians. It is not designed, sold, or intended for use except as indicated. Selection and exclusion of patients for use with the **Homechoice Claria** APD system are determined by trained and qualified clinicians.

WARNING



Read all warnings, cautions, and instructions carefully before use (refer to Section 3, *Warnings and Cautions*). Improper use of the *Homechoice Claria* APD system can result in serious patient injury or death.

CAUTION: Federal (U.S.A.) Law restricts this device to sale by or on order of a physician.

➤ **NOTE:** This law is only applicable to devices sold in the United States of America.

4.2 About This *Patient At-Home Guide*

This **Homechoice Claria** APD System *Patient At-Home Guide* provides instructions necessary for the proper operation of the **Homechoice Claria** APD system (referred to in this guide as “the system”).

This *Patient At-Home Guide* is meant to be used with and after your training on the system. It does not provide instructions for the prescription or administration of peritoneal dialysis.

This *Patient At-Home Guide* contains examples that show sample therapy values. The values for your therapy may vary.

4.2.1 Software Version

The system uses a software version number to identify the operating software installed on the cyclor. This *Patient At-Home Guide* is only applicable to software versions that begin with 12.0XX, where XX can be any two digits. To find the software version on your cyclor, see *Software Version* on page 10-13.

4.3 System Description

The following pages in this section describe the functions, components and features of the system and the basics of peritoneal dialysis (PD).

You should learn the names of the system components, where they are located and how they function before using the procedures in this *Patient At-Home Guide*.

4.4 Introduction to the *Homechoice Claria* APD System

Baxter's **Homechoice Claria** APD system is designed to provide Automated Peritoneal Dialysis (APD) therapy for paediatric and adult renal patients. Their Fill volumes can range from 60 ml to 3000 ml.

The system is intended to be operated by:

- Home patients whose nephrologists have prescribed this system. Patients, or their caregivers, must have received adequate training to use the system.
- Clinicians who are using the system for patients under their care and under a prescription. Clinicians must have received adequate training to use the system.

Since drain and volume requirements vary among patients, the system has a choice of modes, either Standard Fill Mode (Standard Mode) or Low Fill Mode. The dialysis centre selects the Fill mode for the patient before therapy begins.

4.5 Introduction to Peritoneal Dialysis (PD)

Peritoneal dialysis is a procedure that cleans and filters the blood. Peritoneal dialysis rids the body of unwanted waste and excess fluid, helps to control blood pressure and maintains the proper balance of chemicals such as potassium, sodium and bicarbonate in the body. This process of cleansing the blood uses the body's own peritoneal membrane as a filter. See Figure 4-1 on page 4-4.

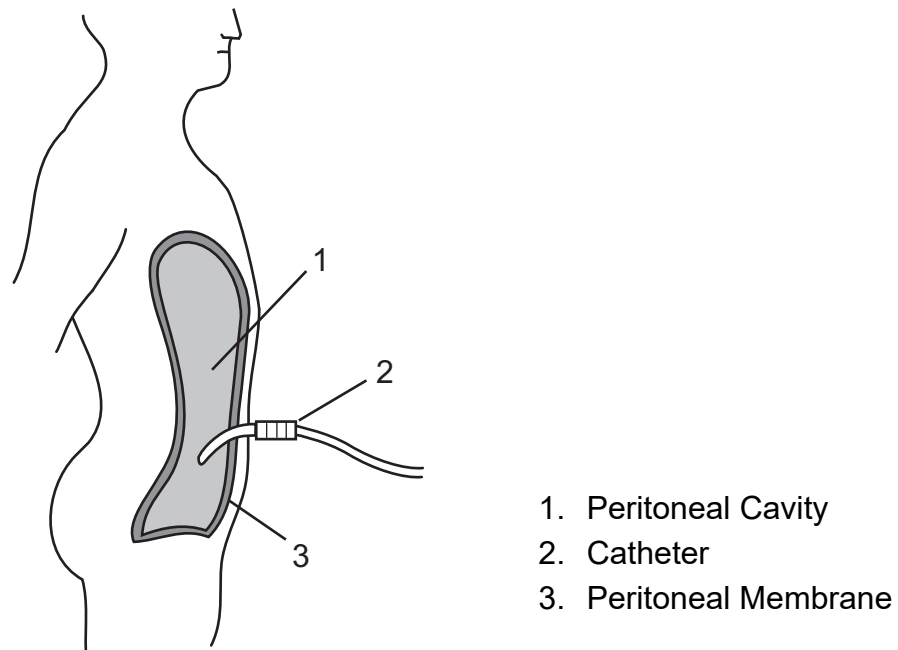


Figure 4-1. Peritoneal Cavity

The basic steps of PD are the following:

1. Peritoneal dialysis always begins with an Initial Drain to remove existing fluid from the peritoneal cavity.
2. The peritoneal cavity is filled with fresh dialysis solution. Solution enters through a catheter that has been surgically placed through the wall of the abdomen and into the peritoneal cavity.
3. The solution is allowed to remain (Dwell) in the cavity for a period of time. During this time, waste products pass from the bloodstream through the peritoneal membrane and into the dialysis solution.

4. The used dialysis solution containing waste products and excess fluids, called effluent, is then drained from the peritoneal cavity.
5. The peritoneal cavity is then refilled with fresh solution to remain (Dwell) for another period of time.

The draining of used dialysis solution from the abdomen, followed by refilling with a fresh bag of solution, is known as a dialysis exchange.

4.5.1 Continuous Ambulatory Peritoneal Dialysis (CAPD)

With CAPD, the blood is always being cleaned. Dialysis exchanges are done manually three to five times a day. This type of peritoneal dialysis does not use an automatic cycler. This method can be used to continue your treatments if you are unable to use your cycler; for example, during a power failure.

Dialysis solution flows by gravity from a plastic bag through the catheter and into the peritoneal cavity. The solution stays in the peritoneal cavity with the transfer set closed. Dwell periods typically last four to six hours during the daytime and up to eight hours overnight. After the Dwell period, the used solution is drained into a disposable bag. Then the peritoneal cavity is refilled with fresh solution to begin the cleaning process again.

4.5.2 Automated Peritoneal Dialysis (APD)

All peritoneal dialysis techniques that use a cycler to perform exchanges are referred to as Automated Peritoneal Dialysis (APD).

APD exchanges are usually referred to as cycles. Each cycle consists of three phases:

- Fill Phase
- Dwell Phase
- Drain Phase

Treatment settings, such as the amount of solution to be infused and the length of time the solution remains in the peritoneal cavity, are programmed on the cycler. The cycler then automatically performs the treatment. In APD, the treatment settings can be modified to meet the needs of each patient.

4. System Description

There are four types of APD therapy:

- Continuous Cycling Peritoneal Dialysis/Intermittent Peritoneal Dialysis (CCPD/IPD)
- Tidal Peritoneal Dialysis (TPD)
- **OptiChoice** (OCPD)
- OCPD Tidal Peritoneal Dialysis (OCPD TPD)

See Section 2, *Glossary*, for definitions of each of these therapies.

4.5.3 Complications of Peritoneal Dialysis

While there are complications associated with peritoneal dialysis (PD), your doctor has prescribed this therapy for you because the benefits outweigh the risks. However; it is important for you to understand some of these risks. You must always follow proper aseptic technique as directed by your clinician. By following aseptic technique, you will help to reduce complications.

There are two types of complications associated with PD, Infectious complications and Non-infectious complications.

Examples of Infectious complications are exit site infections, tunnel infections and peritonitis. Always contact your clinician if at your catheter exit site you observe any:

- Redness
- swelling or
- drainage

Exit site infections and tunnel infections may occur together. It is important that you observe your catheter exit site every day. Contact your clinician at once if you observe any differences because it may prevent further complications.

The first signs of peritonitis are:

- cloudy effluent and/or
- abdominal pain

If you observe the effluent to be cloudy or you are feeling abdominal pain, you should contact your clinician immediately. A quick Initiation of treatment for peritonitis may limit the effects of the infection and improve the outcome. Other symptoms you may experience are feeling bloated, fatigued, fever, chills, nausea and vomiting. Following aseptic technique is important in decreasing the risk of having an infectious complication.

Examples of Non-infectious complications are drain pain, constipation, abdominal pain unrelated to peritonitis, abdominal wall hernia, peritoneal leaks, fluid and electrolyte imbalances and increased intraperitoneal volume (IIPV).

You may experience drain pain with a new catheter; it may be due to constipation or it may be related to your position while draining fluid from your peritoneal cavity. This may be a temporary problem and can be resolved by working with your clinician to determine what is best for you.

You may also develop an abdominal wall hernia because of weak abdominal muscles, abdominal surgeries or pregnancies. Abdominal wall hernias may also cause peritoneal leaks. It has been suggested that as many as 10 - 20 per cent of patients may develop a hernia at some point on peritoneal dialysis. If you observe fluid at your exit site, swelling under the skin or have decreased drain volumes, this may be a leak and should be reported immediately to your clinician.

Fluid management is important for all dialysis patients. With PD, the excess fluid is removed from your body at each therapy. It is the prescribed type of dialysis solution that determines the amount of fluid that can be removed from your body. There may be times when you do not remove enough fluid which may lead to an increase in blood pressure, oedema and shortness of breath. There may be times when too much fluid is removed, which may lead to symptoms of dehydration including a low blood pressure or feeling light headed.

Your clinician monitors your electrolytes with your lab work. Some PD patients may experience hypokalaemia or low potassium and are given potassium supplements. Any abnormalities will be addressed by your clinician when you go for your routine clinic visit or sooner if necessary.

A serious complication of peritoneal dialysis is increased intraperitoneal volume (IIPV). Symptoms of IIPV may be mild feelings of:

- fullness
- abdominal pain or
- difficulty breathing

4. System Description

Other symptoms of IIPV may include:

- expanded or tense abdomen
- difficulty eating
- nausea
- vomiting
- leakage of fluid around your exit site

If you experience any of these symptoms during your treatment you should perform a manual drain and contact your clinician immediately. Refer to Patient-At-Home Guide Section 3 Warnings and Cautions, Section 3.2.2 Overfill/IIPV for more information.

To achieve sufficient or adequate clearance of waste products and remove excess fluid, the PD prescription must be tailored to meet the individual patient's needs and desired lifestyle. Every PD prescription, regardless of the modality, includes the following parameters.

- fill volume for each exchange
- specific number of exchanges to be completed
- dwell time for each exchange
- type of PD solution for each exchange

WARNING



Failure to follow the prescription by using fill volumes less than prescribed may lead to decreased clearances and insufficient therapy. Patients prescribed fill volumes less than 1000mL should use Low Fill Mode with the appropriate low recirculation set to avoid IIPV.

4.6 Homechoice Claria APD System Functions

The **Homechoice Claria** APD system performs peritoneal dialysis by directing the flow of fluid between the solution bags, the cassette, your peritoneal cavity and your drain option.

Once you have connected all solution bags and your drain option and have connected yourself to the disposable set, you have created a fluid circuit. The system manages your PD by the following methods:

- With the cassette loaded in the cyclor, the system is able to draw fluid into the cassette chambers by opening and closing the correct combination of valves on the cassette.
- The system measures the fluid in the cassette chambers. It then opens and closes the required valves on the cassette to move fluid to the correct destination. This allows the system to deliver the programmed Fill Volume to your peritoneal cavity with high accuracy.
- The measurements taken during the Drain cycle allow the system to calculate how much ultrafiltration (UF) was removed from your peritoneal cavity during each Drain cycle. These values are stored in the system so that you can view them at the end of your therapy.

4.6.1 Fluid Pathways: Drain, Fill and Dwell

Fluid pathways change during the therapy. They are pictured below for the three main phases of therapy.

1. Drain

During the Drain phase, the system pulls fluid from your peritoneal cavity to the disposable cassette where it is measured. The fluid is then sent to the drain option. This process is repeated until the system determines you are empty. The system calculates the UF for each Drain cycle.

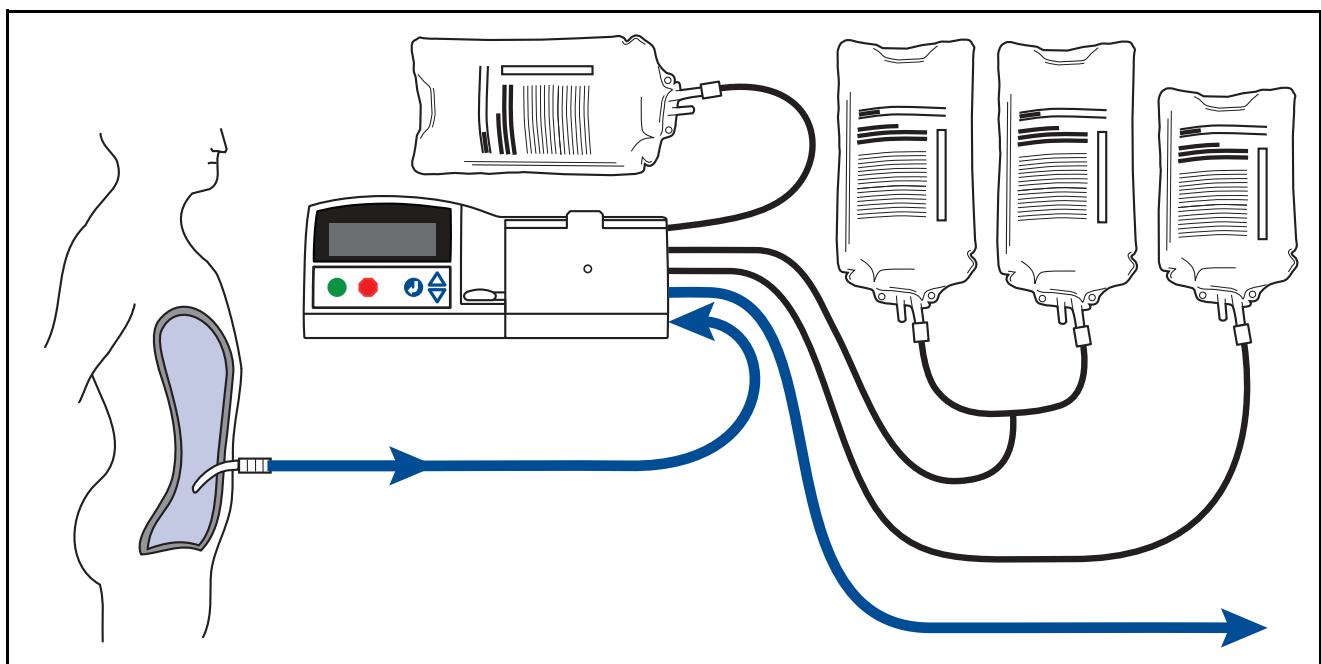


Figure 4-2. Fluid Pathway During Drain Phase

2. Fill

During the Fill phase, the system pulls solution from the heater bag to the disposable cassette where it is measured. The solution is then delivered to your peritoneal cavity. This process is repeated until the programmed Fill Volume has been delivered to your peritoneal cavity.

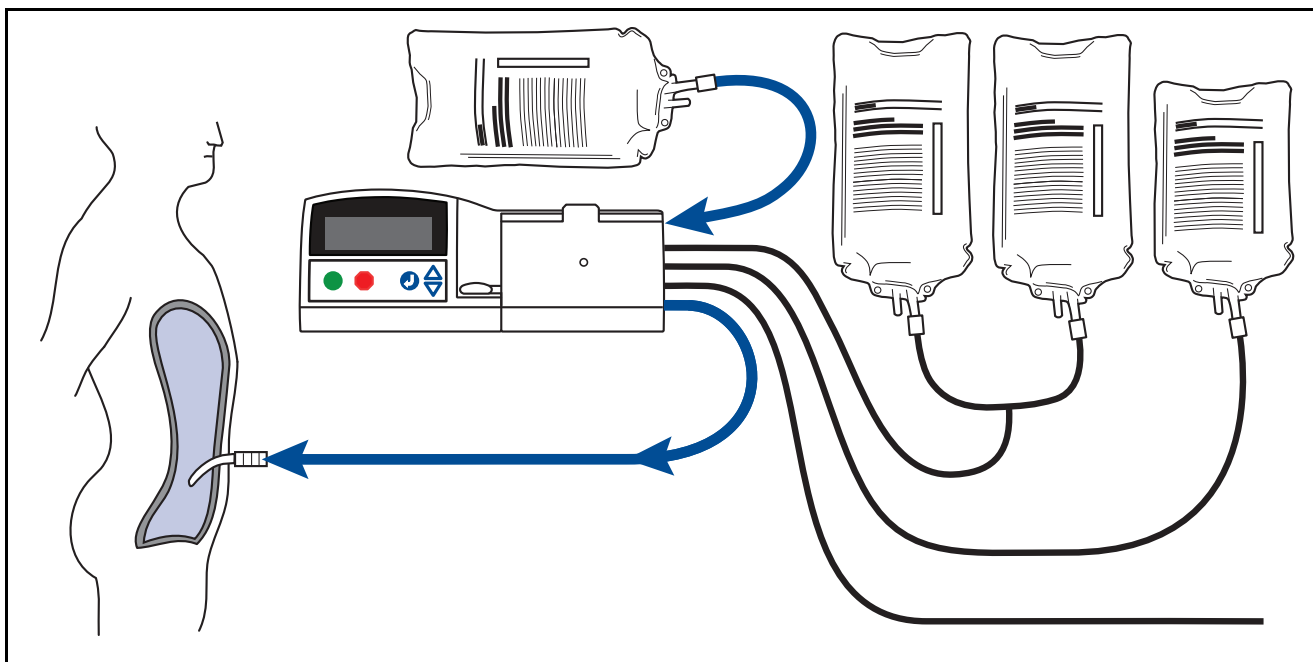


Figure 4-3. Fluid Pathway During Fill Phase

3. Dwell

During the Dwell phase, the system pulls solution from the supply bags to the disposable cassette where it is measured. This solution is then delivered to the heater bag to replenish the solution that was used during the previous Fill phase. This is done to warm the solution in the heater bag to prepare for the next Fill phase.

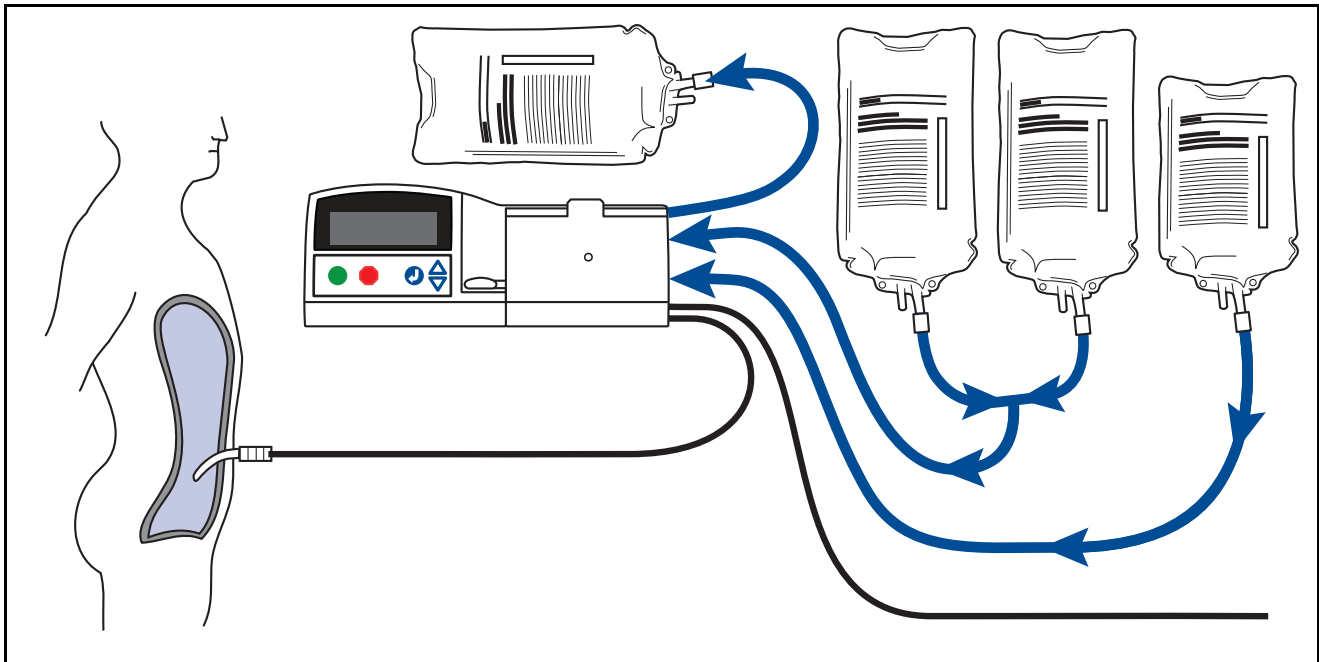


Figure 4-4. Fluid Pathway During Dwell Phase

4.6.2 Fluid Flow During Power Failure

If there is a power failure, all valves on the cassette close so there is no fluid flow. Valves remain closed as long as the door remains locked. See *Power Failure* on page 15-16 for complete instructions.

4.6.3 Situations When Fluid Lines Are Not Controlled

There are three situations during the use of the system when the fluid lines are not clamped by the internal occluder (behind the door of the cyclor) or not closed by the valves in the cassette.

All lines should be clamped when any of the following situations take place:

- When the door is open.
- During treatment setup when LOAD THE SET appears on the display screen.
- At the end of treatment when REMOVE CASSETTE appears on the display screen.

During these three situations, the system does not have control of the valves and fluid pathways. Therefore, solution can move freely between pathways. This can result in an increased intraperitoneal volume (IIPV) situation.

4.7 Homechoice Claria APD System Features

Features of the **Homechoice Claria** APD system include:

- The controls: an On/Off switch, and buttons for  (GO),  (STOP),  (ENTER),  (UP), and  (DOWN).
- Prompts and directions that lead you step-by-step through each setting, assuring you that each setting is correct.
- Audible alarms and notice signals notify you to check the display screen.
- The cassette, with attached fluid lines, which fits into the cyclor only one way so you always insert it correctly. Connections are colour-coded.
- Settings that are changed or adjusted by following the prompts on the display screen and pressing the appropriate button.
- In the event that there is a problem, an alarm or notice sounds and a message appears on the display screen. Most situations can be corrected. If you cannot correct the problem, call the phone number located in Section 1, *User Assistance Information*, for assistance.
- The capability to connect to the **Sharesource** web-based connectivity platform with the use of an external modem.

4.8 Homechoice Claria APD System Description

4.8.1 Cyclor

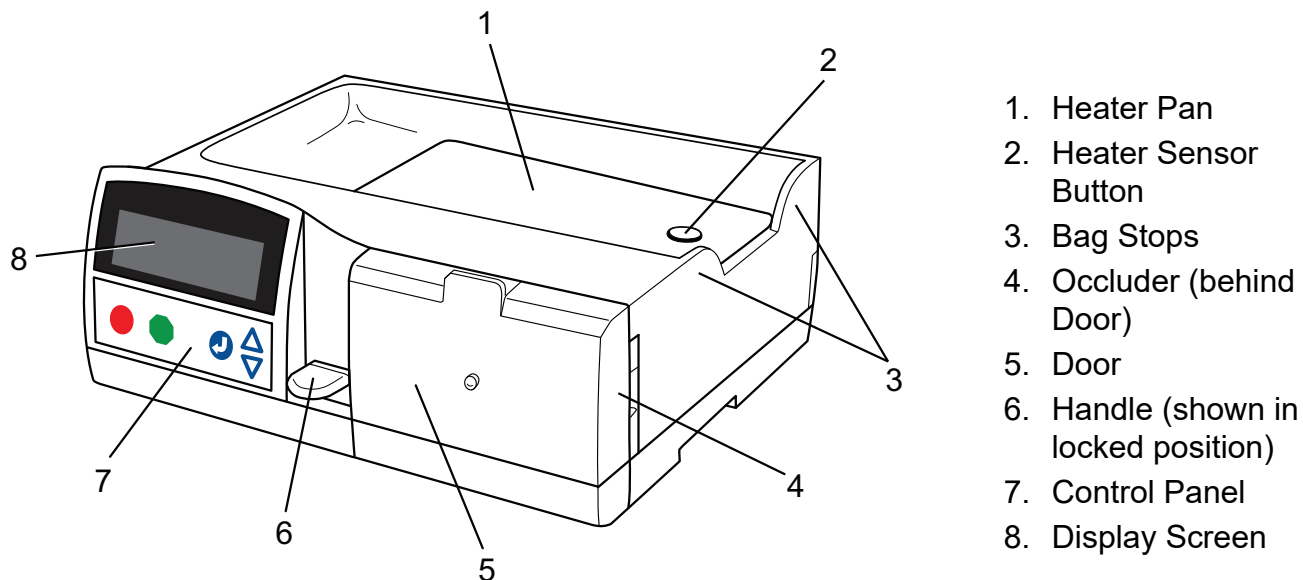


Figure 4-5. Front and Top

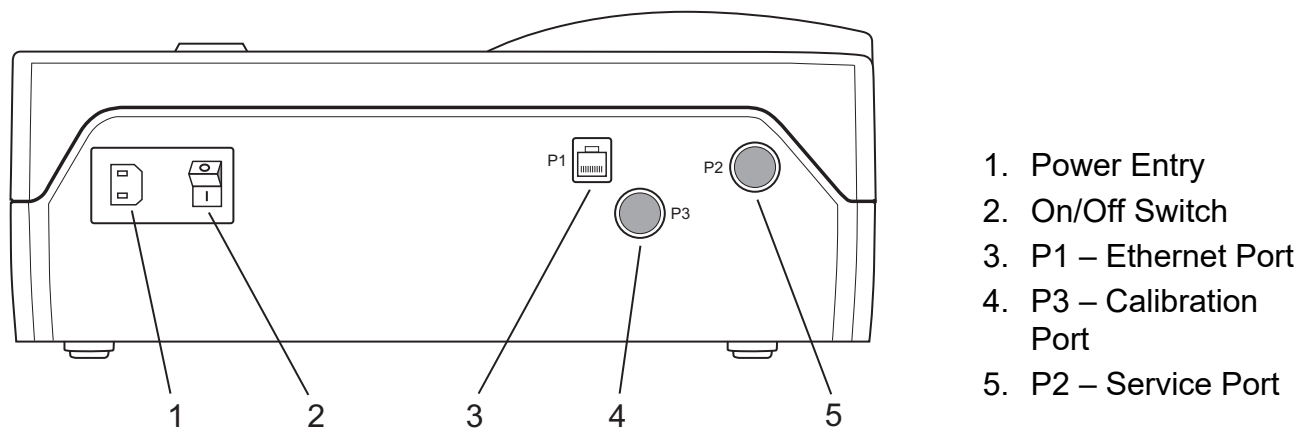


Figure 4-6. Back Panel

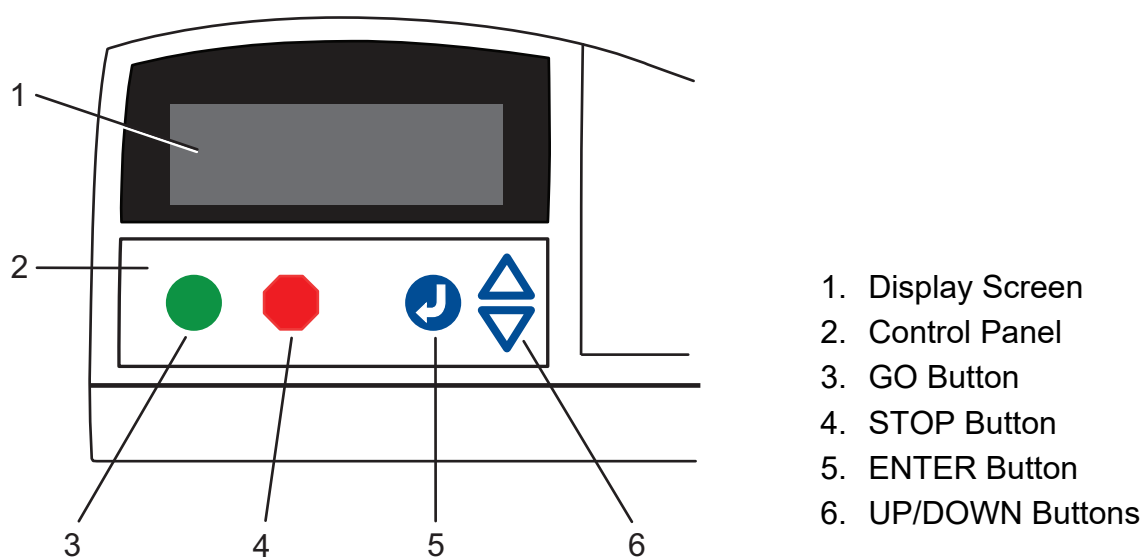


Figure 4-7. Display Screen and Control Panel

4.8.2 Control Panel Buttons

The general functions of the control panel buttons are described below.

GO button (green)



Press the **GO** button to:

- Start or continue therapy
 - Continue therapy after an alarm or notice sounds
 - Continue therapy after a daytime Dwell
 - Acknowledge completion of a post-therapy task
-

STOP button (red)



Press the **STOP** button to:

- Return to the previous menu
 - Cancel a setting change
 - Stop therapy
 - Silence an audible alarm or notice
-

ENTER button (blue)



Press the **ENTER** button to:

- View a secondary menu
 - Edit a setting
 - Accept an edited setting
 - Move to the next field when editing the date, time or Patient Activation Code
-

UP and DOWN buttons (blue)



Press the **UP** and **DOWN** buttons to navigate menu items or increase or decrease settings that require changing.

4.9 Disposable Sets

Disposable sets have one of the following two types of connections:

- Luer
- Spike

Depending on your geographic location, the following disposable sets with multiple inline clamps are available with either the Luer or spike connection type:

- Integrated APD Set with Cassette – 3 Prong
- Automated PD Set with Cassette – 4 Prong
- Automated PD Set with Cassette – 8 Prong
- UV Flash Automated PD Set with Cassette
- Low Recirculation Volume APD Set with Cassette

Depending on your geographic location, the following disposable set with a single inline clamp is available with the spike connection type:

- Automated PD Set with Cassette – 3 Prong

Your nephrologist or dialysis centre determines which type of disposable set and connection you use.

Figure 4-8 and Figure 4-9 show a 4-prong Luer disposable set. Figure 4-10 and Figure 4-11 show a 4-prong spike disposable set. Your disposable set may look different.

The instructions in this *Patient At-Home Guide* apply to all disposable sets with multiple inline clamps approved for use with the **Homechoice Claria** APD system. For instructions applicable to disposable sets with a single inline clamp approved for use with the system, refer to the **Homechoice Claria** APD System *Patient At-Home Guide Addendum: Prepare for Therapy Using the Disposable Set with Single Inline Clamp*.

For instructions specific to the type of disposable set you are using, refer to the package insert for your disposable set.

4.9.1 Luer Disposable Set

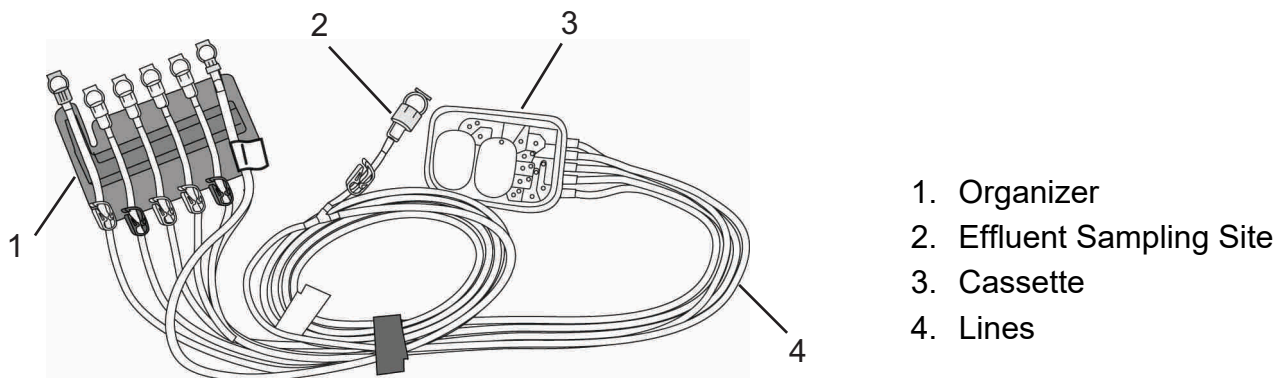


Figure 4-8. 4-Prong Luer Disposable Set

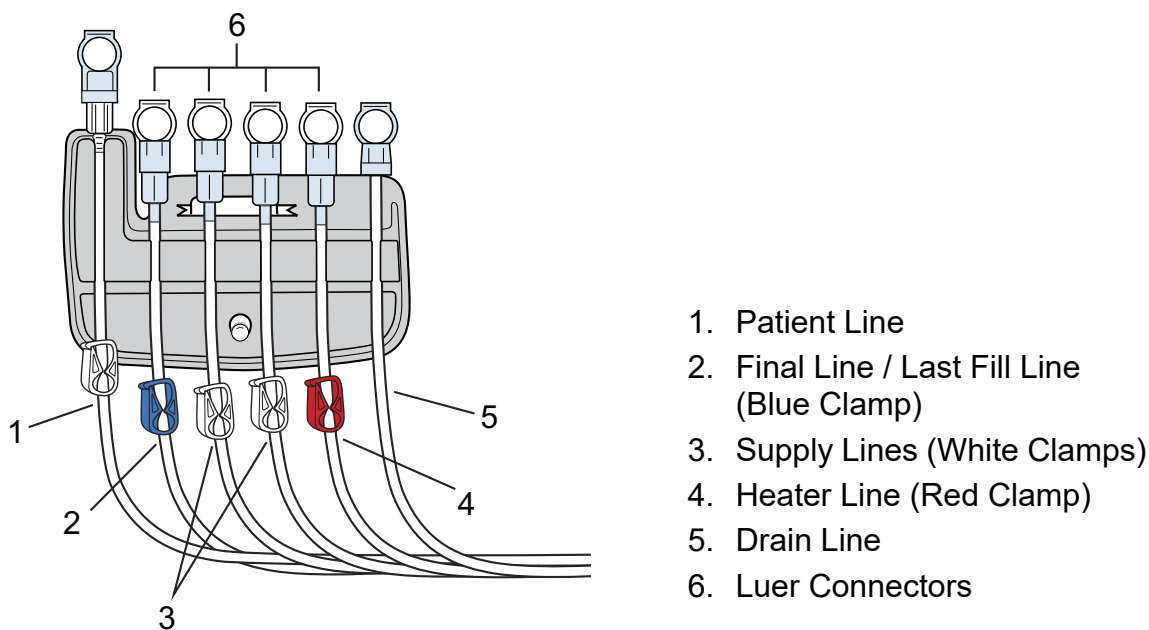


Figure 4-9. 4-Prong Luer Lines and Connectors

4.9.2 Spike Disposable Set

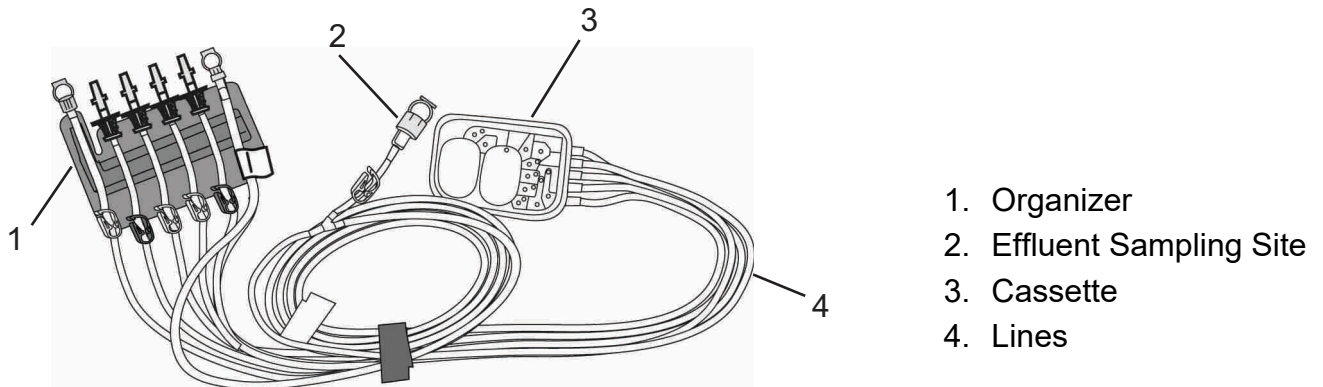


Figure 4-10. 4-Prong Spike Disposable Set

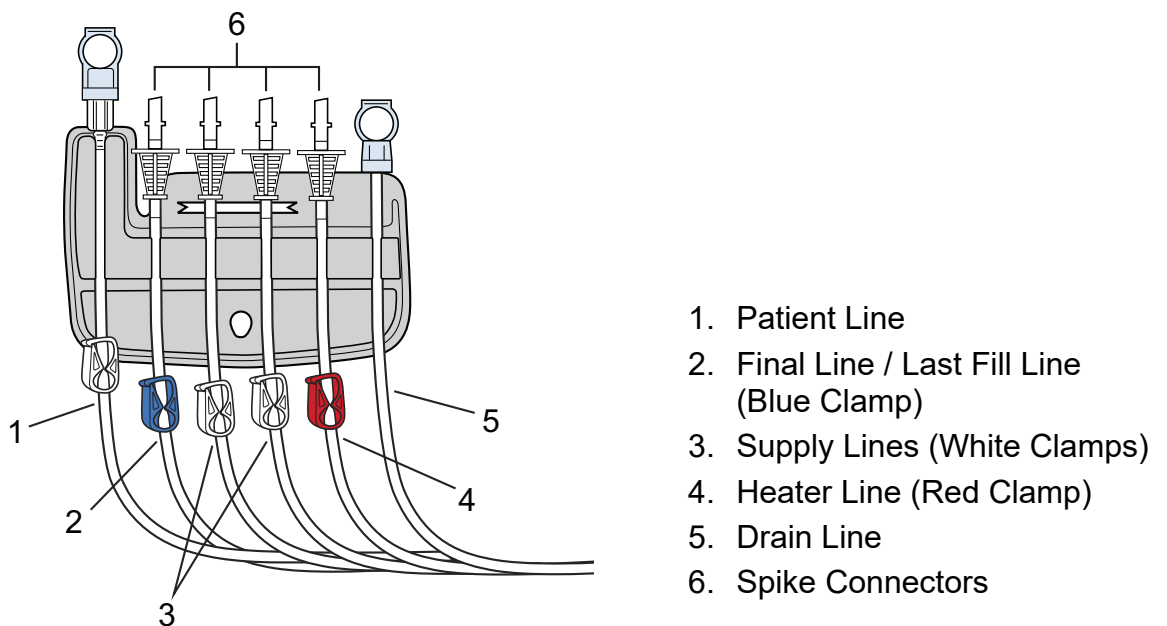


Figure 4-11. 4-Prong Spike Lines and Connectors

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Environmental Conditions

5.1 Operating Conditions

The **Homechoice Claria** APD system is designed for use in these conditions:

- Temperature between 15°C to 36°C (59°F to 96.8°F)
- Humidity between 10% and 85%
- Altitude of -340 m to +3,000 m (-1,100 ft to +9,840 ft)

5.2 Use While Travelling

The system is designed to be portable and to allow you to travel. To be sure that your therapies continue smoothly, contact your dialysis centre about the following:

- When you will not be taking your supplies with you, arrange with your dialysis centre well in advance of your trip. Your solution and disposable sets can be delivered to you at your destination.
- If you are travelling out of the region where you live, enquire about any emergency contact information that you will need.
- If you are travelling to another country, the solution bag connection method may be different. Your dialysis centre can provide you with information about any differences in supplies and connection methods.
- Some regions of the world use different voltage levels, frequencies and power plug shapes. Contact Baxter Technical Assistance to ask about the use of approved power cords with appropriate plugs for where you are travelling.

5. Environmental Conditions

- To avoid any interruption in your therapy during long trips, obtain the needed supplies for at least a full day's manual exchanges (CAPD). Perform manual exchanges if your cycler is lost or damaged in transit or your supplies do not arrive on time.
- If you are transporting your system in a car, train or airplane, talk to your dialysis centre about the use of a protective case.
- If you use the **Sharesource** platform, contact Baxter Technical Assistance to discuss your options while travelling.

6

Setup and Check-out

Setup and check-out refer to installing the **Homechoice Claria** APD system (the system) in your home.

6.1 Check-out

Be sure the following items are included in the box:

- Cyclor
- Power cord
- *Patient At-Home Guide*
- **Sharesource** modem (optional)

► **NOTE:** The Patient At-Home Guide in electronic file format is optionally available for specific geographic locations. Contact Baxter Technical Assistance for the availability of electronic file format. See *Numbers to Call for Assistance* on page 1-1.

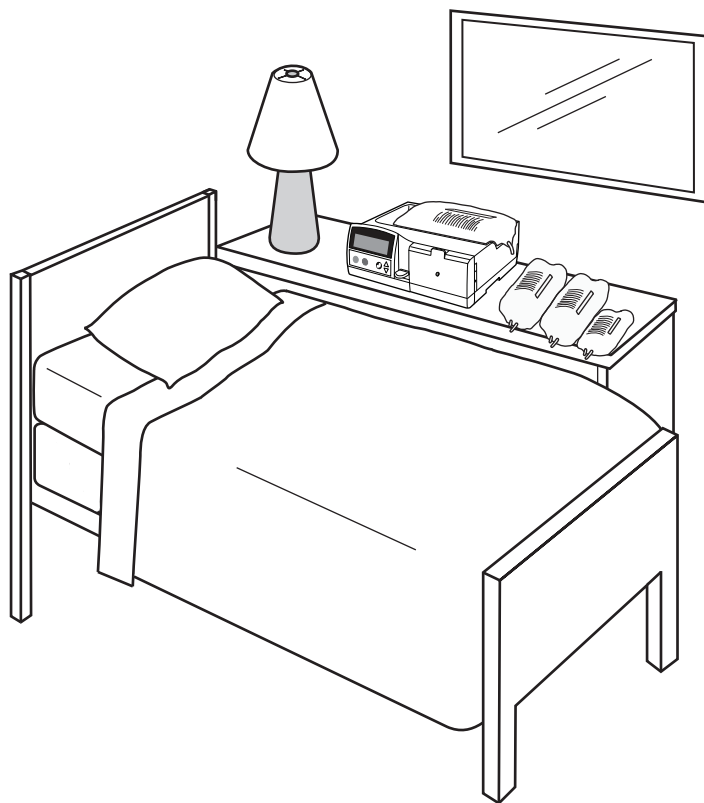
Inspect the items:

- Check the cyclor for external damage. See *Homechoice Claria APD System Description* on page 4-14 for a description of the system and its components.
- Verify that the power cord is undamaged. Do not attempt to repair the power cord yourself.

If you see any damage on the cyclor or if the power cord is missing or damaged, contact Baxter Technical Assistance. See *Numbers to Call for Assistance* on page 1-1.

6. Setup and Check-out

6.2 Set Up the System



The picture above describes the Operator's Position with respect to the **Homechoice Claria** cyclor. Place the cyclor on a stable, clean, flat surface (such as a table or nightstand) in a well-lighted area. The table should be large enough to hold the cyclor and all of the solution bags. Make sure an electrical outlet is nearby.

► **NOTE:** The use of extension cords is not recommended since they reduce the available voltage. Only one heavy-duty extension cord rated for at least 1200 watts, 10 amperes with a length of no longer than 3.65 metres (12 feet) should be used.

Be sure the cyclor is placed at the same height as you when you are lying in bed.

- To *decrease* the flow rate during Drain, raise the cyclor by approximately 15 cm (6 inches).
- To *increase* the flow rate during Drain, lower the cyclor by approximately 15 cm (6 inches).

The **Homechoice Claria** APD System has a display that is readable by the user:

- From a distance of 1.143 metres (3.75 feet)
- From either a standing, seated or lying Operator's Position
- With 20/20 corrected vision
- With a minimum horizontal viewing angle of ± 43 degrees
- With a minimum vertical viewing angle of $+60/-25$ degrees

The reading distance is determined based on a display text character height of 8.45 mm.

WARNING



Do not place the cyclor more than 30 cm (12 inches) higher or lower than you when you are lying in bed.

- **Placing the cyclor more than 30 cm (12 inches) above your position can produce higher than normal flow rates during Fill and lower than normal flow rates during Drain. This can cause pain or discomfort during Fill and extend the duration of the Drain phase. This can result in a loss in Dwell Time or an increase in LOW DRAIN VOLUME Notices.**
- **Placing the cyclor more than 30 cm (12 inches) below your position can produce higher than normal negative pressure during Drain if the peritoneal membrane is in contact with the catheter. This can cause pain, discomfort or, in extreme cases, peritoneal membrane damage.**



Place the solution bags on a flat, stable surface that supports the entire solution bag. To prevent bags from falling, do not stack bags on top of each other. Falling bags can result in a disconnect or leak. Possible contamination of the fluid or fluid pathways can result if a fluid leak occurs. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury or death.



The system should not be used next to, or stacked with, other electrical equipment. Such equipment may cause the cyclor to operate incorrectly. However, if it is necessary to use the cyclor close to other equipment, the cyclor should be monitored to verify normal operation.

6. *Setup and Check-out*

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Sharesource Connectivity Platform and Modem

7.1 Introduction

► **NOTE:** If your dialysis centre does not use the **Sharesource** web-based connectivity platform, skip this section and continue with Section 8, *Change Program*. The **Sharesource** platform can only be used if your dialysis centre gave you a modem to use with your **Homechoice Claria** APD system.

If you are not using the **Sharesource** platform, set NETWORK ENABLED to NO in the MAKE ADJUSTMENTS menu. See *Network Enabled* on page 9-19 for instructions.

Your **Homechoice Claria** APD system has a network transfer feature that, when used with a modem, connects with the **Sharesource** web-based connectivity platform. This feature:

- Enables your system to transfer treatment information to your dialysis centre, which helps your nephrologist or nurse monitor and improve your therapy
- Allows your dialysis centre to remotely create or change your device program

To enable your **Homechoice Claria** APD system to communicate with the **Sharesource** platform, you will be provided with a modem and a unique Patient Activation Code.

7.2 Install the Modem

If your dialysis centre uses the **Sharesource** platform, you are given a modem to install with your **Homechoice Claria** APD system. The following steps describe how to connect the modem to your cyclor.

- **NOTE:** Refer to the operating instructions provided with the modem for complete details regarding modem installation, test and operation. The installation procedure provided with the modem supersedes the steps below.

WARNING



Do not connect unapproved accessories to the cyclor's modem port. Only connect the modem provided with the cyclor. Using an unapproved modem may increase the risk of electrical shock or cause damage to the cyclor.

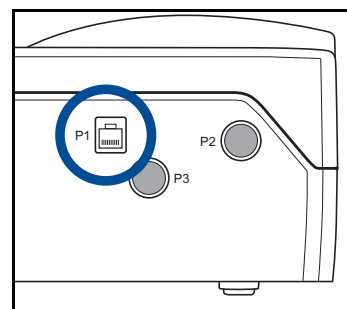
Follow the steps below to install your modem.

Steps to install your modem

1. Unpack the modem.
2. Connect one end of the Ethernet cable to the modem and the other end into the P1 port on the back of the cyclor.

- **NOTE:** Make sure the Ethernet cable is always plugged in to the wireless modem to ensure efficacy of the therapy.

- **NOTE:** DO NOT use the Ethernet cable to connect the cyclor or the wireless modem, to any other PC/device without the approval or instruction from the Baxter support technician.



Steps to install your modem (*continued*)

3. Connect the supplied power adapter to the modem and install the appropriate wall plug adapter for your region.
 4. Plug the modem power adapter into the wall outlet. Verify that the modem power LED is on, which indicates that the modem power is on.
 - If the modem power LED is red, contact Baxter Technical Assistance.
 5. Verify that a cellular signal is available by viewing the modem's signal strength LEDs.
 - **NOTE:** After powering on the modem, it may take several seconds for the signal strength to be displayed.
 - If a signal is not available, you may need to relocate your modem. Contact Baxter Technical Assistance for help.
 6. Verify that the modem network LED is on and indicates a network connection has been established.
 - **NOTE:** The wireless modem provides a dedicated communication path for the cyclor to assure an effective therapy.

Do not use the wireless modem as a broadband service access point for any other devices.

 - If the modem network LED is red, contact Baxter Technical Assistance.
-

7.3 Using the Sharesource Platform

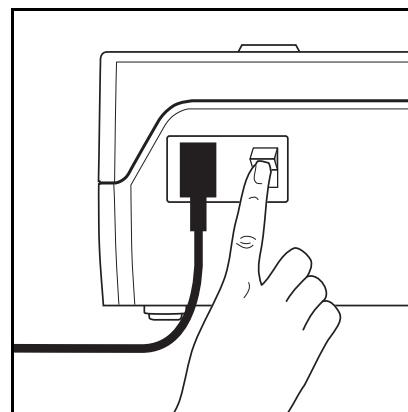
7.3.1 Entering Your Patient Activation Code

At the time of your initial training, your nephrologist or nurse gave you a 10-digit Patient Activation Code. Your Patient Activation Code is used by the **Sharesource** platform to identify you. You will only have to enter your Patient Activation Code during the initial setup of your system.

► **NOTE:** Your personal Patient Activation Code is unique to you and will be different from the example shown in the following procedure.

Steps to enter your Patient Activation Code

1. Ensure that the modem is connected to the system and that the modem is powered on.
2. Press the On/Off switch on the back of the cyclor to the ON (I) position.



3. Wait until the ENTER ACTIVATION CODE: 000-0000-000 message appears.

ENTER ACTIVATION
CODE: 000-0000-000

4. Press .
The first digit of the code will begin flashing.

ENTER ACTIVATION
CODE: 000-0000-000

5. Press  or  to enter the first digit of your code.

ENTER ACTIVATION
CODE: 100-0000-000

Steps to enter your Patient Activation Code (continued)

6. Press  to advance to the next digit.

➤ **NOTE:** To revise an incorrect entry, continue to press  until you advance back to the first digit. Then re-enter your activation code.

ENTER ACTIVATION
CODE: 100-0000-000

7. Repeat steps 5 and 6 until all 10 digits of your code are correctly entered.

You will exit the Patient Activation Code edit mode after the tenth digit is put in and  is pressed.

ENTER ACTIVATION
CODE: 123-4560-000

8. Press .

CONNECTING TO NETWORK appears until communication with the **Sharesource** platform is established.

CONNECTING TO
NETWORK...

➤ **NOTE:** This may take several minutes.

Steps to enter your Patient Activation Code (continued)

The following messages may appear:

- **CONFIRM CONFIGURATIONS** appears if:
 - This is the first time you are entering your Patient Activation Code on your cyclor, or
 - The system detects new therapy settings on the **Sharesource** platform after your initial setup.

**CONFIRM
CONFIGURATIONS**

– or –

See *Confirm Configuration Settings* on page 7-6 for instructions.

- **INVALID ACTIVATION CODE** appears if the **Sharesource** platform could not identify the Patient Activation Code you entered. See *Invalid Activation Code* on page 7-18 for instructions.

**INVALID
ACTIVATION CODE**

– or –

- **NETWORK COMMUNICATION FAILURE** appears if communications could not be established with the **Sharesource** platform. See *Network Communication Failure* on page 7-16 for instructions.

**NETWORK COMMUNICATION
FAILURE**

7.3.2 Confirm Configuration Settings

After the initial setup of your system, **CONFIRM CONFIGURATIONS** appears if the therapy settings on your system have changed. Only the settings that changed appear for you to review.

If a therapy setting displayed is NOT correct, press  and contact your dialysis centre. You must notify your nephrologist or clinician. They need to update the master device program on the **Sharesource** platform with your correct settings.

- **NOTE:** If a therapy setting displayed is not correct, do NOT perform therapy until contacting your dialysis centre. Before performing therapy, you need to either manually change the settings on your system or receive the corrected program from the **Sharesource** platform.

The steps below show an example of a CCPD/IPD therapy.

- The steps taken to confirm OCPD/IPD, Tidal, or OCPD Tidal therapies are similar to this procedure.
- For therapy settings applicable to OCPD/IPD, Tidal or OCPD Tidal therapies, see Table 8-2 on page 8-9.

Steps to confirm new therapy settings – CCPD/IPD example

CONFIRM CONFIGURATIONS appears if the therapy settings on your system have changed.

CONFIRM
CONFIGURATIONS

1. Press . Your name appears.

ARE YOU
MARY SMITH?

2. If the name displayed is NOT correct, press . Refer to *Identification Rejected* on page 7-18 for further instructions.

IDENTIFICATION
REJECTED

– OR –

– or –

If the name IS correct, press . The Patient Consent screen appears.

SHARE: CLINIC & BAXTER
SEE USER MANUAL

- **NOTE:** Depending on your geographic location, this screen may not appear. If this screen does not appear, skip to step 4.

The system prompts you to select with whom you consent to share your therapy information. Your options are to share your information with:

- Your dialysis clinic and Baxter, or
- Baxter only

See *Sharesource Patient Consent* on page 7-19.

- **NOTE:** After your initial sharing option selection, the **Sharesource** Patient Consent prompt will only appear again if there are revisions to the policy that need your review and when your sharing option selection needs confirmation.

7. Sharesource Connectivity Platform and Modem

Steps to confirm new therapy settings – CCPD/IPD example (*continued*)

3. To consent to share your data with *both* your dialysis clinic and Baxter:

- Press . NEW PROGRAM RECEIVED / REVIEW NEW PROGRAM appears. You have agreed to share your data with both your dialysis clinic and Baxter.

SHARE: CLINIC & BAXTER
SEE USER MANUAL

NEW PROGRAM RECEIVED
REVIEW NEW PROGRAM

– or –

– OR –

To consent to share your data with Baxter *only*:

- Press  to edit your selection.
- Press  to select SHARE: BAXTER ONLY.
- Press  to save your selection.
- Press . PRESS GO TO START appears.

SHARE: CLINIC & BAXTER
SEE USER MANUAL

SHARE: BAXTER ONLY
SEE USER MANUAL

PRESS GO TO START

- **NOTE:** If you consent to SHARE: BAXTER ONLY, notify your dialysis centre. Your cycler is no longer transferring therapy information to or from your dialysis centre through the **Sharesource** platform. You can still perform therapy with your cycler, but your program settings will not be downloaded and therapy information will not be transferred. You need to call your dialysis centre for instructions on how to manually program your device.

4. If you consented to SHARE: CLINIC & BAXTER, press .

Your updated therapy settings appear for you to review and confirm.

NEW PROGRAM RECEIVED
REVIEW NEW PROGRAM

THERAPY: CCPD/IPD

- **NOTE:** If a setting appears that is NOT correct, press . You will need to contact your dialysis centre. You cannot edit any settings during a review. Only your nephrologist or dialysis centre clinician can change the settings in the master device program on the **Sharesource** platform.

5. Press or to go to and review the next setting.

TOTAL VOL:	ML
-------------------	-----------

► **NOTE:** If you want to go back to a previous setting, press Δ .

6. Press  or .

THERAPY TIME: HH:MM

7. Press  or .

FILL VOL: ML

8. Press  or .

LAST FILL VOL: **ML**

9. Press  or .

DEXTROSE: SAME

(This setting does not appear if the LAST FILL VOLUME = 0.)

10. Press  or .

MIN DRAIN VOL:	%
----------------	---

11. Press  or .

MODE: STANDARD

- or -

MODE: LOW FILL

12. Press .

NEG UF LIMIT: %

(This setting appears in Low Fill Mode only.)

13. Press .

```

-----
| POS UF LIMIT:      OFF

```

(This setting appears in Low Fill Mode only.)

14. Press  or .

IS PROGRAM CORRECT?

IS PROGRAM CORRECT? appears.

7. Sharesource Connectivity Platform and Modem

Steps to confirm new therapy settings – CCPD/IPD example (*continued*)

15. If the program IS correct, press .

The system calculates and briefly displays CYCLES and DWELL TIME.

PROGRAM ACCEPTED BY CYCLER then appears.

– OR –

If the program is NOT correct, press  and call your dialysis centre.

IS PROGRAM CORRECT?

PLEASE WAIT...

CYCLES:

DWELL TIME: HH:MM

PROGRAM ACCEPTED
BY CYCLER

– or –

IF PROGRAM IS INCORRECT
CALL PD NURSE

- **NOTE:** PROGRAM NOT VALID appears when the prescription on your system is not accepted. If this occurs, contact your dialysis centre to manually program your desired therapy and to update the master device program on the **Sharesource** platform. See *Program Not Valid* on page 7-19.

16. The system then prompts you to enter additional data that your nephrologist or nurse programmed.

WEIGHT: KG

Continue with *Sharesource Data Entry Prompts* on page 7-11 for instructions.

- **NOTE:** After you confirm the program, if you make manual programming changes on your system (see *Manual Programming* on page 8-2), those changes will be written to your treatment file. The changes will be transmitted to the **Sharesource** platform for your clinician to review.
- The cyclor uses the new manual settings for your treatment, but
 - The master device program remains unchanged on the **Sharesource** platform. Only your nephrologist or dialysis centre clinician can create or change the master device program.

WARNING



If you use the *Sharesource* platform with more than one *Homechoice Claria* APD cyclers, any program changes you entered manually on one cycler will NOT automatically transfer to other cyclers you use with the *Sharesource* platform. The program changes you entered manually are transmitted to your clinician for review, but your changes will not update the master device program. Only your nephrologist or dialysis centre clinician can create or change the master device program on the *Sharesource* platform. Until the master device program on the *Sharesource* platform is updated and downloaded, any other cycler will repeat its own last manually programmed therapy or use the previous master device program from the *Sharesource* platform.

Do not use settings on any cycler that are different from your correct program settings. Wrong settings can generate a dialysis treatment that is not effective and can cause serious injury.

7.3.3 Sharesource Data Entry Prompts

When the **Sharesource** platform is used, the **Homechoice Claria** APD system records information needed by your nephrologist or nurse, such as your weight, blood pressure and day or manual exchanges. The system displays daily messages to prompt you to enter this information.

Three buttons are used to enter data: (ENTER), (UP) and (DOWN). The data entry menu only appears when you turn on the system.

Shown below are the basic steps for entering data in the entry prompts. The setting shown for each entry is 0 (zero) until you enter your data.

Basic steps for entering data

1. Press when the data entry prompt appears.

The digits flash.

WEIGHT: 000.0KG

(Digits flash)

- **NOTE:** The previous day's data replaces the zero setting.

7. Sharesource Connectivity Platform and Modem

Basic steps for entering data (continued)

2. Press  or  to adjust the setting.

WEIGHT: 70.0KG

3. Press  to save the setting.

WEIGHT: 70.0KG

The digits stop flashing.

(Flashing stops)

4. Press  to display the next data entry prompt.

BLOOD PRES: 000/000

5. Continue entering data for each of the prompts by repeating steps 2 through 4.

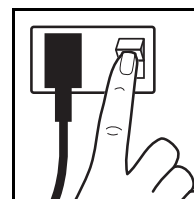
6. When all data is entered or to exit the data entry menu, press .

PRESS GO TO START appears.

PRESS GO TO START

Data that was entered is stored by the system, along with data from the upcoming treatment. It will be transmitted to the **Sharesource** platform for access by your nephrologist or dialysis centre after the treatment is finished and power is cycled (power switch pressed OFF then ON).

- **NOTE:** To return to the **Homechoice Claria** APD system data entry prompts, press the power switch OFF and then ON *before the therapy begins*.



7.3.4 Definitions of Data Entry Prompts

Table 7-1 and Table 7-2 list all the data entry prompts available on the **Homechoice Claria** APD system. See *Basic steps for entering data* on page 7-11.

➤ **NOTE:** Only those prompts selected by your nephrologist or nurse appear on your cyclor.

Table 7-1. Definitions of Data Entry Prompts

Prompt	Description
Weight	WEIGHT: 0.0KG Your daily weight to the tenths place.
Blood Pressure	BLOOD PRES: 000/000 The systolic and diastolic numbers of your daily blood pressure.
Night Concentration 1	NIGHT CONC. 1: 0.00 This is the concentration of the primary solution bag placed on the heater pan. Depending on your country location and the options selected by your nephrologist or nurse, the available concentration options may vary.
Night Concentration 2	NIGHT CONC. 2: 0.00 The second night concentration is for the supply solutions that may be different from the heater bag solution. Depending on your country location and the options selected by your nephrologist or nurse, the available concentration options may vary.

Table 7-1. Definitions of Data Entry Prompts (*continued*)

Prompt	Description
Last Fill Concentration	LAST FILL CONC.: 0.00 The Last Fill Concentration is for the strength or type of dialysis solution used for the last Fill. The Last Fill Concentration may be different from other supply bag concentrations used for night therapy. The solution concentration options may vary by your geographic location. The strength or type of dialysis solution is prescribed by your nephrologist.

Table 7-2. Definitions of Manual Daytime Exchanges Prompts

Prompt	Description
# of Day Exchanges	# OF DAY EXCHANGES: The number of CAPD manual exchanges performed using an UltraBag or TwinBag system. If no manual exchanges were performed on a given day, a 0 (zero) is entered.
The following data items are repeated for each manual exchange. The n is a number from one to five to indicate the manual exchange for the data entered.	
Exchange Time n	EXCH TIME n: DD MMM YYYY HH:MM AM This is the time of day that the n^{th} manual exchange was performed.
Day Drain n	DAY DRAIN n: 0000ML This is the volume of solution that the patient drained during the n^{th} manual exchange. This volume must be measured and entered in ml.

Table 7-2. Definitions of Manual Daytime Exchanges Prompts

Prompt	Description
Day Fill n	DAY FILL n: 0000ML This is the n^{th} manual exchange Fill Volume in ml.
Day Concentration n	DAY CONC. n: 0.00 This is the concentration of the n^{th} manual exchange solution.

7.4 Sharesource Connectivity Messages

If there is a problem with the **Sharesource** platform or the modem, the following messages can appear.

7.4.1 Network Communication Failure

Display Message:

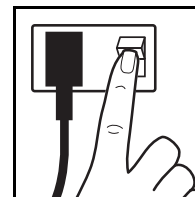
NETWORK COMMUNICATION FAILURE

Cause 1 of 3:

The modem is not on and the green power LED on the modem is not illuminated.

To Correct Cause 1 of 3:

1. Verify that the modem power cord is connected to the modem and plugged into a functional electrical outlet.
2. Verify that the green power LED on the modem is illuminated.
3. Press the power switch OFF and then ON to restart your therapy.
4. If you cannot correct the problem, press  and continue to the PRESS GO TO START screen display.



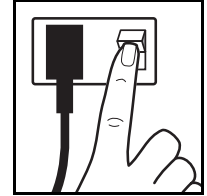
- **NOTE:** If a network connection is not established, you can continue to perform therapies on your cyclor. Your therapy data will be transferred to the **Sharesource** platform the next time a network connection is established.

Cause 2 of 3:

The modem is in a location with a poor cellular signal. This is potentially the cause if the signal strength LEDs on the modem are not illuminated or only one LED is on.

To Correct Cause 2 of 3:

1. Move the modem to an area with a better cellular signal. Contact Baxter Technical Assistance for help.
2. Power OFF and Turn On the Modem Power.
3. Press the Cyclor power switch OFF and then ON to restart your therapy.
4. If you cannot correct the problem, press  and continue to the PRESS GO TO START screen display.



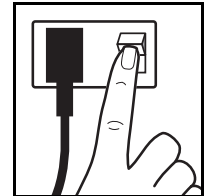
- **NOTE:** If a network connection is not established, you can continue to perform therapies on your cyclor. Your therapy data will be transferred to the **Sharesource** platform the next time a network connection is established.

Cause 3 of 3:

The Ethernet cable is not plugged in correctly.

To Correct Cause 3 of 3:

1. Verify that the Ethernet cable is properly connected to both the modem and to the P1 port on the cyclor. Contact Baxter Technical Assistance for help.
2. Power OFF and Turn On the Modem Power.
3. Press the Cyclor power switch OFF and then ON to restart your therapy.
4. If you cannot correct the problem, press  and continue to the PRESS GO TO START screen display.



- **NOTE:** If a network connection is not established, you can continue to perform therapies on your cyclor. Your therapy data will be transferred to the **Sharesource** platform the next time a network connection is established.

7.4.2 Invalid Activation Code

Display Message:

**INVALID
ACTIVATION CODE**

Cause:

The Patient Activation Code was entered incorrectly.

To Correct:

1. Press .
 2. Re-enter your Patient Activation Code. See *Entering Your Patient Activation Code* on page 7-4.
-

7.4.3 Identification Rejected

Display Message:

**IDENTIFICATION
REJECTED**

Cause:

You pressed  when prompted to confirm your name.
Your name may have been incorrect because you entered your Patient Activation Code incorrectly.

To Correct:

1. After a brief delay, ENTER ACTIVATION CODE will appear. Re-enter your code by following the procedure in *Entering Your Patient Activation Code* on page 7-4.
2. After re-entering your Patient Activation Code, if your name is correct, press .

– OR –

If your name is still not correct, press  and contact your dialysis centre or Baxter Technical Assistance for help.

7.4.4 Program Not Valid

Display Message:

PROGRAM NOT VALID

Cause:

The system found a problem with your program settings.

To Correct:

Call your dialysis centre to verify your therapy settings manually before you proceed with treatment. Your dialysis centre will update your master device program on the **Sharesource** platform or provide instructions to manually program your cyclor with the correct therapy settings.

7.5 Sharesource Patient Consent

Baxter or your dialysis centre will provide you with the latest version of the **Sharesource Patient Notice and Declaration of Consent**. Always refer to the most recent version of the policy. If you are unsure about whether you have the most recent **Sharesource Patient Notice**, contact your dialysis centre or Baxter Technical Assistance.

► **NOTE:** **Sharesource Patient Notice and Declaration of Consent** may not be provided depending on the patient's geographic location.

7.6 Software Upgrades

Occasionally, new software may be downloaded to your **Homechoice Claria** APD system from Baxter using the **Sharesource** platform. A software upgrade may occur when you are connecting to the network or when the system identifies you by name.

If there are problems during the software upgrade process, contact Baxter Technical Assistance.

7. Sharesource Connectivity Platform and Modem

Steps to upgrade software

A software download may begin when you are connecting to the network or when the system identifies you by name.

CONNECTING TO
NETWORK ...

— or —

HELLO
MARY SMITH

1. Please wait while the new software is downloaded to your cyclor.

PLEASE WAIT ...

- **NOTE:** The download may take several minutes. Please wait until it completes.

- **NOTE:** DO NOT turn off your cyclor while new software is being downloaded or installed.

- If you turn off your cyclor while it is downloading or installing new software, the cyclor will restart the software upgrade process when you turn your cyclor back on.

NEW SOFTWARE RECEIVED / UPGRADE WILL PROCEED appears. This indicates that new software has been sent to your cyclor.

NEW SOFTWARE RECEIVED
UPGRADE WILL PROCEED

When the software download is complete, the cyclor automatically restarts.

2. Please wait while the cyclor installs the new software.

XX%

- **NOTE:** The installation process may take several minutes. Please wait until it completes.

When the installation is complete, the cyclor automatically restarts.

Homechoice *Claria*

When the system is ready, SOFTWARE UPGRADE HAS OCCURRED appears on the screen and the system beeps.

SOFTWARE UPGRADE
HAS OCCURRED

Steps to upgrade software (continued)

3. Press . THERAPY WAS RESET
THERAPY WAS RESET appears. The system continues to beep.
 4. Press  to stop the beeping. ENTER ACTIVATION
CODE: 123-4567-890
ENTER ACTIVATION CODE appears with your personal Patient Activation Code.
 5. Press . CONNECTING TO
NETWORK . . .
CONNECTING TO NETWORK appears.
Then CONFIRM CONFIGURATIONS may appear. CONFIRM
CONFIGURATIONS
 6. Press . ARE YOU
MARY SMITH?
Your name appears.
 7. Press . NEW PROGRAM RECEIVED
REVIEW NEW PROGRAM
NEW PROGRAM RECEIVED / REVIEW NEW PROGRAM appears.
 8. Press . THERAPY: CCPD/IPD
Your updated therapy settings appear for you to review and confirm.
 9. Follow the instructions starting with step 4 on page 7-8 in *Confirm Configuration Settings* to review and confirm your updated therapy settings.
- **NOTE:** If a setting appears that is NOT correct, press . You will need to contact your dialysis centre. You cannot edit any settings during a review. Only your nephrologist or dialysis centre clinician can change the settings in the master device program on the **Sharesource** platform. Do not perform therapy until contacting your dialysis centre.

7. Sharesource Connectivity Platform and Modem

Steps to upgrade software (*continued*)

10. Press  or .

IS PROGRAM CORRECT?

IS PROGRAM CORRECT? appears.

11. Press  if the program is correct.

PLEASE WAIT ...

- **NOTE:** If the program is NOT correct, press  and call your dialysis centre.

The system calculates and briefly displays CYCLES and DWELL TIME.

CYCLES:

DWELL TIME: HH:MM

PROGRAM ACCEPTED BY CYCLER then appears.

PROGRAM ACCEPTED
BY CYCLER

12. The system may prompt you to enter additional data.

WEIGHT: KG

See *Sharesource Data Entry Prompts* on page 7-11 for instructions.

13. When all data is entered, press .

PRESS GO TO START

PRESS GO TO START appears.

Change Program

8.1 Introduction

CHANGE PROGRAM

This section contains information about reviewing and changing your prescribed treatment and system settings. This can be done at the CHANGE PROGRAM prompt.

Even if you use the **Sharesource** connectivity platform and modem, you still need to learn how to manually change the settings on your **Homechoice Claria** APD system. To program your system with the modem connection, see Section 7, *Sharesource Connectivity Platform and Modem*.

8.2 About Your System's Settings

Your nephrologist prescribes your treatment and system settings. You view your prescription settings and other system settings on the display screen. Even though you may not have to change your settings, you may be asked for their values by your nephrologist or nurse.

There are some settings available only to your nephrologist or nurse. The NURSE'S MENU allows your dialysis nurse to tailor the therapy to meet your special needs. Your nurse should refer to the **Homechoice Claria** APD System Clinician Guide for information on programming those settings.

8.3 Manual Programming

To manually program your **Homechoice Claria** APD system (the system), press  (DOWN) before you press  (GO) to start your therapy. During your therapy you can review your settings by pressing  or change your settings by first pressing  (STOP), then .

WARNING



Do not change the settings for your therapy unless directed by your nephrologist or nurse. Using incorrect settings can cause symptoms and signs of uremia, including fluid overload. This can lead to serious injury or death.

8.3.1 Basic Steps for Manual Programming

Three buttons are used to manually review or change your therapy settings:



(ENTER),  (UP) and  (DOWN).

Your dialysis centre determines if you can change your therapy settings.

If your cyclor program is locked, the display screen will say REVIEW PROGRAM instead of CHANGE PROGRAM.

See *Therapy Type* on page 8-7 and *Therapy Settings* on page 8-8 for definitions of the available setting options.

To change your settings when your cyclor says CHANGE PROGRAM, follow the instructions in *Basic steps to change settings* on page 8-3.



NOTE: The values used in the following steps are examples and not intended as recommended values.

Basic steps to change settings

Display screen

1. Press  to change or review settings (*before* you press  to start your therapy).

PRESS GO TO START

– OR –

Press , then press  during your therapy.

2. Press  to access the CHANGE PROGRAM menu.

CHANGE PROGRAM

THERAPY is the first setting that appears.

THERAPY: CCPD/IPD

3. If you do not want to change this setting, press  to see TOTAL VOL (Total Volume).

TOTAL VOL: 15000ML

4. Press  to change the setting, if needed.

TOTAL VOL: 15000ML

(The option or value flashes)

5. Press  and  to change the value.

TOTAL VOL: 14000ML

6. Press  to save the new value.

TOTAL VOL: 14000ML

(Flashing stops)

7. Press  to display # OF DAY FILLS.

OF DAY FILLS:

This setting only appears for OCPD therapies.

8. Make changes, if needed, by following steps 4–6.

9. Press  to display DAY FILL VOL (Day Fill Volume).

DAY FILL VOL: ML

This setting only appears for OCPD therapies.

10. Make changes, if needed, by following steps 4–6.

8. Change Program

Basic steps to change settings (*continued*)

Display screen

11. Press ▼ to display THERAPY TIME.

NITE THER TIME (Night Therapy Time) appears for OCPD therapies.

THERAPY TIME: HH:MM

NITE THER TIME: HH:MM

12. Make changes, if needed, by following steps 4–6.

13. Press ▼ to display FILL VOL (Fill Volume).

NITE FILL VOL (Night Fill Volume) appears for OCPD therapies.

FILL VOL: ML

NITE FILL VOL: ML

14. Make changes, if needed, by following steps 4–6.

15. Press ▼ to display TIDAL VOL (Tidal Volume).

This setting only appears for Tidal therapies.

NITE TIDAL VOL (Night Tidal Volume) appears for OCPD Tidal therapies.

TIDAL VOL: %

NITE TIDAL VOL: %

16. Make changes, if needed, by following steps 4–6.

17. Press ▼ to display TOTAL UF.

This setting only appears for Tidal therapies.

NITE UF (Night UF) appears for OCPD Tidal therapies.

TOTAL UF: ML

NITE UF: ML

18. Make changes, if needed, by following steps 4–6.

19. Press ▼ to display LAST FILL VOL (Last Fill Volume).

LAST FILL VOL: ML

20. Make changes, if needed, by following steps 4–6.

21. Press ▼ to display DEXTROSE.

This setting only appears if you use last Fill.

DEXTROSE: SAME

22. Make changes, if needed, by following steps 4–6.

Basic steps to change settings (*continued*)

Display screen

23. Press  to display FULL DRAINS EVERY.

This setting only appears for Tidal therapies.

FULL DRAINS EVERY:

24. Make changes, if needed, by following steps 4–6.

25. Press  to display WEIGHT UNITS.

WEIGHT UNITS: KG

26. Make changes, if needed, by following steps 4–6.

27. Press  to display PATIENT WEIGHT.

PATIENT WEIGHT: KG

28. Make changes, if needed, by following steps 4–6.

29. Press  when the option or value is not flashing to exit the CHANGE PROGRAM menu.

► **NOTE:** The following prompts appear if you do not change the value for Last Fill Volume:

- The system calculates the number of cycles. CYCLES appears briefly on the display screen.
- NITE CYCLES (Night Cycles) appears for OCPD therapies.
- Then the system calculates the Dwell Time. DWELL TIME appears briefly on the display screen.
- NITE DWELL (Night Dwell) appears for OCPD therapies.

CYCLES:

NITE CYCLES:

DWELL TIME: HH:MM

NITE DWELL: HH:MM

8. Change Program

Basic steps to change settings (*continued*)

Display screen

In Tidal therapies, the system also calculates:

- TIDAL VOLUME

NITE TIDAL appears for OCPD Tidal therapies.

TIDAL VOLUME:	ML
NITE TIDAL:	ML

- UF (ultrafiltration) PER CYCLE

NITE CYCLE UF appears for OCPD Tidal therapies.

UF PER CYCLE:	ML
NITE CYCLE UF:	ML

30. PRESS GO TO START appears on the display screen after the calculated settings.

PRESS GO TO START

You are now ready to press  to begin the setup for your therapy.

➤ **NOTE:** If you *do* change the value for Last Fill Volume:

CHECK I-DRAIN VOLUME appears on the display screen.

CHECK I-DRAIN VOLUME

31. Press .

MIN I-DRAIN VOL: 60ML

(The value flashes)

The MIN I-DRAIN VOL submenu from the MAKE ADJUSTMENTS menu is shown. This allows you to update the Minimum I-Drain Volume setting to be consistent with the new Last Fill Volume. See *Minimum I-Drain Volume* on page 9-10.

8.4 Therapy Type

The first setting on the Change Program menu is THERAPY type. There are four Therapy types available, as shown in Table 8-1.

Table 8-1. Therapy Type Options

Therapy Type	Description
CCPD/IPD	THERAPY: CCPD/IPD (default setting)
OCPD*	THERAPY: OCPD
Tidal	THERAPY: TIDAL
OCPD* Tidal	THERAPY: OCPD TIDAL

See *Terms Used in This Patient At-Home Guide* in Section 2, *Glossary*, for the definitions of CCPD, IPD, Tidal, OCPD* and OCPD* Tidal.

► **NOTE:** * Depending on your location, the term Hi-Dose may be used as an alternate to the term **OptiChoice**. **OptiChoice** (OCPD) is used throughout this *Patient At-Home Guide* to represent this type of 24-hour therapy.

WARNING



Changing from CCPD to Tidal therapy will automatically reset the Tidal Volume percent and Total UF to the default settings. If your cyclor is programmed with these default settings, contact your dialysis centre to verify that they are correct for you.

8.5 Therapy Settings

WARNING



For Day Fill, Night Fill and Last Fill Volumes, do not exceed the values shown in Table 16-7 on page 16-21 for a given weight. Contact your dialysis centre to reduce your Fill Volume if it exceeds this volume. Exceeding this volume can result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.



A Total UF volume set too low can result in a gradual buildup of UF volume during the therapy. This can result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

Table 8-2 on page 8-9 defines the therapy settings in the CHANGE PROGRAM menu. Not every setting in Table 8-2 will apply to your Therapy type. For defaults and setting ranges, see Table 16-11 on page 16-28.

Table 8-2. Therapy Settings

Setting	Description
Total Volume	TOTAL VOL: ML Total Volume of solution used for the therapy. Includes the total Fill Volume for all cycles and the Last Fill Volume.
# of Day Fills	# OF DAY FILLS: <i>(appears in OCPD therapies only)</i> Number of daytime exchanges.
Day Fill Volume	DAY FILL VOL: ML <i>(appears in OCPD therapies only)</i> Volume of solution for each daytime exchange, based on your prescription. ► NOTE: Day Fill Volume may be a different volume from the Night Fill Volume.
Therapy Time – OR – Night Therapy Time	THERAPY TIME: HH:MM – or – NITE THER TIME: HH:MM <i>(appears in OCPD therapies only)</i> Total time for the nighttime portion of the therapy. This time is fixed and begins with Initial Drain.
Fill Volume – OR – Night Fill Volume	FILL VOL: ML – or – NITE FILL VOL: ML <i>(appears in OCPD therapies only)</i> Volume of solution for each nighttime cycle based on your prescription.

Table 8-2. Therapy Settings (*continued*)

Setting	Description
Tidal Volume % – OR – Night Tidal Volume %	TIDAL VOL: % – or – NITE TIDAL VOL: % <i>(appears in Tidal therapies only)</i> <i>(appears in Tidal OCPD therapies only)</i> Portion of solution drained and replaced with new solution during each therapy cycle. This is expressed as a percentage of the initial Fill Volume. ➤ NOTE: When the Therapy type is changed from CCPD to Tidal, the Tidal Volume percent reverts to the default setting of 95%.
Total UF – OR – Night UF	TOTAL UF: ML – or – NITE UF: ML <i>(appears in Tidal therapies only)</i> <i>(appears in Tidal OCPD therapies only)</i> Total UF (ultrafiltration) expected for the nighttime portion of the therapy. The system calculates the UF Per Cycle. The UF Per Cycle plus the Tidal Volume is the amount of solution drained during each Tidal Drain. ➤ NOTES: ■ When the Therapy type is changed from CCPD to Tidal, the Total UF reverts to the default setting of 1000 ml (Standard Fill Mode) or 400 ml (Low Fill Mode). ■ A Total UF volume set too high can result in an increased number of LOW DRAIN VOLUME Notices. <i>(continued on next page)</i>

Table 8-2. Therapy Settings (*continued*)

Setting	Description
Total UF – OR – Night UF <i>(continued)</i>	■ The recommended starting point for determining your optimum Total UF is 70% of your normal nighttime UF. For help in converting 70% of your expected total therapy UF into a value that can be programmed as your Total UF, see <i>Determining Tidal Total UF and Last Manual Drain UF Target Volume Settings</i> on page 16-25. ■ If you use a solution for your Tidal therapy that is different from the solution used in your previous therapy, you may need to adjust your Total UF based on the concentration of the new solution. Contact your dialysis centre for recommendations regarding setting your Total UF in this situation. ■ A Total UF of 0 (zero) is an invalid value.
Last Fill Volume	LAST FILL VOL: ML Last Fill Volume delivered at the end of the therapy and left in the peritoneal cavity during the day. This setting is used for a “wet day.” ➤ NOTE: Whenever you make a change to your Last Fill Volume, your Min I-Drain Vol setting will automatically adjust to 70% of your new Last Fill Volume setting. However, if your current setting is higher than 70% it will not automatically adjust. Contact your dialysis centre for recommendations regarding setting your Min I-Drain Vol whenever you change your Last Fill Volume.

Table 8-2. Therapy Settings (*continued*)

Setting	Description
Dextrose	DEXTROSE: SAME – or – DEXTROSE: DIFFERENT The Last Fill Volume can be the same dextrose concentration as the other Fills or it can be different. ■ This setting does not appear if LAST FILL VOL is set to 0 (zero). ■ This setting only appears if you use a last Fill.
Full Drains Every	FULL DRAINS EVERY: (appears in Tidal therapies only) The frequency of Full Drains during Tidal therapy. ► NOTE: Use this setting to get one or more full Drains mid-therapy when you have a large number of Tidal cycles. This reduces over- (or under-) fills due to under- (or over-) estimating the Total UF for the Tidal therapy.
Weight Units	WEIGHT UNITS: KG The units for programming Patient Weight, in kilogrammes (KG) or pounds (LB).
Patient Weight	PATIENT WEIGHT: KG Used to verify that the programmed Fill volumes do not exceed the maximum allowable settings for your weight.

8.5.1 Calculated Settings

The system calculates the number of night cycles and the Dwell Time. For a Tidal therapy, the system also calculates Tidal Volume and UF Per Cycle. The calculated values appear on the display screen when you press  after you have reviewed your therapy settings.

Table 8-3. Definitions for Calculated Settings

Setting	Description
Cycles – OR – Nite Cycles	Total number of cycles at night, not including the last Fill. OCPD (day) cycles are not included in this calculation.
Dwell Time – OR – Nite Dwell	Calculated amount of time the dialysis solution remains in the peritoneal cavity during each cycle. The system may adjust the Dwell Time automatically based on your actual flow rates during Fill and Drain, if your clinician chooses this option.
Tidal Volume – OR – Nite Tidal	Actual Tidal Volume calculated based on the Tidal Volume percent programmed and the Fill Volume. This calculated setting only appears for Tidal and OCPD Tidal Therapies.
UF Per Cycle – OR – Nite Cycle UF	Estimated UF Per Cycle based on Total UF programmed and number of cycles calculated. This calculated setting only appears for Tidal and OCPD Tidal Therapies.

8. *Change Program*

Intentionally Left Blank

Make Adjustments

9.1 Make Adjustments Menu

MAKE ADJUSTMENTS

The following options are available from the MAKE ADJUSTMENTS menu.

- Adjust Brightness
- Adjust Loudness
- Auto Dim
- Set Clock
- Set Date
- I-Drain Time (Low Fill Mode only)
- Min I-Drain Vol
- Comfort Control
- Last Manual Drain
- UF Target and Prompt
- Network Enabled

9.1.1 Changing Settings

The settings for these options can be changed by your nephrologist or nurse using the **Sharesource** connectivity platform or you can adjust them manually. These settings are not part of your prescription. They do not have to be reviewed or changed every treatment.

9. Make Adjustments

Follow the basic steps below to make adjustments to your system settings.

Basic steps to Make Adjustments

Display screen

1. Before you press  to start your therapy, press .

PRESS GO TO START

CHANGE PROGRAM appears on the display screen.

CHANGE PROGRAM

2. Press  again.

MAKE ADJUSTMENTS appears.

MAKE ADJUSTMENTS

3. Press  to access the Make Adjustments menu.

ADJUST BRIGHTNESS appears.

ADJUST BRIGHTNESS

4. If you do not want to change this setting, press  to see the next option.

ADJUST LOUDNESS

5. Press  to select the setting you want to change.

PLEASE ADJUST NOW

(The option or value flashes)

6. Press  and  to change the option or value.

7. Press  to save the option or value.

ADJUST LOUDNESS

(Flashing stops)

8. Press  to display the next option.

9. Continue to review or change settings by repeating steps 4 through 8.

10. Press  to exit the Make Adjustments menu.

PRESS GO TO START

The system saves the settings until you change them again. PRESS GO TO START appears.

9.2 Option Settings

For the defaults and setting ranges in the Make Adjustments menu, see Table 16-12 on page 16-30.

► **NOTE:** The options or values used in the following settings are examples and not intended as recommended options or values.

9.2.1 Adjust Brightness

Follow the steps below to adjust the brightness of the display screen.

Steps to Adjust Brightness	Display screen
1. Press  to access the MAKE ADJUSTMENTS menu.	MAKE ADJUSTMENTS
2. ADJUST BRIGHTNESS is the first option.	ADJUST BRIGHTNESS
3. Press  . The display screen flashes.	PLEASE ADJUST NOW (The display screen flashes)
4. Press  or  . The brightness of the display screen will change as you press  or  .	PLEASE ADJUST NOW
5. Press  to save the new brightness level. The display screen stops flashing.	ADJUST BRIGHTNESS (Flashing stops)
6. Press  to display the next option. – OR –	ADJUST LOUDNESS
7. If you do not want to make any other adjustments, press  to exit the Make Adjustments menu. PRESS GO TO START appears.	PRESS GO TO START

9.2.2 Adjust Loudness

Follow the steps below to adjust the loudness of the speaker. The Adjust Loudness option only affects the loudness of audible notices and beeps generated by a button press. Alarms are sounded at the highest loudness setting regardless of how the Adjust Loudness option is set.

Steps to Adjust Loudness	Display screen
1. Press  to access the MAKE ADJUSTMENTS menu.	MAKE ADJUSTMENTS
2. Press  until ADJUST LOUDNESS appears.	ADJUST LOUDNESS
3. Press  . The display screen flashes.	PLEASE ADJUST NOW (The display screen flashes)
4. Press  or  . The loudness of the beep will change as you press  or  .	PLEASE ADJUST NOW
5. Press  to save the new loudness level. The display screen stops flashing.	ADJUST LOUDNESS (Flashing stops)
6. Press  to display the next option. – OR –	AUTO DIM: NO
7. If you do not want to make any other adjustments, press  to exit the Make Adjustments menu. PRESS GO TO START appears.	PRESS GO TO START

9.2.3 Auto Dim

If Auto Dim is set to YES, the display screen turns off during your therapy if no buttons are pressed for 5 minutes. A single dot will move from left to right across the screen. The display screen will turn back on if an alarm or notice occurs or if a button is pressed.

The default setting is AUTO DIM: NO.

➤ **NOTE:** Auto Dim will not operate when the display screen is showing the current time or estimated treatment end time.

Follow the steps below to change the Auto Dim option.

Steps to set Auto Dim	Display screen
1. Press  to access the MAKE ADJUSTMENTS menu.	MAKE ADJUSTMENTS
2. Press  until AUTO DIM appears.	AUTO DIM: NO
3. Press  . YES or NO flashes.	AUTO DIM: <u>NO</u> (YES or NO flashes)
4. Press  or  to change the setting.	AUTO DIM: <u>YES</u>
5. Press  to save the new setting. The flashing stops.	AUTO DIM: YES (Flashing stops)
6. Press  to display the next option. – OR –	SET CLOCK: 7:10 AM
7. If you do not want to make any other adjustments, press  to exit the Make Adjustments menu. PRESS GO TO START appears.	PRESS GO TO START

9. Make Adjustments

9.2.4 Set Clock

Follow the steps below to adjust the hour and minutes of the clock.

➤ **NOTE:** The time cannot be changed during therapy. If your system is set to a 24-hour format, AM and PM will not appear.

Steps to Set Clock	Display screen
1. Press  to access the MAKE ADJUSTMENTS menu.	MAKE ADJUSTMENTS
2. Press  until SET CLOCK appears.	SET CLOCK: 7:10 AM
3. Press  . The hour digits flash.	SET CLOCK: 7:10 AM (The hour flashes)
4. Press  or  to change the hour.	SET CLOCK: 8:10 AM
5. Press  to save the hour. The minute digits flash.	SET CLOCK: 8:10 AM (The minutes flash)
6. Press  or  to change the minutes.	SET CLOCK: 8:30 AM
7. Press  to save the minutes. AM or PM flashes.	SET CLOCK: 8:30 AM (AM or PM flashes)
8. Press  or  to change AM or PM. ➤ NOTE: If your system is set to a 24-hour format, setting AM or PM is not applicable. Continue with step 10.	SET CLOCK: 8:30 PM
9. Press  to save the new time. The flashing stops.	SET CLOCK: 8:30 PM (Flashing stops)

Steps to Set Clock (*continued*)

Display screen

10. Press  to display the next option.

SET DATE: 8 JAN 2014

– OR –

11. If you do not want to make any other adjustments, press  to exit the Make Adjustments menu. PRESS GO TO START appears.

PRESS GO TO START

9.2.5 Set Date

Follow the steps below to change the day, month and year.

► **NOTE:** The date cannot be changed during therapy.

Steps to Set Date

Display screen

1. Press  to access the MAKE ADJUSTMENTS menu.

MAKE ADJUSTMENTS

2. Press  until SET DATE appears.

SET DATE: 8 JAN 2014

3. Press .

SET DATE: 8 JAN 2014

The day digits flash.

(The day flashes)

4. Press  or  to change the day.

SET DATE: 9 JAN 2014

5. Press  to save the new day.

SET DATE: 9 JAN 2014

The month flashes.

(The month flashes)

6. Press  or  to change the month.

SET DATE: 9 FEB 2014

9. Make Adjustments

Steps to Set Date (continued)

Display screen

7. Press  to save the new month.

The year flashes.

SET DATE: 9 FEB 2014

(The year flashes)

8. Press  or  to change the year.

SET DATE: 9 FEB 2015

9. Press  to save the new date.

The flashing stops.

SET DATE: 9 FEB 2015

(Flashing stops)

10. Press  to display the next option.

– OR –

MIN I-DRAIN VOL: 1400ML

11. If you do not want to make any other adjustments, press  to exit the Make Adjustments menu. PRESS GO TO START appears.

PRESS GO TO START

9.2.6 I-Drain Time

Initial Drain Time (I-DRAIN TIME) is only applicable to Low Fill Mode therapies.

The I-Drain Time is the minimum amount of time that must be spent in Initial Drain before transitioning to the next therapy phase due to an empty detection condition. Both the I-Drain Time and the Minimum I-Drain Volume (see *Minimum I-Drain Volume* on page 9-10) conditions must be met before the system exits Initial Drain.

Review or adjust the I-Drain Time setting if you change your Last Fill Volume or if you perform a CAPD manual exchange during the day.

Steps to set the I-Drain Time

Display screen

1. Press  to access the MAKE ADJUSTMENTS menu.

MAKE ADJUSTMENTS

2. Press  until I-DRAIN TIME appears.

I-DRAIN TIME: 0:25

Steps to set the I-Drain Time *(continued)*

Display screen

3. Press  .	I-DRAIN TIME: <u>0:25</u>
The digits flash.	(The digits flash)
4. Press  or  to change the minutes.	I-DRAIN TIME: <u>0:10</u>
The maximum time you can set is 30 minutes.	
5. Press  .	I-DRAIN TIME: 0:10
The flashing stops.	(Flashing stops)
6. Press  to display the next option.	MIN I-DRAIN VOL: 1400ML
– OR –	
7. If you do not want to make any other adjustments, press  to exit the Make Adjustments menu. PRESS GO TO START appears.	PRESS GO TO START

9.2.7 Minimum I-Drain Volume

WARNING



Setting the Minimum I-Drain Volume too low can result in an incomplete Initial Drain followed by a full Fill. This can result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury or death.

See Table 9-1 on page 9-12 for the recommended starting points when determining your optimal Minimum I-Drain Volume.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.



Failure to follow the prescription by using fill volumes less than prescribed may lead to decreased clearances and insufficient therapy. Patients prescribed fill volumes less than 1000mL should use Low Fill Mode with the appropriate low recirculation set to avoid IIPV.

WARNING

Patients with Fill volumes less than 1000 ml may normally drain slowly. These patients typically weigh less than 20 kg (44 lbs). Use the Low Fill Mode to minimise the incidence of LOW DRAIN VOLUME Notice and WARNING: NEGATIVE UF Alarms. The Minimum Drain Volume percentage and Negative UF Limit can be adjusted to decrease these notifications, but do not decrease the Minimum Drain Volume percentage below 85 per cent or the Negative UF above 50 per cent as this may contribute to an increased intraperitoneal volume (IIPV) situation. Bypassing these notifications during Initial Drain when there is still fluid left in the peritoneal cavity can result in an IIPV situation later in your therapy. IIPV could result in a feeling of abdominal discomfort, serious injury or death.

The Low Recirculation Volume set *must* be used with Low Fill Mode.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

The Minimum Initial Drain Volume is used to determine the minimum amount of Drain Volume expected during your Initial Drain.

Too high, Minimum I-Drain Volume can result in an increased number of LOW DRAIN VOLUME Notices.

If the volume of fluid drained is less than the expected volume, a LOW DRAIN VOLUME Notice sounds. When Slow Flow or No Flow conditions occur during the Initial Drain, the Minimum I-Drain Volume is used to determine whether the system issues a Notice or moves on to the Fill cycle.

9. Make Adjustments

Review or adjust the Minimum I-Drain Volume setting if you change your Last Fill Volume or if you perform a CAPD exchange during the day. Whenever you make a change to your Last Fill Volume, your Minimum I-Drain Volume setting will automatically adjust to 70 per cent of your new Last Fill Volume setting, or the existing setting, whichever is higher. Contact your dialysis centre for recommendations regarding setting your Minimum I-Drain Volume whenever you change your Last Fill Volume.

Table 9-1. Recommended Starting Point for Min I-Drain Vol Setting

Last Fill Solution	Last Fill Dwell Time	Percent of Last Fill Volume
Dianeal/Physioneal	8 to 16 hours	70%*
Dianeal/Physioneal	2 to 4 hours	85%*
Extraneal	8 to 16 hours	95%*

* The settings for these percentages are calculated for you in Table 16-10 on page 16-26 in Section 16.16, *Determining Minimum Initial Drain Volume Settings*.

- **NOTE:** A LOW DRAIN VOLUME Notice is posted if the flow rate is below 50 mL/min for 10 minutes. Subsequent Notices are posted every 5 minutes.
- **NOTE:** For “Dry Day” patients, set the Minimum I-Drain Volume to 0 (zero) mL, or a very small volume. Check with your dialysis centre for the correct number to set.

Steps to set the Min I-Drain Vol

Display screen

- | | |
|---|---|
| 1. Press  to access the MAKE ADJUSTMENTS menu. | MAKE ADJUSTMENTS |
| 2. Press  until MIN I-DRAIN VOL appears. | MIN I-DRAIN VOL: 1400ML |
| 3. Press  .
The volume digits flash. | MIN I-DRAIN VOL: <u>1400</u>ML
(The volume flashes) |
| 4. Press  or  to change the setting. | MIN I-DRAIN VOL: <u>1800</u>ML |
| 5. Press  to save the new Minimum I-Drain Volume.
The flashing stops. | MIN I-DRAIN VOL: 1800ML
(Flashing stops) |
| 6. Press  to display the next option.
– OR – | COMFORT CONTROL: 36 |
| 7. If you do not want to make any other adjustments, press  to exit the Make Adjustments menu.
PRESS GO TO START appears. | PRESS GO TO START |

9. Make Adjustments

9.2.8 Comfort Control

Follow the steps below to adjust the temperature of the heater bag. The range is from 35°C to 37°C (95.0°F to 98.6°F). The default setting is 36°C (96.8°F).

Steps to adjust the temperature	Display screen
1. Press  to access the MAKE ADJUSTMENTS menu.	MAKE ADJUSTMENTS
2. Press  until COMFORT CONTROL appears.	COMFORT CONTROL: 36
3. Press  . The temperature digits flash.	COMFORT CONTROL: 36 (The temperature flashes)
4. Press  or  to change the temperature.	COMFORT CONTROL: 37
5. Press  to save the new temperature. The flashing stops.	COMFORT CONTROL: 37 (Flashing stops)
6. Press  to display the next option. – OR –	LAST MANUAL DRAIN: Y
7. If you do not want to make any other adjustments, press  to exit the Make Adjustments menu. PRESS GO TO START appears.	PRESS GO TO START

9.2.9 Last Manual Drain

The default setting for the Last Manual Drain option is YES. The recommended starting point for setting your UF Target is 70% of your expected UF. If your UF is less than the Target UF at the end of the last Drain of the therapy, the system stops and LOW UF appears on the display screen.

Occasionally, the location of the catheter tip can be in a less than optimal position. This can lead to an incomplete Drain of the dialysis solution when lying down. With the Last Manual Drain option, you may want to change position before the last Fill is performed by the system.

► **NOTE:** If a Last Manual Drain is set to YES, a UF Target and a UF Alarm must be configured. See *UF Target and Sound Prompt* on page 9-16.

Follow the steps below to set Last Manual Drain.

Steps to set Last Manual Drain	Display screen
1. Press  to access the MAKE ADJUSTMENTS menu.	MAKE ADJUSTMENTS
2. Press  until LAST MANUAL DRAIN appears. If the default setting of Y (YES) is your desired setting, skip to step 6. Otherwise, continue with step 3 to change the setting.	LAST MANUAL DRAIN: Y
3. Press  . The N (NO) or Y (YES) flashes.	LAST MANUAL DRAIN: <u>Y</u> (N or Y flashes)
4. Press  or  to change the setting.	LAST MANUAL DRAIN: <u>N</u>
5. Press  to save the new setting. The Y or N stops flashing.	LAST MANUAL DRAIN: N (Flashing stops)

9. Make Adjustments

Steps to set Last Manual Drain (continued)	Display screen
6. If LAST MANUAL DRAIN is set to YES, press ▽. UF TARGET appears.	UF TARGET: 0ML
– OR –	
If LAST MANUAL DRAIN is set to NO, press ■ to exit the Make Adjustments menu. PRESS GO TO START appears.	PRESS GO TO START

9.2.10 UF Target and Sound Prompt

This option only appears on the Make Adjustments menu if Last Manual Drain is set to YES.

WARNING



Setting your UF Target too low can cause an incomplete last Drain, leaving fluid in your peritoneal cavity. This can result in an increased intraperitoneal volume (IIPV) situation during your next Fill. IIPV could result in a feeling of abdominal discomfort, serious injury or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press ■ immediately, then press ▽ and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

The UF Target allows you to set a minimum amount of UF that must be drained to prevent the LOW UF Notice from occurring. The recommended starting point for setting your UF Target is 70% of your expected UF. For help in converting 70% of your expected Total UF therapy into a value that can be programmed as your Total UF for your therapy, see *Determining Tidal Total UF and Last Manual Drain UF Target Volume Settings* on page 16-25.

If the accumulated UF for the therapy (including nighttime UF and Hi-Dose UF) is below the UF Target at the end of the last regular Drain, the therapy stops and a LOW UF Notice occurs.

The Prompt for the sound must be set to YES or NO.

- If PROMPT: YES is set and the UF Target is not met, the system beeps continuously. A LOW UF Notice appears on the display screen.
- If PROMPT: NO is set, and the UF Target is not met, only the LOW UF Notice appears on the display screen. The system will not beep. It will wait for you to wake up and finish draining. At that time, you can change your position and initiate a Manual Drain.

Steps to set UF Target

Display screen

If LAST MANUAL DRAIN is set to YES:

LAST MANUAL DRAIN: Y

1. Press  to display the UF TARGET screen.

UF TARGET: 0ML

2. Press .

The volume digits flash.

UF TARGET: 0ML

(The volume flashes)

3. Press  or  to change the setting.

UF TARGET: 1200ML

4. Press  to save the new setting.

The flashing stops.

UF TARGET: 1200ML

(Flashing stops)

5. Press  to display the PROMPT option.

PROMPT: NO

9. Make Adjustments

Steps to set UF Target (*continued*)

Display screen

6. Press .

The NO or YES flashes.

PROMPT: NO

(NO or YES flashes)

7. Press  or  to select YES or NO.

PROMPT: YES

8. Press  to save the new setting.

The flashing stops.

PROMPT: YES

(Flashing stops)

9. Press  to display the next option.

– OR –

NETWORK ENABLED: YES

10. If you do not want to make any other adjustments, press  to exit the Make Adjustments menu. PRESS GO TO START appears.

PRESS GO TO START

9.2.11 Network Enabled

The default setting for Network Enabled is YES. When Network Enabled is set to YES, the cyclor is enabled to connect with the **Sharesource** platform. If you were not provided a modem or you are not using the **Sharesource** platform, the setting for Network Enabled should be changed to NO.

Follow the steps below to set Network Enabled.

Steps to set Network Enabled	Display screen
1. Press  to access the MAKE ADJUSTMENTS menu.	MAKE ADJUSTMENTS
2. Press  until NETWORK ENABLED appears.	NETWORK ENABLED: YES
3. Press  . The YES or NO flashes.	NETWORK ENABLED: <u>YES</u> (YES or NO flashes)
4. Press  or  to change the setting.	NETWORK ENABLED: <u>NO</u>
5. Press  to save the new setting. The YES or NO stops flashing.	NETWORK ENABLED: NO (Flashing stops)
6. If you do not want to make any other adjustments, press  to exit the Make Adjustments menu. PRESS GO TO START appears.	PRESS GO TO START

9. *Make Adjustments*

Intentionally Left Blank

Prepare for Therapy

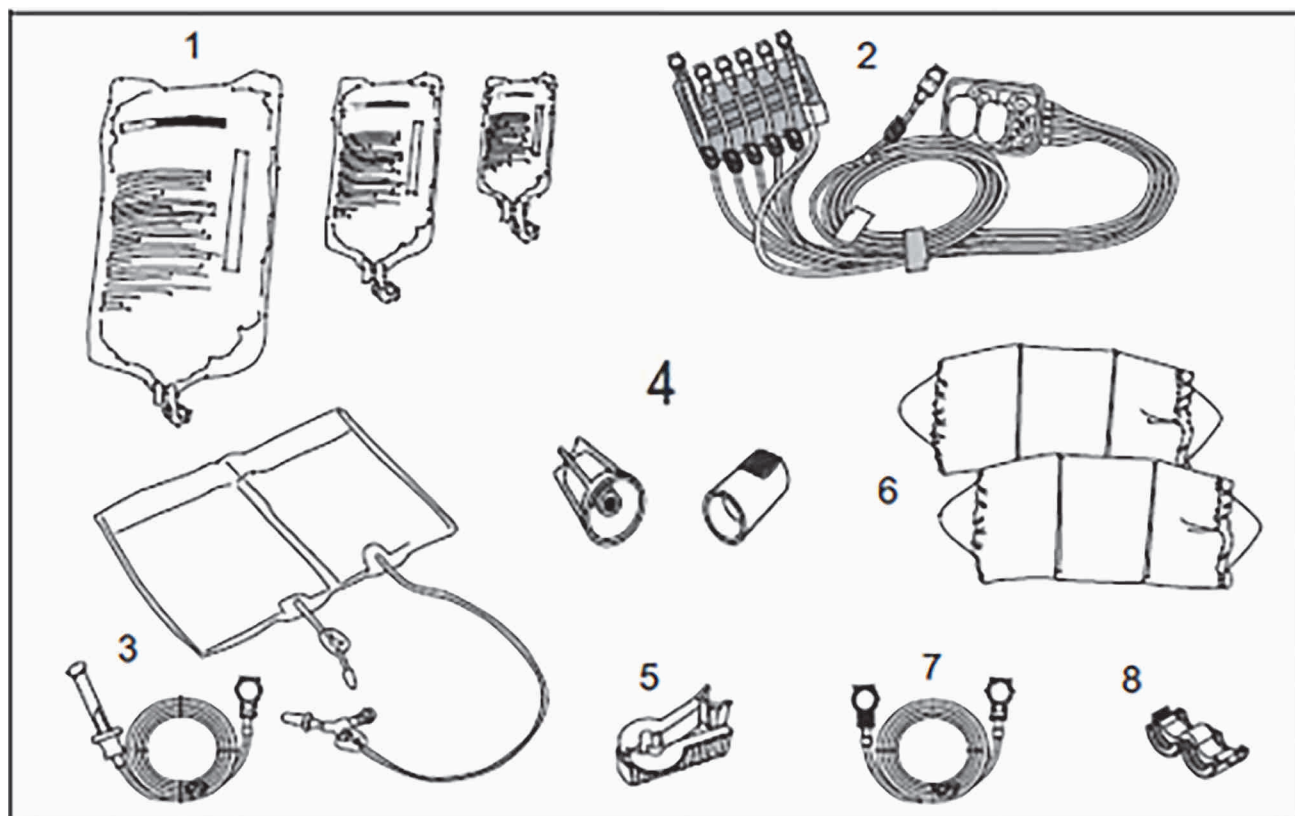
- **NOTE:** If you use a disposable set with a single inline clamp, please refer to the ***Homechoice Claria** APD System Patient At-Home Guide Addendum: Prepare for Therapy Using the Disposable Set with Single Inline Clamp* instead of this section.

10.1 Gather Your Supplies

Gather all the supplies necessary for your dialysis treatment. Your dialysis centre will identify which supplies you will need for your therapy. See Figure 10-1 on page 10-2.

- **NOTE:** Supplies used may vary by local practice guidelines and geographic location. Your supplies may be different than the supplies shown.

10. Prepare for Therapy



REQUIRED SUPPLIES

1. Solution Bags
2. Disposable Set (Luer shown)
 - Standard set for Fill volumes above 1000 ml
 - Low Recirculation Volume set for Fill volumes at or below 1000 ml
3. Drain Option (Drain Bag or Drain Line Extension)
4. FlexiCap (Left) and MiniCap (Right) Disconnect Caps

ADDITIONAL SUPPLIES

5. Outlet Port Clamp
 6. Face Mask(s)
 7. Patient Line Extension
 8. Connection Shield
- Hand rub (not shown)
Roll of tape (not shown)

Figure 10-1. Supplies

WARNING

Do not use a Patient Line Extension with the Low Recirculation Volume Set. Using an extension with this set increases the recirculation volume and reduces therapy effectiveness.



Do not change the number of Patient Line Extensions prescribed by your nephrologist or dialysis centre. Increasing (or decreasing) the number of Patient Line Extensions can lead to insufficient (or excessive) therapy.



Do not extend the patient line beyond 10.4 metres (34 feet) for the standard set. Extending the patient line beyond this length:

- **Increases the recirculation volume, which can result in reduced therapy effectiveness.**
- **Impacts priming, which can result in air infusion. Air infusion can cause shoulder or abdominal pain and may lead to serious injury.**



Do not use a disposable set or Patient Line Extension if tip protectors are not in place. If the tip protectors are not secure, possible contamination of the fluid or fluid pathways can result. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury or death.



If the solution is not clear, do not use the solution bag. Follow the labelling instructions supplied with the dialysis solution for storage and preparation. Failure to follow the solution labelling instructions can lead to insufficient therapy or adverse clinical reaction. Report and return any damaged or defective bags to Baxter or your dialysis centre.

10.2 Prepare Your Solution Bags

WARNING



Follow aseptic technique taught by your dialysis centre when handling lines and solution bags to reduce the possibility of infection.



If any problems are found while preparing the solution bags, **DO NOT USE THE SOLUTION SUPPLY BAG**. Obtain and use a fresh dialysis solution supply bag. Using wrong or damaged bags can result in inadequate therapy or contamination of the fluid lines. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury, or death. Report and return any damaged or defective bags to Baxter or your dialysis centre. See *Numbers to Call for Assistance* on page 1-1.



The solution bag must be positioned properly on the heater pan.

- Be sure that the bag completely covers the silver heater sensor button.
- Additional care should be taken when positioning small solution bags on the heater pan.
- If the solution bag is not placed properly, overheated or underheated dialysis solution can be delivered.



DO NOT use external heating sources (such as a microwave, stove, electric heating pad with an uncontrolled temperature gauge, or immersion in hot water) to warm solution bags. This can result in overheated solution delivered into your peritoneal cavity, causing patient injury. Dialysis solution should only be heated by the cycler.

➤ **NOTE:** *For your comfort, and to avoid alarms or notices during priming:*
If you store your supplies in an area colder than 15°C (59°F), turn on the system and place your bag on the heater pan 30 to 60 minutes prior to starting setup. In addition, place the cassette on top of the heater bag to help warm it.

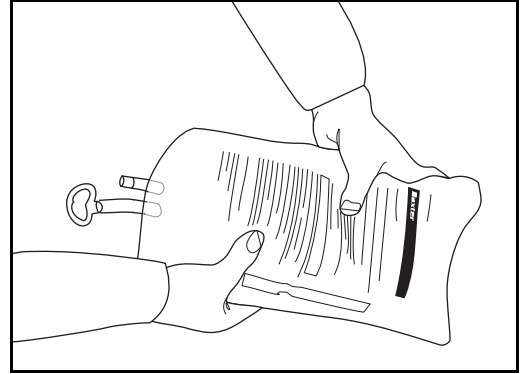
Follow the steps below to prepare your solution bags.

Steps to prepare solution bags

1. Check each solution bag.

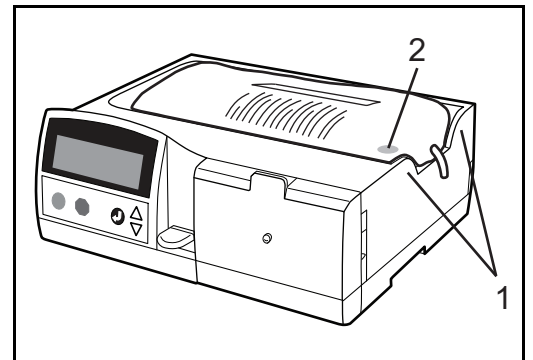
Remove the overpouch (protective wrapping) and check the following:

- The solution is clear
- The solution matches the prescribed type
- The dextrose concentration is correct
- The volume of solution is correct
- The expiration date has not passed
- The pull ring and medication port are in place
- Ensure there are no leaks by:
 - Wiping condensation from the bag and ensuring bag port is separated from bag surface
 - Squeezing the bag
 - Inspecting all seal areas, port areas and front/back surfaces for leaks



2. Place one bag on the heater pan.

- Place the edge of the bag against the bag stops (1) on the right side of the heater pan.
- Make sure that the bag completely covers the silver heater sensor button (2).



➤ **NOTE:** This bag remains on the heater pan throughout the treatment.

10.3 Turn On Your System

WARNING

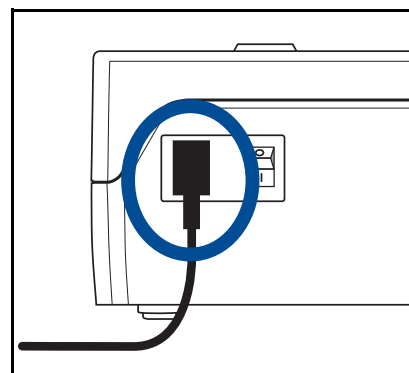


Contamination of the fluid or fluid pathways can result if a pet or animal bites a solution bag or the disposable set. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury or death. To reduce this risk, do not perform dialysis in the same room as pets or animals.

- **NOTE:** Read Section , *Warnings and Cautions*, before you turn on your Homechoice Claria APD system.

Steps to turn on the system

1. Plug the power cord into the back of the cyclor.
2. Plug the other end of the power cord into an electrical outlet.

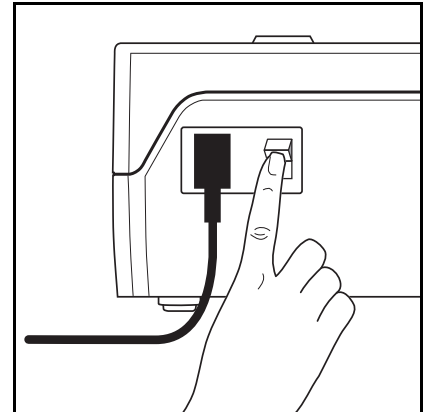


- **NOTE:** Be sure to unplug the power cord before you move the cyclor.
- **NOTE:** If your dialysis centre is using the **Sharesource** connectivity platform, make sure that the modem is connected to the cyclor and powered on before you turn on the cyclor. For modem information, see Section , *Sharesource Connectivity Platform and Modem*.

Steps to turn on the system (*continued*)

3. Press the On/Off switch to the ON (I) position.

The On/Off Switch is located on the back of the cyclor next to the power cord.



The **Homechoice Claria** APD system logo appears for a few seconds.



- **NOTE:** If the cyclor performs differently than stated, contact Baxter Technical Assistance.

4. What happens next depends on whether you are a:
 - Non-**Sharesource** platform user (go to step 4a)
 - **Sharesource** platform user *during* initial setup (go to step 4b)
 - **Sharesource** platform user *after* initial setup (go to step 4c)

4a. Non-**Sharesource** user:

- The current operating mode (STANDARD MODE ON or LOW FILL MODE ON) appears for a few seconds.
- A beep verifies that the speaker is working.
- When the system is ready, PRESS GO TO START appears.

STANDARD MODE ON

“beep”

PRESS GO TO START

10. Prepare for Therapy

Steps to turn on the system (continued)

4b. *Sharesource* user: Initial setup

- A beep verifies that the speaker is working.
- Enter your Patient Activation Code (see *Entering Your Patient Activation Code* on page 7-4 for instructions).
- CONNECTING TO NETWORK appears until communication with the **Sharesource** platform is established.
- CONFIRM CONFIGURATIONS appears when this is the first time you have entered your Patient Activation Code (see *Confirm Configuration Settings* on page 7-6 for instructions).
 - Review programmed therapy settings.
- The system may prompt you to enter additional data (see *Sharesource Data Entry Prompts* on page 7-11 for instructions).
- When all data is entered, press .

“beep”

ENTER ACTIVATION
CODE: 000-0000-000

CONNECTING TO
NETWORK...

CONFIRM
CONFIGURATIONS

NEW PROGRAM RECEIVED
REVIEW NEW PROGRAM

WEIGHT: KG

(continued on next page)

- The current operating mode (STANDARD MODE ON or LOW FILL MODE ON) appears for a few seconds.
- PRESS GO TO START appears when all information is confirmed, accepted and saved by the system.

STANDARD MODE ON

PRESS GO TO START

Steps to turn on the system *(continued)*

4c. *Sharesource* user: After initial setup

- A beep verifies that the speaker is working.
- Press  when your name appears.
- CONNECTING TO NETWORK appears while communicating with the **Sharesource** platform.
- CONFIRM CONFIGURATIONS appears if the system detects new therapy settings on the **Sharesource** platform (see *Confirm Configuration Settings* on page 7-6 for instructions).
 - Review changed therapy settings.
- The system may prompt you to enter additional data (see *Sharesource Data Entry Prompts* on page 7-11 for instructions).
- When all data is entered, press .
- The current operating mode (STANDARD MODE ON or LOW FILL MODE ON) appears for a few seconds.
- PRESS GO TO START appears when all information is confirmed, accepted and saved by the system.

“beep”

HELLO
MARY SMITH

CONNECTING TO
NETWORK...

CONFIRM
CONFIGURATIONS

NEW PROGRAM RECEIVED
REVIEW NEW PROGRAM

WEIGHT: KG

STANDARD MODE ON

PRESS GO TO START

WARNING



A CALL PD NURSE / HIGH DRAIN XYZ Alarm indicates that you may have experienced increased intraperitoneal volume (IIPV) during your previous therapy. IIPV could result in a feeling of abdominal discomfort, serious injury or death.

Refer to *Call PD Nurse / High Drain XYZ* on page 15-8 for further instructions.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

➤ **NOTE:** If you have received a new system (“swap”) or your prescription has changed, verify the therapy settings are correct, as directed by your nephrologist or nurse. See Section , *Change Program*, for instructions on verifying your therapy settings.

10.4 Menu Options at Startup

Prior to starting a therapy you can review your therapy settings, last therapy results and other information. Table 10-1, below, lists the options you can select *before* you press  to start your dialysis treatment.

1. Press  to view each option.
2. Press  to select an option.
3. Press  to return to the previous menu.

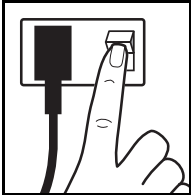
Table 10-1. Options Available at Startup

Option	Description
Start Setup	PRESS GO TO START Shows that the system is ready for you to begin preparing for your treatment.
Change Program – OR – Review Program	CHANGE PROGRAM Press  to change your therapy settings. Press  to view calculated parameters and return to the previous menu. If the Last Fill Volume was changed, pressing  takes you to the Min I-Drain Vol setting in the MAKE ADJUSTMENTS menu. REVIEW PROGRAM REVIEW PROGRAM appears if the program is locked. See See Section , <i>Change Program</i>, for instructions.
Make Adjustments	MAKE ADJUSTMENTS Press  to change or review system settings. Press  to return to the previous menu. See See Section , <i>Make Adjustments</i>, for instructions.
Initial Drain Volume	I-DRAIN VOL: 65ML Shows the volume from the Initial Drain of your last treatment.
Last Manual Drain	LAST M-DRAIN: 60ML Only appears if you drained some fluid using the Manual Drain option after a last Fill. Shows the amount of solution drained.

Table 10-1. Options Available at Startup (*continued*)

Option	Description
Last UF	LAST UF: 350ML Amount of UF (ultrafiltration) removed during the last treatment. Press  to review cycle-by-cycle information. Press  to return to the previous menu. If this value is lower than usual, or negative, temporarily increase your Minimum I-Drain Volume setting when VERIFY IDRAIN appears prior to the start of the Initial Drain. This ensures a complete Initial Drain. See <i>Minimum I-Drain Volume</i> on page 9-10.
Average Dwell Time	AVG DWELL TIME: 1:34 Average actual Dwell Time per cycle for the last treatment. Press  to review cycle-by-cycle information. Press  to return to the previous menu.
Alarm Log	ALARM LOG Press  to review the last 20 entries since the Log was last cleared. Twenty entries is the capacity of the Log. Press  to return to the previous menu. LOG IS EMPTY appears if no alarms or notices occurred. ➤ NOTE: ALARM LOG has the details of alarms and notices.
Therapy Log	THERAPY LOG Press  to review information about the six most recently performed treatments. It does not include the treatment in progress. Press  to return to the previous menu.

Table 10-1. Options Available at Startup (*continued*)

Option	Description
Reset Activation Code	RESET ACTIVATION CODE Press  to remove the current Patient Activation Code from the system's memory. ACTIVATION CODE HAS BEEN RESET is briefly displayed before returning to RESET ACTIVATION CODE. To enter a new Patient Activation Code, press the power switch OFF then ON again. Refer to <i>Entering Your Patient Activation Code</i> on page 7-4 for further instructions. 
Current Time	9:30 PM Shows the current time. See <i>Set Clock</i> on page 9-6 if you need to change the time.
Software Version	SOFTWARE VER: 12.0 Shows the software version of the Homechoice Claria APD system. ➤ NOTE: This <i>Patient At-Home Guide</i> is only applicable to software versions that begin with 12.0XX, where XX can be any two digits.

10.5 Load the Disposable Set

► **NOTE:** If you use a disposable set with a single inline clamp, please refer to the *Homechoice Claria APD System Patient At-Home Guide Addendum: Prepare for Therapy Using the Disposable Set with Single Inline Clamp*.

Disposable sets are described in *Disposable Sets* on page 4-17. Your disposable set may or may not look like the pictures in this section. Your dialysis centre determines which type of disposable set and connection you use.

WARNING



Connect yourself only when CONNECT YOURSELF appears on the display screen. Connecting yourself before CONNECT YOURSELF appears can cause air to be delivered to your peritoneal cavity. This can cause shoulder or abdominal pain and may lead to serious injury.

This can also result in an increased intraperitoneal volume (IIPV) situation if you had fluid in your peritoneal cavity prior to the Initial Drain. IIPV could result in a feeling of abdominal discomfort, serious injury or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.



Open the packaging of the disposable set by hand. To avoid injury or damage to the disposable set, do not use a knife, scissors or other sharp object to open the packaging.

WARNING

Before loading the disposable set, inspect the cassette and tubing for damage. Using damaged sets can result in contamination of the fluid or fluid pathways. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury or death.

- Inspect the flexible surfaces of the cassette for obvious signs of damage, including cuts, tears or punctures.
- Ensure the tip protectors on the ends of the tubing are on and unbroken.

If damage is found, obtain a new disposable set and repeat inspection procedure.

Tubing indentations can be present on disposable sets due to the supple nature of the tubing. Slight tubing indentations are cosmetic in nature and should have no impact on the functionality of the product.

Follow the steps below to load the disposable set.

Steps to load the disposable set

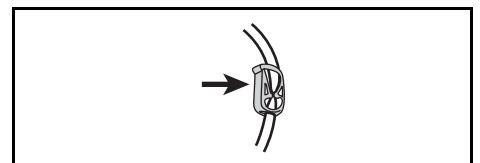
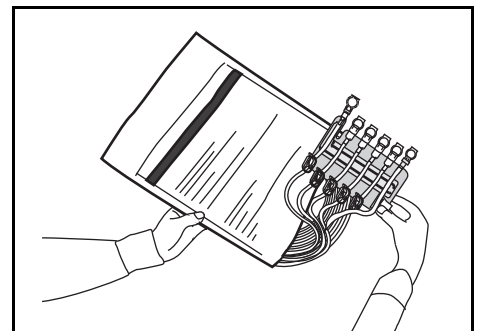
1. Prepare the disposable set.

- Open the packaging and remove the disposable set.

➤ **NOTE:** Open the packaging of the disposable set by hand. Do not use a knife, scissors or other sharp object to open the packaging.

- Close all clamps.

- 3-prong disposable set has 5 clamps
- 4-prong disposable set has 6 clamps
- 8-prong disposable set has 10 clamps

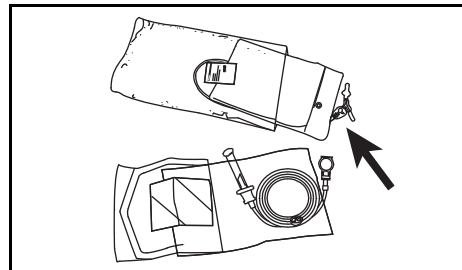


10. Prepare for Therapy

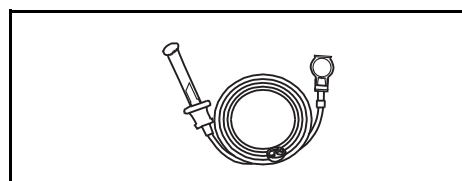
Steps to load the disposable set (continued)

2. Prepare drain option.

- *For Drain Bag* – Close the clamp on the line with the blue pull ring.
- *For Drain Line Extension* – Leave the line clamp open.



3. If you are using a Patient Line Extension, open the package and place it on a clean surface.



4. Press  when you are ready to begin.

LOAD THE SET appears.

– OR –

If TWO CHAMBER BAG: YES is selected in the Nurse's Menu, MIX TWO CHAMBER BAGS will appear.

Press  again to confirm that you have properly mixed the two chamber bag as taught by your dialysis centre. LOAD THE SET then appears.

LOAD THE SET

– or –

MIX TWO CHAMBER BAGS

LOAD THE SET

- **NOTE:** LOW FILL MODE IS OFF appears if your Fill Volume is 1000 ml or less and you are not using the Low Fill Mode. If this occurs, call your dialysis centre to see if your treatment should be performed in the Low Fill Mode. Otherwise, if you are sure the Fill Volume and therapy mode settings are correct, press  again to display LOAD THE SET. (MIX TWO CHAMBER BAGS may be displayed prior to LOAD THE SET.)

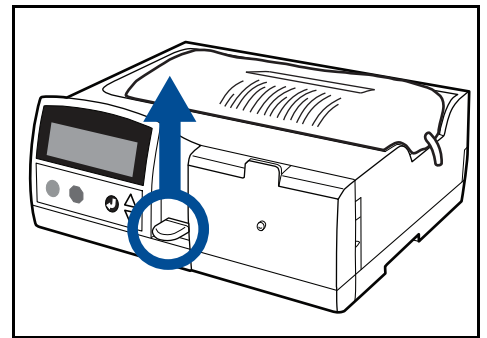
Steps to load the disposable set (*continued*)

➤ **NOTE:** If RESET WEIGHT is set to YES, CHECK PATIENT WEIGHT will appear.

1. Press  to silence the notice. PATIENT WEIGHT will appear.
2. Program your weight, then press  to save the setting.
3. Press  to exit the Weight prompt.
4. Press  to display LOAD THE SET. (MIX TWO CHAMBER BAGS may be displayed prior to LOAD THE SET.)

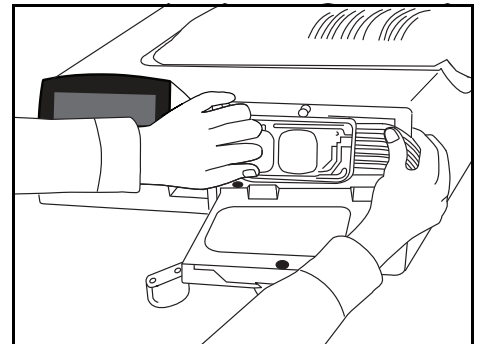
5. Lift up the handle on the front of the cyclor to unlock and open the door.

➤ **NOTE:** The door must be opened within 2 minutes (30 seconds for Fill volumes less than or equal to 500 ml). If you do not open the door within that time, press  and  again to retract the occluder for an additional 2 minutes (30 seconds for Fill volumes less than or equal to 500 ml).



6. Load the cassette.

- The cassette only fits in one way, with the lines leading to the right of the cyclor.
- Insert the cassette bottom edge first, then press in the top.
- Pull the lines back toward the rear to lock the cassette into the cyclor.



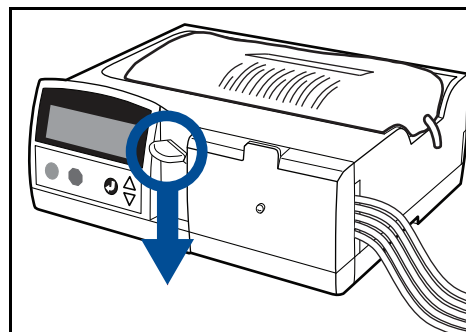
➤ **NOTE:** Connect yourself only when CONNECT YOURSELF appears on the display screen.

10. Prepare for Therapy

Steps to load the disposable set (continued)

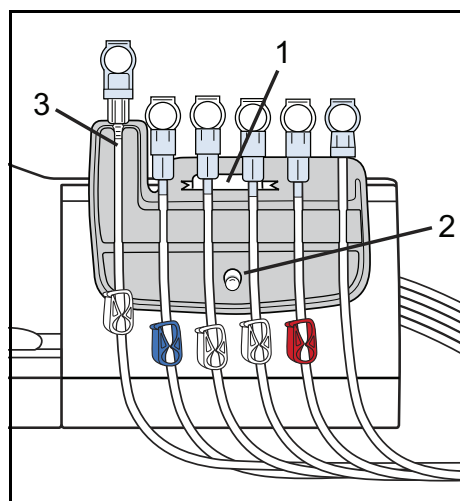
7. Close the door and press the handle down to lock the door.

► **NOTE:** Do not open the door until ending therapy.



8. Place the organizer:

- Place the long slot of the organizer over the hook at the top of the door (1).
- Snap the lower slot of the organizer over the post at the front of the door (2).
- Make sure the end of the patient line is correctly positioned in the organizer as shown (3).



10.6 Attach the Drain Option

WARNING



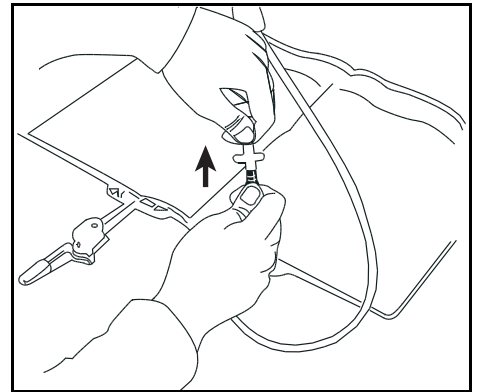
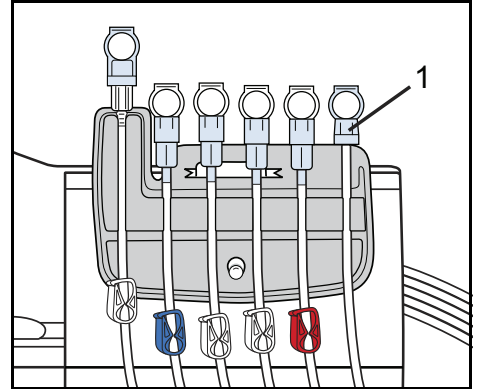
Leave an air gap (space) between the end of the drain line and any fluid in the drain or container when using a drain line extension. This prevents non-sterile fluid from flowing backwards up the drain line. Non-sterile fluid can contaminate the fluid path and may result in peritonitis, serious patient injury or death.

Follow the steps below to attach your drain option.

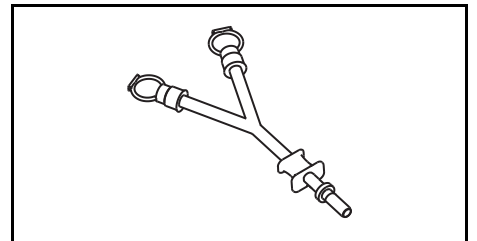
Steps to attach a drain option

1. Attach the drain line (1) to your drain option:

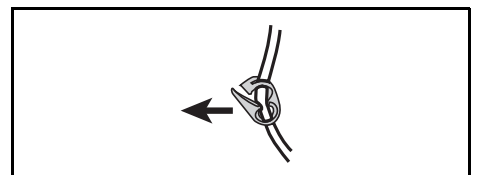
- *Drain Line Extension* – Remove tip protectors from both ends of the drain.
- OR –
- *Drain Bag* – Close clamp on short tube to prevent leakage.



- **NOTE:** If you use more than one drain bag, use a drain manifold to connect the bags, as taught by your dialysis centre. Availability of drain manifold may vary by geographic location.



2. Open all clamps in the drain lines.



3. Press . SELF TESTING appears.

SELF TESTING...

When the self test is complete, **CONNECT BAGS** and **OPEN THE CLAMPS** appear.

**CONNECT BAGS
OPEN THE CLAMPS**

10.7 Connect the Solution Bags

➤ **NOTE:** Connect yourself only when CONNECT YOURSELF appears on the display screen.

WARNING



The solution bag must be positioned properly on the heater pan.

- Be sure that the bag completely covers the silver heater sensor button.
- Additional care should be taken when positioning small solution bags on the heater pan.
- If the solution bag is not placed properly, overheated or underheated dialysis solution can be delivered.



If you use a last Fill with a different solution, the line with the BLUE clamp must be connected to the last Fill solution bag. If the solution concentration is incorrect or the wrong solution is connected to the last Fill line, UF Alarms can occur during therapy because the wrong solution can generate too much or not enough ultrafiltration volume.



When using two chamber peritoneal solution bags, failure to follow instructions to open interchamber seals or interchamber Frangibles will result in improper mixing of solutions between chambers. Infusion of improperly mixed solution can lead to abdominal pain or serious patient injury.



If you discover that your therapy was performed with an incorrect solution or an incorrect solution was connected to the last Fill (BLUE clamp) line, contact your dialysis centre.



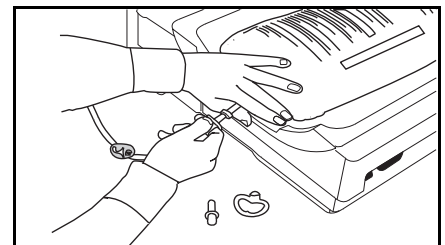
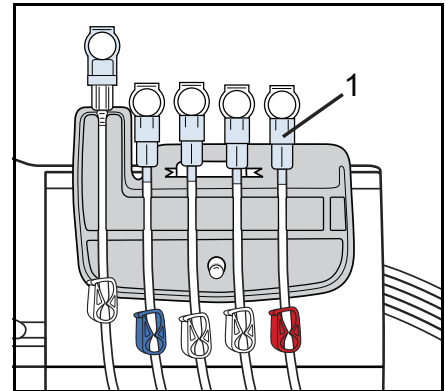
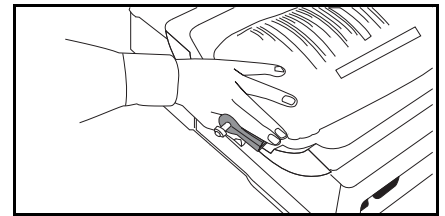
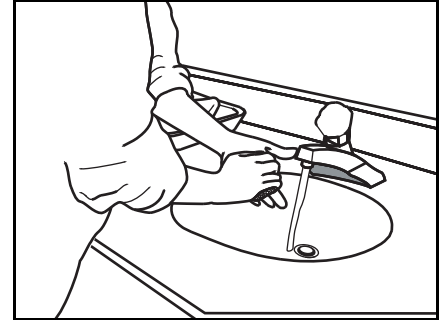
Follow aseptic technique taught by your dialysis centre when handling lines and solution bags to reduce the possibility of infection.

Follow the steps below to connect your solution bags.

Steps to connect solution bags

1. Follow the training provided by your clinician. Wash and dry your hands or use a disinfectant. Dry your hands completely.

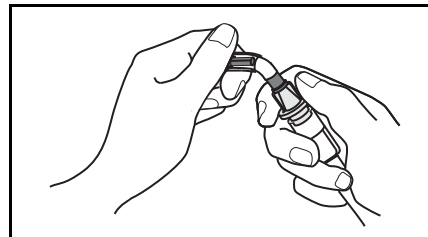
➤ **NOTE:** Depending on your local practice guidelines and geographic location, use of a face mask may be recommended. Follow the training taught by your dialysis centre.
2. If you are using a Patient Line Extension, connect it to the patient line.
3. If you are using a disposable set with spike connections, attach the Outlet Port Clamp to the heater bag as taught by your dialysis centre.
4. Remove the line with the RED clamp (1).
5. Connect the line to the heater bag as you have been taught by your dialysis centre. (Luer connectors are shown in this figure.)



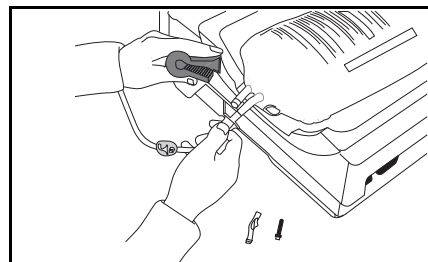
10. Prepare for Therapy

Steps to connect solution bags (continued)

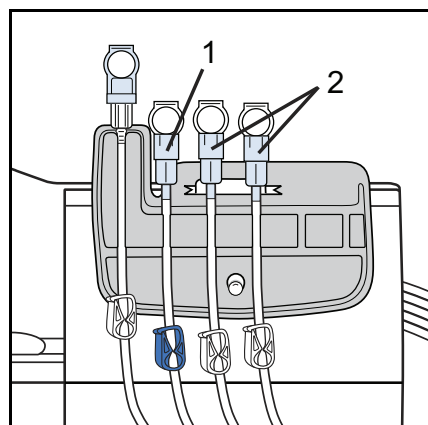
6. Break the Frangible. (Luer connections only.)



7. Remove the Outlet Port Clamp. (Spike connections only.)



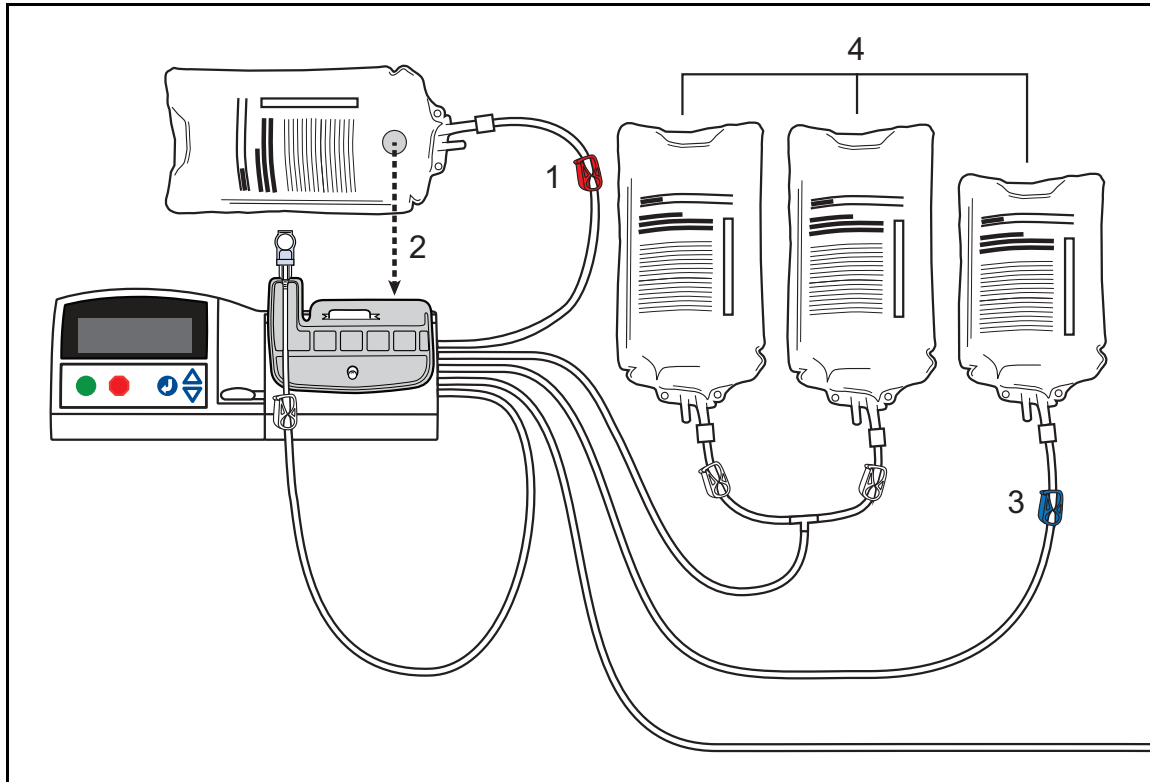
8. Repeat for all the solution bags necessary for your treatment.
- The line with the BLUE clamp is for the last Fill solution bag (1).
 - The lines with WHITE clamps are for additional solution bags (2).



9. Leave any unused lines in the organizer with clamps closed.
-

Steps to connect solution bags (continued)

10. Review your connections to make sure that:



- The line with the RED clamp (1) is connected to the solution bag on the heater pan.
- The solution bag on the heater pan covers the heater sensor button (2) on the right end of the heater pan.
- If you use a last Fill with a different solution, the line with the BLUE clamp (3) must be connected to the last Fill solution bag.
- You have connected enough bags (4) of the right size to deliver your prescribed volume.

WARNING



The solution bag must be placed properly on the heater pan.

- Be sure that the bag completely covers the silver heater sensor button.
- Additional care should be taken when positioning small solution bags on the heater pan or with positioning of solution bags that are less than 500 ml.
- If the solution bag is not placed properly, overheated or underheated dialysis solution can be delivered.

10.8 Prime the Disposable Set

WARNING



Failure to open the clamp on the patient line after connecting the solution bags will prevent the patient line from being primed. This can cause air to be delivered to you during First FILL. This can cause shoulder or abdominal pain and may lead to serious injury.

If CONNECT YOURSELF appears on the display screen:

If you have not already connected yourself and find the clamp is still closed, DO NOT connect yourself. Instead, open the clamp and reprime the patient line (see *Reprime Patient Line Procedure* on page 15-76). If you have already connected yourself and find the clamp is still closed, disconnect yourself without opening the clamp and restart your therapy with all new supplies (solution bags and disposable set). DO NOT reuse any disposable supplies.

If you have already connected yourself and find the clamp is opened, close all clamps, disconnect yourself, and contact your dialysis centre. Air may have been delivered to you during PRIME. This can cause shoulder and/or abdominal pain and may lead to serious injury.



Do not use a Patient Line Extension with the Low Recirculation Volume Set. Using an extension with this set increases the recirculation volume and reduces therapy effectiveness.

WARNING

Do not change the number of Patient Line Extensions prescribed by your nephrologist or dialysis centre. Increasing (or decreasing) the number of Patient Line Extensions can lead to insufficient (or excessive) therapy.



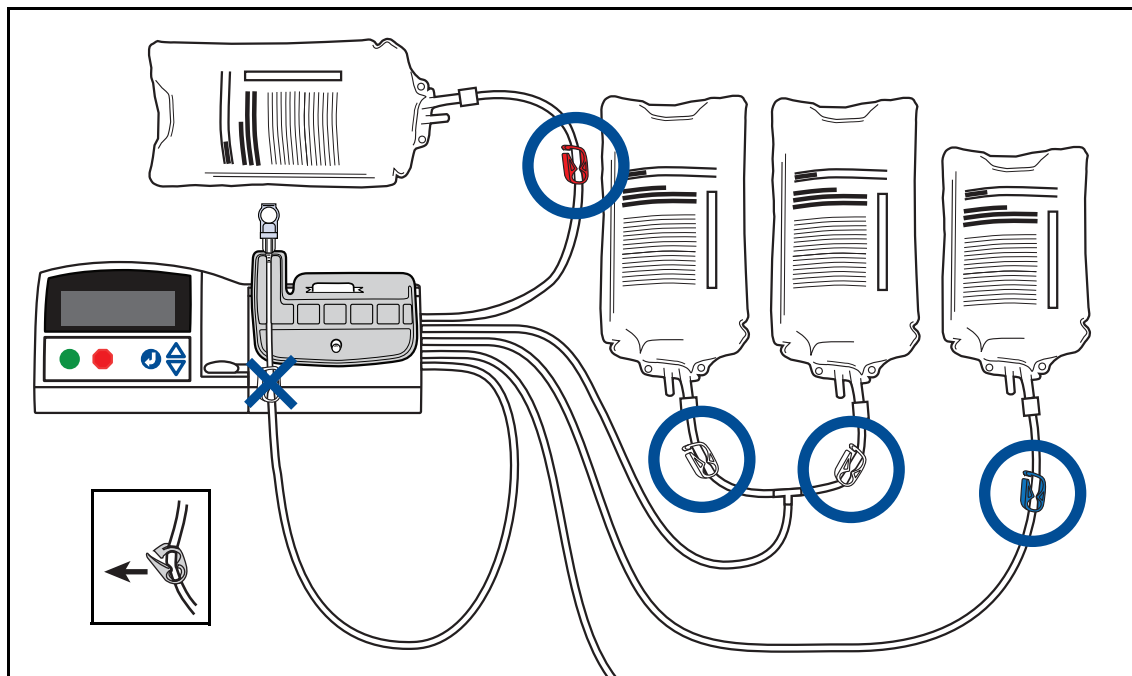
Do not extend the patient line beyond 10.4 metres (34 feet) for the standard set. Extending the patient line beyond this length:

- **Increases the recirculation volume, which can result in reduced therapy effectiveness.**
- **Impacts priming, which can result in air infusion. Air infusion can cause shoulder or abdominal pain and may lead to serious injury.**

Follow the steps below to prime your disposable set.

Steps to prime the disposable set

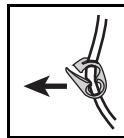
1. Open clamps **ONLY** on lines connected to solution bags.



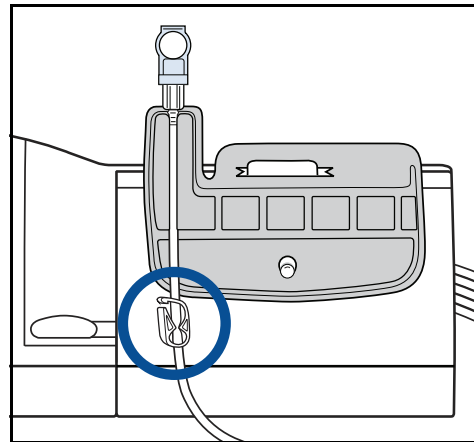
10. Prepare for Therapy

Steps to prime the disposable set (continued)

2. Now open the clamp on the patient line.



3. Make sure the end of the patient line or extension line is correctly positioned in the organizer.



- **NOTE:** **DO NOT** connect yourself until **CONNECT YOURSELF** appears on the display screen.

CONNECT YOURSELF

To ensure proper priming:

- Verify that the **WHITE** clamp on the patient line is open.
- Verify that the end of the patient line or the end of the Patient Line Extension when an extension is used, is placed in the left slot of the organizer.

4. Press ●.

PRIMING appears.

PRIMING...

– **OR** –

– or –

If **TWO CHAMBER BAG: YES** is selected in the Nurse's Menu, **TWO CHAMBER BAGS MIXED?** will appear.

**TWO CHAMBER
BAGS MIXED?**

Press ● again to confirm that you have properly mixed the two chamber bag. **PRIMING** then appears.

PRIMING...

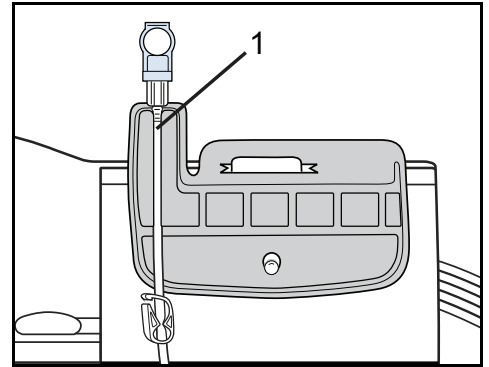
When primed, **CHECK PATIENT LINE** and **CONNECT YOURSELF** appear.

**CHECK PATIENT LINE
CONNECT YOURSELF**

Steps to prime the disposable set (*continued*)

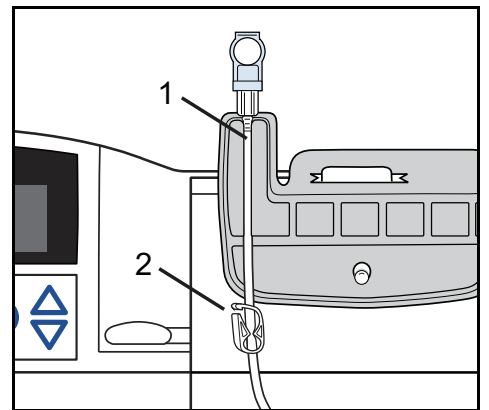
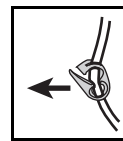
5. Verify that the patient line is properly primed.

If the fluid level is not at or near the connector (1), reprime the patient line. To troubleshoot Overprime issues, see Section 15.8.1, *Troubleshooting Overprime* on page 15-74. To troubleshoot Underprime issues, see Section 15.8.2, *Reprime Patient Line Procedure* on page 15-76.



6. Before you wash your hands and connect yourself:

- Make sure fluid is present at or near the connector at the end of the patient line (1).
- Make sure the patient line clamp (2) is open.



7. Check all supplies (solution bags and disposable set) for leaks. If any leaks are observed, restart your therapy with all new supplies. DO NOT reuse any disposable supplies.

➤ **NOTE:** If a Low Recirculation Volume Set is not primed properly and the Fill Volume is less than 100 mL, a LOW DRAIN VOLUME Notice can occur. Improper priming in these conditions can also contribute to WARNING: NEGATIVE UF Alarms later in the therapy.

10.8.1 If Power Is Interrupted During Prime

Steps to restart priming after a power failure during prime

1. **Close all clamps.**
2. Press  to restart the treatment.
3. Press  again when LOAD THE SET appears.
4. Open the bag clamps when CONNECT BAGS appears.
5. Make sure all clamps on the patient line and connected lines are open.

WARNING



If a disposable set is already present in the cyclor after a power failure, **CLOSE ALL CLAMPS** before you press  to start your therapy. This prevents flow of fluid from one bag to another or to the patient during the time when LOAD THE SET appears. Uncontrolled gravity flow of fluid can result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

10.9 Connect Yourself to the Disposable Set

WARNING



CHECK FLUID LEVEL IN PATIENT LINE BEFORE CONNECTING.

DO NOT connect to your patient line unless the fluid level is at or near the connector at the end of the disposable set patient line. Connecting when air is present will result in sterile air being delivered during the first Fill if there was no Initial Drain. Air introduced into your peritoneal cavity can cause shoulder or abdominal pain and may lead to serious injury.



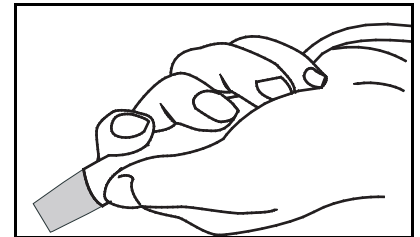
Follow aseptic technique taught by your dialysis centre when handling lines and solution bags to reduce the possibility of infection.

Follow the steps below to connect yourself to the system.

Steps to connect yourself

1. Get your transfer set ready.

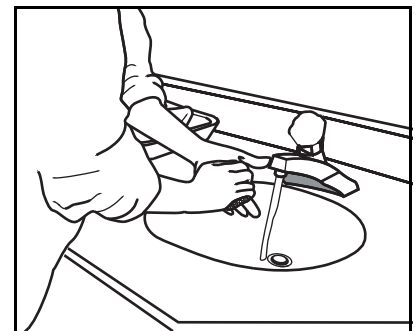
Make the transfer set accessible, but do not remove the cap until after you have washed (or disinfected) your hands.



2. Prepare the room for treatment as instructed by your dialysis centre.

3. Follow the training provided by your clinician. Wash and dry your hands or use a disinfectant. Dry your hands completely.

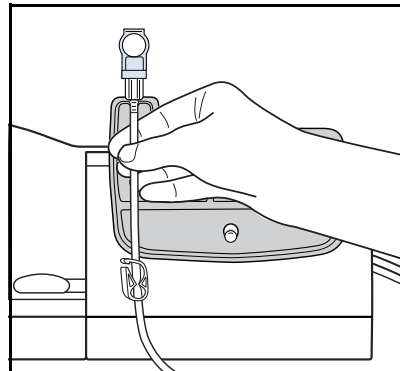
► **NOTE:** Depending on your local practice guidelines and geographic location, use of a face mask may be recommended. Follow the training taught by your dialysis centre.



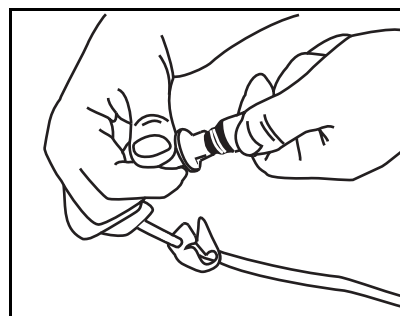
10. Prepare for Therapy

Steps to connect yourself (*continued*)

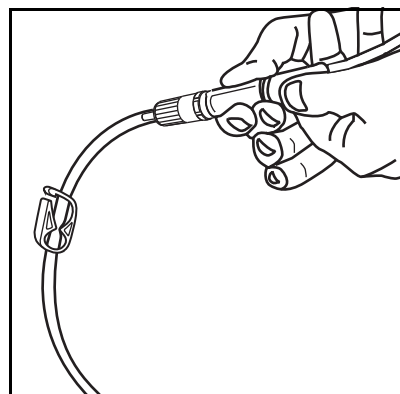
4. Remove the patient line from the organizer.



5. Connect the transfer set to the patient line.
- Remove pull ring from patient line connector.
 - Remove cap from transfer set and immediately connect to the patient line connector.
 - If a shield is provided by your dialysis centre, apply shield as taught.



6. Twist to open the transfer set.



7. Press  to start your treatment.

Treatment begins with an INITIAL DRAIN.

INITIAL DRAIN

8. Continue with Section 11, *Perform Therapy*.

WARNING



If INITIAL DRAIN appears on the display screen and you have not already connected yourself, do NOT connect yourself. Instead, restart your therapy with all new supplies (solution bags and disposable set). Do not attempt to reuse any disposable supplies. Possible contamination of the fluid or fluid pathways can result if disposables are reused. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury, or death.

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11

Perform Therapy

Be sure you have followed all instructions in Section 10, *Prepare for Therapy*, before proceeding with this section.

WARNING



Do not replace empty solution bags or reconnect disconnected solution bags during your therapy. If a bag becomes disconnected during your therapy, follow the End Therapy Early procedure (see *End Therapy Early Procedure* on page 15-71).

Discard the disposable set and all solution bags at the end of therapy. Possible contamination of the fluid or fluid pathways can result if disposables are reused. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury or death.

11. Perform Therapy

11.1 Initial Drain

Your treatment always begins with INITIAL DRAIN. During each Drain phase, used dialysis solution (effluent) containing waste products and excess fluids is drained from the peritoneal cavity

➤ **NOTE:** Initial Drain cannot be bypassed unless LOW DRAIN VOLUME Notice occurs.

– OR –

Amount of fluid drained is more than the Minimum Initial Drain Volume setting (provided, the Initial Drain Bypass option in Standard Mode, is enabled by the Clinician) and you confirm you are empty.

➤ **NOTE:** Change position if the Drain stops and you believe that you are not empty. Fluid may have pocketed near your catheter and changing positions can assist draining.

WARNING



Inspect the initial drained effluent for clarity as instructed by your nephrologist or nurse. If effluent is cloudy, call your dialysis centre. Cloudy effluent may be a sign of peritonitis.

WARNING

Bypassing a LOW DRAIN VOLUME Notice during Initial Drain when there is still fluid left in the peritoneal cavity can result in an increased intraperitoneal volume (IIPV) situation later in your therapy. Change your position or sit up to aid draining completely during the Initial Drain. IIPV could result in a feeling of abdominal discomfort, serious injury or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

If your previous therapy ended early for any reason or if you performed an off-cycler exchange, you can be left with more fluid in your peritoneal cavity than normal. If this occurs, your Minimum Initial Drain Volume (MIN I-DRAIN VOL) setting may be too low. To minimise the potential for an increased intraperitoneal volume (IIPV) situation, do one of the following:

- If a VERIFY IDRAIN prompt appears, press  and press  or  to increase your Minimum I-Drain Volume setting to at least 70 per cent of your current expected peritoneal volume for this therapy only.

– OR –

- If a VERIFY IDRAIN prompt does not appear, press  and  to MANUAL DRAIN. Press  to initiate a Manual Drain.

STOPPED: DRAIN appears when the Manual Drain ends. You can repeat the Manual Drain any number of times without an audible notification. Resuming the Drain can result in an audible notice.

The system will assume that you are empty at the end of the Initial Drain. If you are not empty, the fluid in your peritoneal cavity can contribute to IIPV.

11. Perform Therapy

If you need to end your therapy after the Initial Drain begins, you must follow the instructions in *End Therapy Early Procedure* on page 15-71.

11.1.1 Menu Options During Initial Drain

INITIAL DRAIN

Table 11-1 lists the options you can select during Initial Drain.

1. Press  to view each option.
2. Press  to select an option.
3. Press  to return to the previous menu.

Table 11-1. Options Available During Initial Drain

Option	Description
Drain Volume	DRAIN VOLUME: 60ML Drain Volume during Initial Drain updated every few seconds.
Bypass	BYPASS The bypass option is available when the volume of fluid you drained is at least the value programmed in the Min I-Drain Vol setting (provided Initial Drain Bypass feature is enabled by Clinician in Standard Mode).
Review Program	REVIEW PROGRAM Allows you to review the programmed therapy.
Current Time	9:05 PM Current time.

Table 11-1. Options Available During Initial Drain (*continued*)

Option	Description
Therapy End Time	FINISH AT 6:52 AM (does not appear in OCPD therapies) Estimated time when therapy will end.

11.2 Fill Phase

WARNING



IIPV could result in a feeling of abdominal discomfort, serious injury or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

After the Initial Drain, the first Fill begins. The cycler pulls dialysis solution from the heater bag and delivers it to your peritoneal cavity. The Fill phase begins the cycle.

11.2.1 Menu Options During Fill

FILL X OF Y

Table 11-2 lists the options you can select during the Fill phase.

1. Press  to view each option.

11. Perform Therapy

2. Press  to select an option.
3. Press  to return to the previous menu.

If performing an **OptiChoice** (OCPD) therapy, also see **OptiChoice (OCPD) Therapy** on page 11-20.

Table 11-2. Options Available During Fill

Option	Description
Fill Volume	FILL VOLUME: 60ML Fill Volume delivered. This is updated every few seconds.
Initial Drain Volume	I-DRAIN VOL: 65ML Volume from Initial Drain of the current treatment.
Total UF	TOTAL UF: 252ML The total therapy UF (ultrafiltration), updated at the end of each Drain cycle. ■ Press  to review cycle-by-cycle information. ■ Press  to return to the previous menu.
Average Dwell Time	AVG DWELL TIME: 1:32 Average actual Dwell Time for your treatment. ■ Press  to review cycle-by-cycle information. ■ Press  to return to the previous menu.
Review Program	REVIEW PROGRAM Allows you to review the programmed therapy.
Current Time	11:25 PM Current time.
Therapy End Time	FINISH AT 6:52 AM <i>(does not appear during Day cycles in OCPD therapies)</i> Estimated time when therapy will end.

11.3 Dwell Phase

WARNING



In a Tidal therapy, pressing the  and  buttons during successive Tidal Dwell cycles (to reduce noise) can lead to a gradual increase in intraperitoneal volume (IPV). An increased intraperitoneal volume (IIPV) situation can result for patients with a low Fill Volume and a high number of cycles. IIPV could result in a feeling of abdominal discomfort, serious injury or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

After the first Fill, the first Dwell phase begins. During the Dwell phase, waste products and excess fluids pass from the bloodstream through the peritoneal membrane and into the dialysis solution. It is during the Dwell phase that the cyclor pulls solution from the supply bags to replenish the heater bag and warm the solution for the next Fill phase.

11. Perform Therapy

11.3.1 Menu Options During Dwell

DWELL X OF Y

Table 11-3 lists the options you can select during the Dwell phase.

1. Press  to view each option.
2. Press  to select an option.
3. Press  to return to the previous menu.

Table 11-3. Options Available During Dwell

Option	Description
Dwell Time Left – OR – Day Dwell Time Left	DWELL TIME LEFT 0:52 Dwell Time Left in the current cycle. – OR – DAY DWELL TIME: 0:52 PRESS GO TO CONTINUE Day Dwell Time Left in the current day cycle in OCPD therapies.
Initial Drain Volume	I-DRAIN VOL: 65ML Volume from Initial Drain of the current treatment.
Total UF	TOTAL UF: 252ML The total therapy UF (ultrafiltration), updated at the end of each Drain cycle. ■ Press  to review cycle-by-cycle information. ■ Press  to return to the previous menu.
Average Dwell Time	AVG DWELL TIME: 1:32 Average actual Dwell Time for your treatment. ■ Press  to review cycle-by-cycle information. ■ Press  to return to the previous menu.

Table 11-3. Options Available During Dwell (*continued*)

Option	Description
Review Program	REVIEW PROGRAM Allows you to review the programmed therapy.
Current Time	12:01 AM Current time.
Therapy End Time	FINISH AT 6:52 AM (does not appear during Day cycles in OCPD therapies) Estimated time when therapy will end.

11.4 Drain Phase

WARNING



Bypassing a Drain phase can leave fluid in the peritoneal cavity and result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

The Drain phase completes the cycle.

11. Perform Therapy

11.4.1 Menu Options During Drain

DRAIN X OF Y

Table 11-4 lists the options you can select during the Drain phase.

1. Press  to view each option.
2. Press  to select an option.
3. Press  to return to the previous menu.

Table 11-4. Options Available During Drain

Option	Description
Drain Volume	DRAIN VOLUME: 60ML Drain Volume from current Drain phase updated every few seconds.
Initial Drain Volume	I-DRAIN VOL: 65ML Volume from Initial Drain of the current treatment.
Current UF	CURRENT UF: 252ML The current UF (ultrafiltration), updated throughout the Drain cycle. ■ Press  to review cycle-by-cycle information. ■ Press  to return to the previous menu.
Average Dwell Time	AVG DWELL TIME: 1:32 Average actual Dwell Time for your treatment. ■ Press  to review cycle-by-cycle information. ■ Press  to return to the previous menu.
Review Program	REVIEW PROGRAM Allows you to review the programmed therapy.

Table 11-4. Options Available During Drain (*continued*)

Option	Description
Current Time	1:45 AM Current time.
Therapy End Time	FINISH AT 6:52 AM <i>(does not appear during Day cycles in OCPD therapies)</i> Estimated time when therapy will end.

11. Perform Therapy

11.5 Pause Therapy

Press  (STOP) to pause your therapy. STOPPED and the current phase appears on your display screen.

► **NOTE:** Prescription settings cannot be adjusted during a Tidal therapy.

11.5.1 Menu Options When STOP Is Pressed

This sample screen shows that  was pressed during a Fill phase.

STOPPED:	FILL
----------	------

(DAY FILL only appears during OCPD therapies.)

STOPPED:	DAY FILL
----------	----------

This sample screen shows that  was pressed during a Dwell phase.

STOPPED:	DWELL
----------	-------

(DAY DWELL only appears during OCPD therapies.)

STOPPED:	DAY DWELL
----------	-----------

This sample screen shows that  was pressed during a Drain phase.

STOPPED:	DRAIN
----------	-------

(DAY DRAIN only appears during OCPD therapies.)

STOPPED:	DAY DRAIN
----------	-----------

This sample screen shows that  was pressed during setup.

STOPPED:	SETUP
----------	-------

- Table 11-5 on page 11-13 lists the options you can select when you press  during a Fill or Dwell phase.
- Table 11-6 on page 11-15 lists the options you can select when you press  during an Initial Drain or Drain phase.
- Table 11-7 on page 11-18 lists the options you can select when you press  during setup.

1. Press  to view each option.
2. Press  to select an option.
3. Press  to continue your therapy.

Table 11-5. Options Available When STOP Is Pressed During Fill or Dwell Phase

Option	Description
Fill Volume – OR – Night Dwell Time Left – OR – Day Dwell Time Left	FILL VOLUME: 60ML – or – DWELL TIME LEFT 0:52 – or – DAY DWELL TIME: 1:30 Shows the status of the current phase.
Total UF	TOTAL UF: ML The total therapy UF (ultrafiltration), updated after each Drain is completed.
Bypass	BYPASS Press  to select. See <i>Bypass Procedures</i> on page 15-50 for instructions.
Change Program – OR – Review Program	CHANGE PROGRAM Press  to change your therapy settings. REVIEW PROGRAM REVIEW PROGRAM appears if the program is locked. See Section 8, <i>Change Program</i>, for instructions.

11. Perform Therapy

Table 11-5. Options Available When STOP Is Pressed During Fill or Dwell Phase (*continued*)

Option	Description
Make Adjustments	MAKE ADJUSTMENTS Press  to select if you want to adjust system settings. See Section 9, <i>Make Adjustments</i>, for instructions.
Manual Drain	MANUAL DRAIN Press  to select.
Alarm Log	ALARM LOG Press  to review the 20 most recent entries since the Log was last cleared. Twenty entries is the capacity of the Log. Press  to return to the previous menu. ➤ NOTE: ALARM LOG has the details of alarms and notices.
Software Version	SOFTWARE VER: 12.0 Shows the software version of the Homechoice Claria APD system. ➤ NOTE: This <i>Patient At-Home Guide</i> is only applicable to software versions that begin with 12.0XX, where XX can be any two digits.

WARNING

Bypassing a LOW DRAIN VOLUME Notice during Initial Drain when there is still fluid left in the peritoneal cavity can result in an increased intraperitoneal volume (IIPV) situation later in your therapy. Change your position or sit up to aid draining completely during the Initial Drain. IIPV could result in a feeling of abdominal discomfort, serious injury or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

Table 11-6. Options Available When STOP Is Pressed During Initial Drain or Drain Phase

Option	Description
Drain Volume	DRAIN VOLUME: 0ML Shows the status of the current Drain phase.
Drain Setting	MIN I-DRAIN VOL: 1700ML — or — MIN DRAIN VOL: 1700ML — or — TIDAL DRAIN: 1700ML Shows the minimum volume that the cyclor expects you to drain in this cycle. ➤ NOTE: You may need to drain more than this to prevent a WARNING: NEGATIVE UF Alarm.

11. Perform Therapy

Table 11-6. Options Available When STOP Is Pressed During Initial Drain or Drain Phase (*continued*)

Option	Description
Current UF	CURRENT UF: 30ML The current UF (ultrafiltration), updated throughout the Drain cycle. ► NOTE: Current UF is not shown during Initial Drain since your Initial Drain does not count towards your Current UF.
Notice/Alarm State	DRAIN NOT FINISHED DRAIN NOT FINISHED appears before reaching the bypass screen if the current Drain phase has not reached the Minimum Drain Volume required. – OR – WARNING: NEGATIVE UF (does not appear during Initial Drain) WARNING: NEGATIVE UF appears if you have retained more than the allowed percentage of the programmed Fill Volume in either the current cycle or over the course of several cycles. These messages are an extra precaution to discourage bypassing a Drain phase.

Table 11-6. Options Available When STOP Is Pressed During Initial Drain or Drain Phase (*continued*)

Option	Description
Bypass	BYPASS Press  to select. See <i>Bypass Procedures</i> on page 15-50 for instructions. ➤ NOTE: Initial Drain cannot be bypassed unless ■ LOW DRAIN VOLUME Notice occurs. – OR – ■ Amount of fluid you drained is at least the value programmed in the Min I-Drain Vol setting (provided the Initial Drain Bypass option in Standard Mode is enabled by the Clinician).
Change Program – OR – Review Program	CHANGE PROGRAM Press  to change your therapy settings. REVIEW PROGRAM REVIEW PROGRAM appears if the program is locked. See Section 8, <i>Change Program</i>, for instructions.
Make Adjustments	MAKE ADJUSTMENTS Use to adjust system settings. See Section 9, <i>Make Adjustments</i>, for instructions.
Manual Drain	MANUAL DRAIN Press  to select.

11. Perform Therapy

Table 11-6. Options Available When STOP Is Pressed During Initial Drain or Drain Phase (*continued*)

Option	Description
Alarm Log	ALARM LOG Press  to review the 20 most recent entries since the Log was last cleared. Twenty entries is the capacity of the Log. Press  to return to the previous menu. ➤ NOTE: ALARM LOG has the details of alarms and notices.
Software Version	SOFTWARE VER: 12.0 Shows the software version of the Homechoice Claria APD system. ➤ NOTE: This <i>Patient At-Home Guide</i> is only applicable to software versions that begin with 12.0XX, where XX can be any two digits.

Table 11-7. Options Available When STOP Is Pressed During Setup

Option	Description
Change Program – OR – Review Program	CHANGE PROGRAM Press  to change your therapy settings. REVIEW PROGRAM REVIEW PROGRAM appears if the program is locked. See Section 8, <i>Change Program</i>, for instructions.

Table 11-7. Options Available When STOP Is Pressed During Setup

Option	Description
Make Adjustments	MAKE ADJUSTMENTS Use to adjust system settings. See Section 9, <i>Make Adjustments</i>, for instructions.
Alarm Log	ALARM LOG Press  to review the 20 most recent entries since the Log was last cleared. Twenty entries is the capacity of the Log. Press  to return to the previous menu. ➤ NOTE: ALARM LOG has the details of alarms and notices.
Software Version	SOFTWARE VER: 12.0 Shows the software version of the Homechoice Claria APD system. ➤ NOTE: This <i>Patient At-Home Guide</i> is only applicable to software versions that begin with 12.0XX, where XX can be any two digits.

11. Perform Therapy

11.6 **OptiChoice** (OCPD) Therapy

► **NOTE:** Depending on your location, the term Hi-Dose may be used as an alternate to the term **OptiChoice**. **OptiChoice** (OCPD) is used throughout this *Patient At-Home Guide* to represent this type of 24-hour therapy.

This therapy allows you to combine your regular nighttime therapies, such as CCPD or Tidal, with additional daytime exchanges. This may help improve the adequacy of your dialysis treatment.

Key features of **OptiChoice** (OCPD) therapy include:

- Daytime exchanges. These additional exchanges may help to improve the adequacy of your dialysis treatment.
- Flexible length daytime Dwells based on your needs and daytime schedule. During the Dwell phase of a daytime exchange, you can disconnect from the cyclor and have the freedom to conduct your normal daytime activities.
- Use of a disconnect cap, such as the **MiniCap** disconnect cap and the **FlexiCap** disconnect cap between Hi-Dose exchanges.
Note: An OptiCap disconnect cap package contains both the MiniCap disconnect cap and the FlexiCap disconnect cap.
- Different daytime and nighttime Fill volumes.
- Capability for up to nine OCPD exchanges. The number of OCPD exchanges is pre-programmed and fixed.
- System setup and start of therapy takes place at the time of the first OCPD exchange.

11.6.1 Perform an OCPD Day Exchange

- **NOTE:** If you bypass an OCPD daytime exchange, the solution volume from that exchange will be added to the available nighttime therapy volume.

Follow the steps below to perform a daytime exchange.

Steps to perform a daytime exchange

OptiChoice (OCPD) therapy begins when INITIAL DRAIN is complete.

INITIAL DRAIN

1. DAY FILL 1 begins automatically when INITIAL DRAIN is complete.

DAY FILL 1 OF 1

2. When DAY FILL 1 is complete, DAY DWELL 1 begins.

DAY DWELL 1 OF 1

During Day Dwell, you can disconnect from the cycler. See *Disconnect Yourself During OCPD Dwell* on page 11-22.

3. Press  to display elapsed DAY DWELL TIME in hours and minutes.

DAY DWELL TIME: 4:00

4. Reconnect yourself when the appropriate Dwell Time is reached. See *Reconnect and Continue Treatment* on page 11-26.

- **NOTE:** Do not press  or  during the last Day Dwell until you are ready to begin your nighttime treatment.

5. Press .

DAY DRAIN 1 OF 1

The system automatically begins DAY DRAIN 1.

6. When DAY DRAIN 1 is complete, the nighttime therapy begins with FILL 1. See *Fill Phase* on page 11-5.

FILL 1 OF 4

– or –

– OR –

If more than one OCPD exchange is programmed, the next DAY FILL begins.

DAY FILL 2 OF 2

11. Perform Therapy

11.6.2 Disconnect Yourself During OCPD Dwell

Follow the steps below if you choose to disconnect yourself during OCPD Dwell.

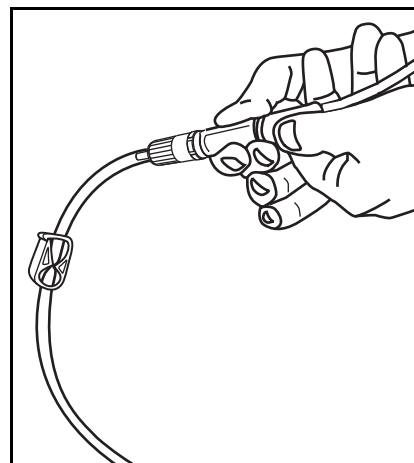
WARNING



This procedure requires the use of disconnect caps for the disposable set. If you do not have a *FlexiCap* and *MiniCap* disconnect cap available, end your therapy and then restart your therapy using all new supplies (solution bags and disposable set). If you disconnect during therapy and do not reconnect using new supplies, there may be a possibility of contamination of your patient line, which may lead to peritonitis.

Steps to disconnect during OCPD Dwell

1. Twist to close your transfer set.
2. Close the clamp on the patient line.



WARNING

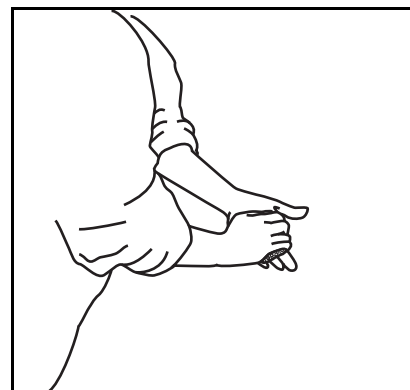


Follow aseptic technique taught by your dialysis centre when handling lines and solution bags to reduce the possibility of infection.

Steps to disconnect during OCPD Dwell (continued)

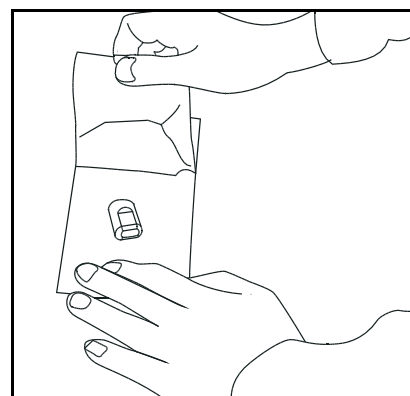
3. Follow the training provided by your clinician. Wash and dry your hands or use a disinfectant. Dry your hands completely.

➤ **NOTE:** Depending on your local practice guidelines and geographic location, use of a face mask may be recommended. Follow the training taught by your dialysis centre.

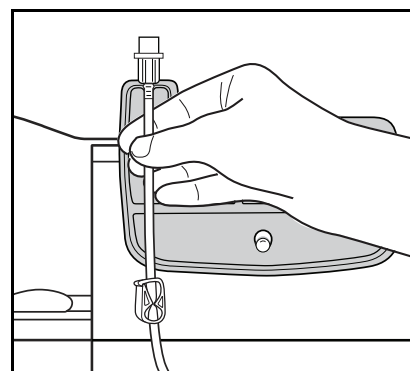


4. Open a new **MiniCap** disconnect cap package and a new **FlexiCap** disconnect cap package or open a new **OptiCap** disconnect cap package.

➤ **NOTE:** An OptiCap disconnect cap package contains both the MiniCap disconnect cap and the FlexiCap disconnect cap



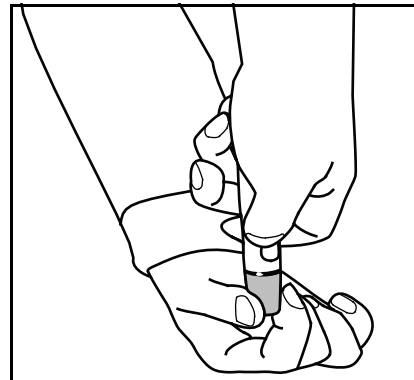
5. Disconnect the transfer set from the patient line of the disposable set.
6. Place the patient line back on the organizer.



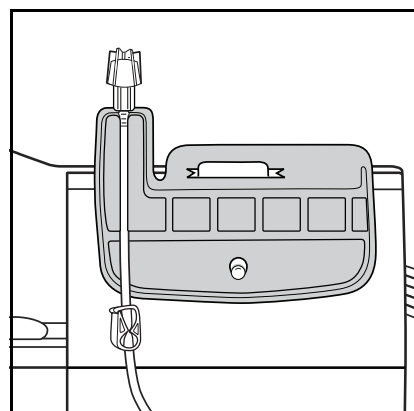
11. Perform Therapy

Steps to disconnect during OCPD Dwell (*continued*)

7. Immediately place the **MiniCap** disconnect cap on the transfer set.
8. Tighten the **MiniCap** until fully secured.



9. Attach the new **FlexiCap** disconnect cap to the patient line connector in the organiser.
10. Tighten the **FlexiCap** disconnect cap until fully secured.
11. You may now leave the cyclor.



11.6.3 Day Dwell Options

DAY DWELL X OF Y

Table 11-8 lists the options you can select during the Day Dwell phase in **OptiChoice** (OCPD) Therapy.

1. Press  to view each option.
2. Press  to select an option.
3. Press  to return to the previous menu.

Table 11-8. Options Available During Day Dwell

Option	Description
Day Dwell Time	DAY DWELL TIME: 0:31 The amount of time elapsed during the daytime Dwell.
Continue Therapy	PRESS GO TO CONTINUE
Initial Drain Volume	I-DRAIN VOL: 65ML Volume from Initial Drain.
Total UF	TOTAL UF: 252ML The total therapy UF (ultrafiltration), updated at the end of each Drain cycle. ■ Press  to review cycle-by-cycle information. ■ Press  to return to the previous menu.
Average Dwell Time	AVG DWELL TIME: 0:00 Average actual Dwell Time only reflects the average of the nighttime cycles. During daytime cycles, 0:00 appears. ■ Press  to review cycle-by-cycle information. ■ Press  to return to the previous menu.
Review Program	REVIEW PROGRAM Allows you to review the programmed treatment.
Current Time	6:10 PM Current time.

11. Perform Therapy

11.6.4 Reconnect and Continue Treatment

Follow the steps below to reconnect yourself and continue therapy.

Steps to reconnect and continue treatment

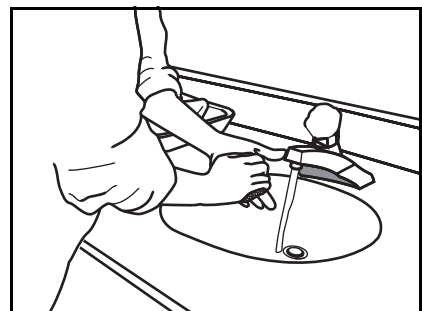
1. During the Dwell phase, press ▼ to display elapsed DAY DWELL TIME in hours and minutes. DAY DWELL TIME: 4:00
2. When the appropriate Dwell Time is reached, prepare the room for reconnection.
 - **NOTE:** Do not press ▼ or ● during the last Day Dwell until you are ready to begin your night treatment.
3. Press ▼. PRESS GO TO CONTINUE
4. Press ●. CONNECT YOURSELF
The system reminds you to connect yourself.

WARNING



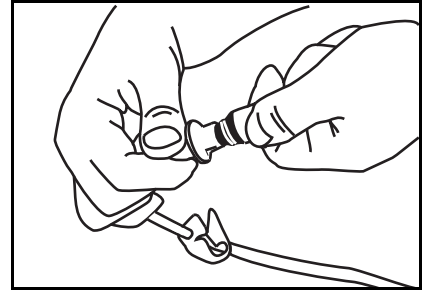
Follow aseptic technique taught by your dialysis centre when handling lines and solution bags to reduce the possibility of infection.

5. Follow the training provided by your clinician. Wash and dry your hands or use a disinfectant. Dry your hands completely.
 - **NOTE:** Depending on your local practice guidelines and geographic location, use of a face mask may be recommended. Follow the training taught by your dialysis centre.
6. Remove the **FlexiCap** disconnect cap from the patient line connector.

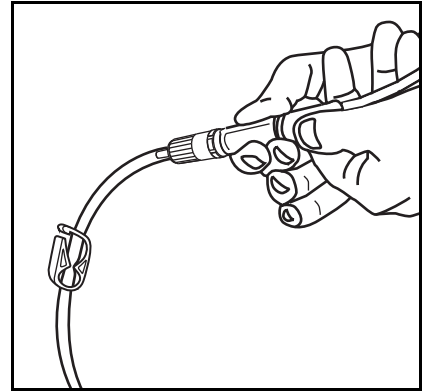


Steps to reconnect and continue treatment (continued)

7. Remove the **MiniCap** disconnect cap from the transfer set connector.
8. Immediately connect the patient line connector to the transfer set.



9. Open the patient line clamp.
10. Twist to open the transfer set.



11. Press .

The system automatically begins DAY DRAIN 1.

DAY DRAIN 1 OF 1

12. Discard the used **MiniCap** disconnect cap and **FlexiCap** disconnect cap.
-

11. *Perform Therapy*

Intentionally Left Blank

End Therapy

12.1 End Your Therapy

When the last phase of your treatment cycle is complete, the **Homechoice Claria** APD system indicates that the therapy is complete.

WARNING



Notify your dialysis centre if you had

- an incomplete treatment
- skipped the prescribed last Fill or
- other situations as instructed by your clinician.

Too many incomplete or skipped treatments may lead to insufficient removal of fluid or waste products.



Follow aseptic technique taught by your dialysis centre when handling lines and solution bags to reduce the possibility of infection.

12. End Therapy

Follow the steps below to end your therapy and disconnect from the cyclor.

Steps to end your therapy

1. END OF THERAPY appears.

END OF THERAPY

2. Press  to view the end of therapy summary information.

I-DRAIN VOL: ML

3. If you are not using the **Sharesource** platform, record your I-Drain Volume and the other values in the summary.

The amount shown is the total Initial Drain Volume from the current therapy.

4. Press .

LAST M-DRAIN: ML

LAST M-DRAIN only appears if you drained some fluid using the Manual Drain option after a last Fill. The amount shown is the amount of solution drained.

5. Press .

TOTAL UF: ML

The amount shown is the TOTAL UF for the therapy.

- **NOTE:** A low or negative, Total UF at the end of a therapy may indicate your last Drain was incomplete and too much fluid may still remain in your peritoneal cavity. Make sure the Last Manual Drain option is set to YES and a UF Target set with a value that equals around 70% of your expected UF. For help in converting 70% of your expected Total UF therapy into a value that can be programmed as your UF Target for your Tidal therapy, see *Determining Tidal Total UF and Last Manual Drain UF Target Volume Settings* on page 16-25. See also *Last Manual Drain* on page 9-15.

Steps to end your therapy (continued)

6. Press  to access cycle-by-cycle UF information starting with the last cycle.

CYCLE 5 UF:	ML
-------------	----

Cycle UF values only appear for CCPD and OCPD therapies.

WARNING



A consistently high UF in the last cycle may indicate that UF is accumulating in your peritoneal cavity during the course of your therapy.

- For a CCPD therapy, your Minimum Drain Volume percent may be programmed too low.
- For a Tidal therapy, your expected Total UF may be programmed too low.

Either of these conditions can result in an increased intraperitoneal volume (IIPV) situation. Using a higher than normal dextrose concentration in combination with either of these conditions can further increase the risk of an IIPV situation. IIPV can result in a feeling of abdominal discomfort, serious injury or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to their caregiver during treatment, such as small children or infants.

12. End Therapy

Steps to end your therapy (continued)

7. Press  to continue accessing Cycle UF values.

CYCLE 4 UF: ML

You can view up to 29 cycles.

Press  to return to the previous menu after Cycle UF values have been reviewed.

Cycle UF values only appear for CCPD and OCPD therapies.

8. Press .

AVG DWELL TIME: HH:MM

The average actual DWELL TIME for the therapy is shown.

Press  to review cycle-by-cycle information.

END OF THERAPY

Press  to return to END OF THERAPY.

9. Press .

LOST DWELL: HH:MM

The amount of Dwell Time that is Lost or Added is based on the estimated Dwell Time calculated at the beginning of therapy.

ADDED DWELL: HH:MM

If the Lost Dwell is 30 minutes or longer and you have not viewed this information, the system will beep and display the Lost Dwell Time.

10. Press .

MANUAL DRAIN

Press  to select MANUAL DRAIN.

11. Press .

ALARM LOG

Press  to review the 20 most recent alarms or notices.

END OF THERAPY

Press  to return to END OF THERAPY.

12. Press .

CLOSE ALL CLAMPS

CLOSE ALL CLAMPS appears.

Steps to end your therapy (continued)

13. Press .

CLOSE ALL CLAMPS and DISCONNECT YOURSELF appears.

**CLOSE ALL CLAMPS
DISCONNECT YOURSELF**

WARNING



A CALL PD NURSE / HIGH DRAIN XYZ Alarm indicates that you may have experienced increased intraperitoneal volume (IIPV) during your previous therapy. IIPV can result in a feeling of abdominal discomfort, serious injury or death.

Refer to *Call PD Nurse / High Drain XYZ* on page 15-8 for further instructions.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to their caregiver during treatment, such as small children or infants.

Steps to end your therapy (*continued*)



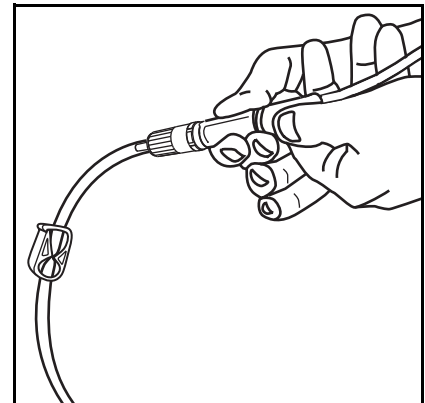
DO NOT press ● again until you have **CLOSED ALL CLAMPS**. This prevents the flow of fluid from one bag to another or to the patient during the time when REMOVE CASSETTE appears. This flow of fluid could result in an increased intraperitoneal volume (IIPV) situation. IIPV can result in a feeling of abdominal discomfort, serious injury or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press ● immediately, then press ▼ and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to their caregiver during treatment, such as small children or infants.

14. Twist to close the transfer set.
15. Close patient clamp on the patient line.
16. **Close all clamps** on the supply and drain lines.
17. Disconnect yourself as instructed in the steps in 12.2, *Disconnect Yourself*.

DO NOT press ● again until *after* you have disconnected.



12.2 Disconnect Yourself

WARNING

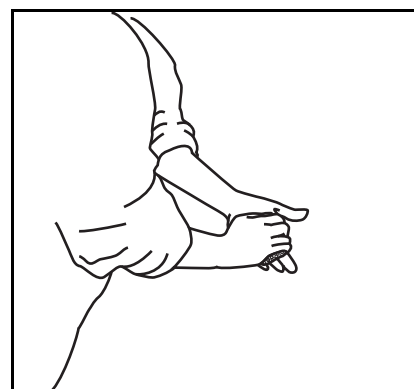


Follow aseptic technique taught by your dialysis centre when handling lines and solution bags to reduce the possibility of infection.

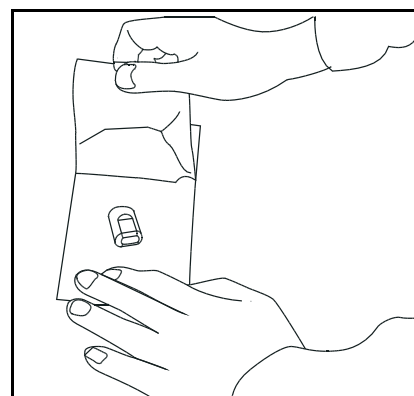
Steps to disconnect yourself

1. Follow the training provided by your clinician. Wash and dry your hands or use a disinfectant. Dry your hands completely.

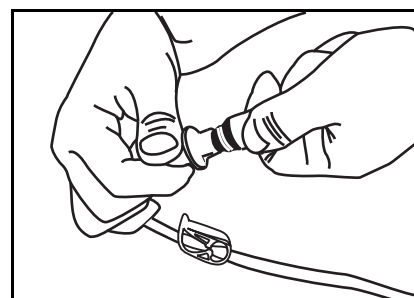
► **NOTE:** Depending on your local practice guidelines and geographic location, use of a face mask may be recommended. Follow the training taught by your dialysis centre.



2. Open the new **MiniCap** disconnect cap package.



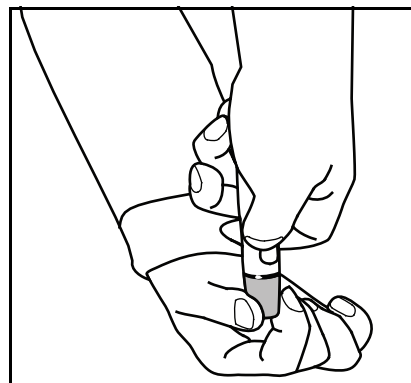
3. Disconnect the transfer set from the patient line of the disposable set.



12. End Therapy

Steps to disconnect yourself (*continued*)

4. Immediately place the **MiniCap** disconnect cap on the transfer set.
5. Tighten the **MiniCap** until fully secured.



WARNING



DO NOT press ● again until *AFTER* you have disconnected!
Touching any unsterile surface before completing your disconnect increases your risk of infection.

12.3 Shut Down

WARNING



Discard the disposable set and all solution bags at the end of therapy. Possible contamination of the fluid or fluid pathways could result if disposables are reused. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury or death.



DO NOT open the door until you have **CLOSED ALL CLAMPS**.

This prevents the flow of fluid from one bag to another or to the patient. Uncontrolled gravity flow of fluid can result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.



When removing the disposable set from the *Homechoice Claria* APD system, ensure all line clamps and drain bag clamps are closed to avoid solution or effluent leakage. Immediately clean up all fluid spills to prevent injury from slipping or falling.

12. End Therapy

Steps to shut down the cyclor

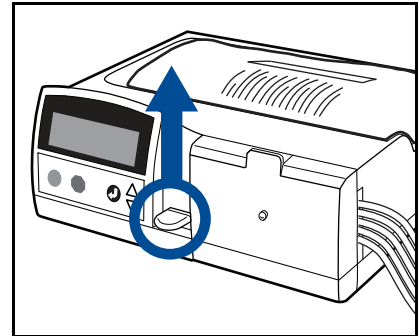
- **NOTE:** *Close all clamps* and disconnect yourself by following the steps in *Disconnect Yourself* on page 12-7 before continuing.

1. Press ●.

REMOVE CASSETTE appears.

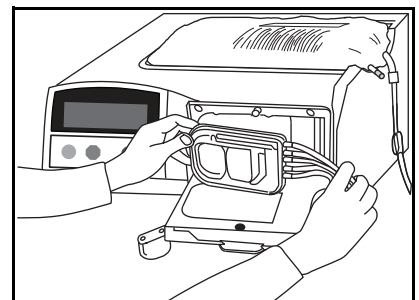
REMOVE CASSETTE

2. Lift the handle up to unlock and open the door.



3. Remove and discard the disposable set and solution bags.

Follow your local guidelines for disposal of dialysis waste materials and check with your local authorities if questions arise about the waste disposal regulations in your area.



4. Press ●.

CONNECTING TO NETWORK appears.

NOTE: This step is applicable if you are connected to **Sharesource**.

CONNECTING TO
NETWORK...

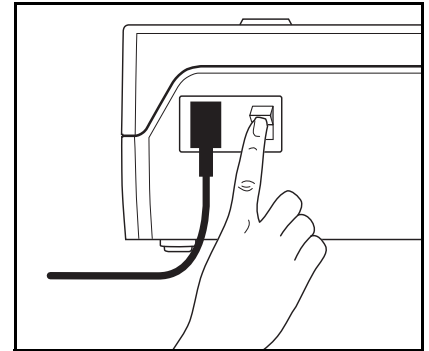
5. Press ●.

TURN ME OFF appears.

TURN ME OFF

Steps to shut down the cyclor (*continued*)

6. Press the On/Off switch to the OFF (O) position.



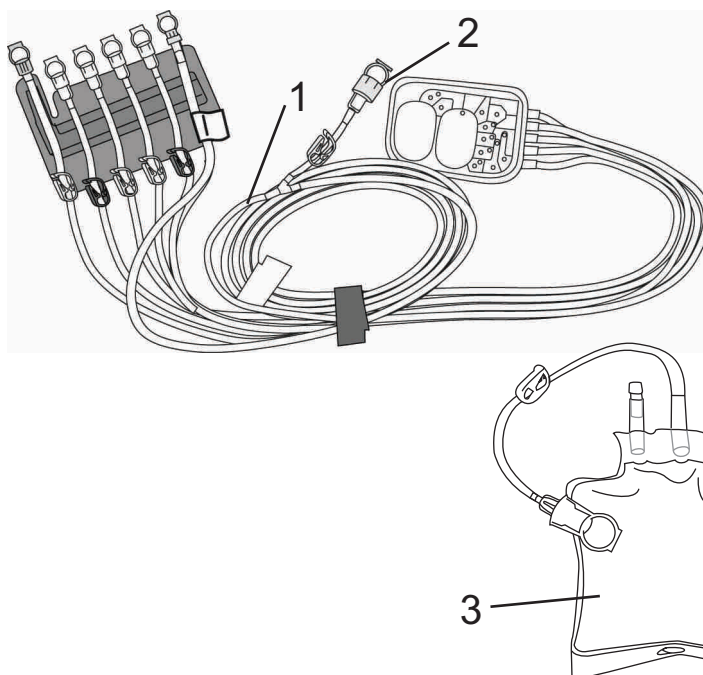
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Effluent Sampling

13.1 Introduction

► **NOTE:** The effluent sampling method in this section is only applicable if your disposable set drain line looks like the picture in step 3 on page 13-2 and if you have an effluent sampling bag available. If not, contact your dialysis centre for effluent sampling guidance.

An effluent sample is a small amount of solution that has been drained from the peritoneal cavity during your regular drain. Your dialysis centre will tell you how often you should take a sample.



1. Drain Line
2. Effluent Sampling Site
3. Effluent Sample Bag

Figure 13-1. Disposable Set

WARNING



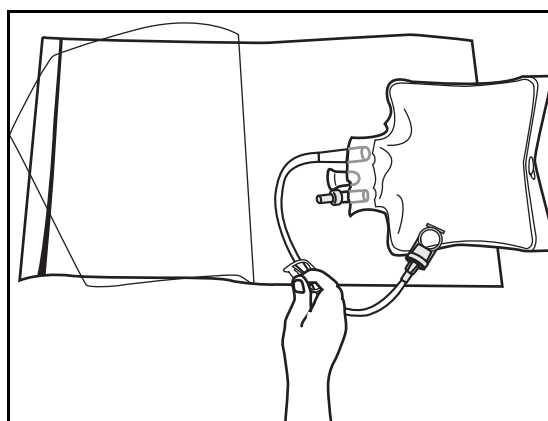
Follow aseptic technique taught by your dialysis centre when handling lines and solution bags to reduce the possibility of infection.

13.2 Take an Effluent Sample

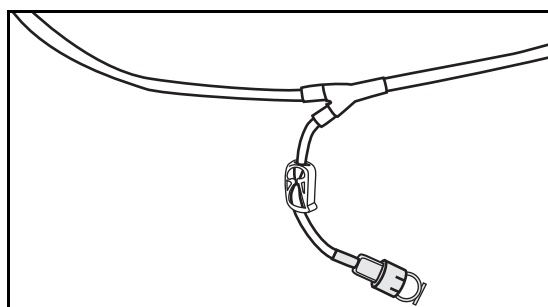
Follow the steps below to take an effluent sample.

Steps to take an effluent sample

1. Open the effluent sample bag packaging.
2. Close the clamp on the effluent sample bag.



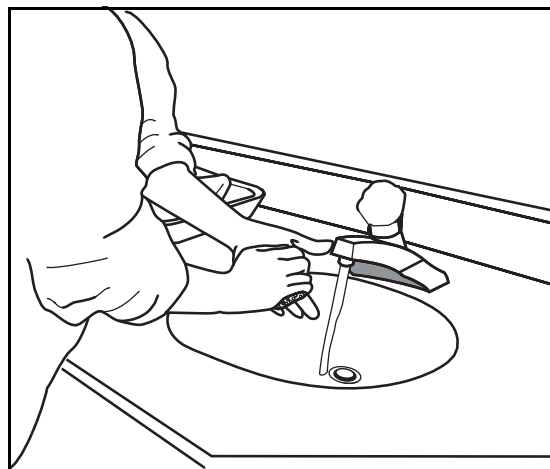
3. Prepare the sampling site.
Make sure the clamp is closed on the sampling line.



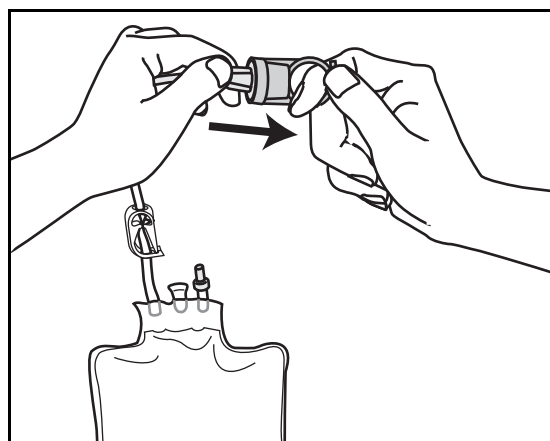
Steps to take an effluent sample (continued)

4. Follow the training provided by your clinician. Wash and dry your hands or use a disinfectant. Dry your hands completely.

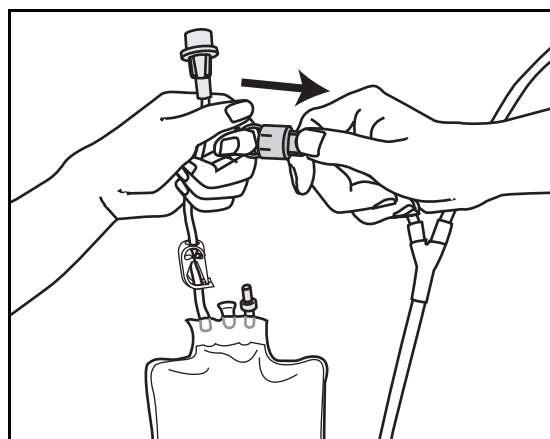
➤ **NOTE:** Depending on your local practice guidelines and geographic location, use of a face mask may be recommended. Follow the training taught by your dialysis centre.



5. Remove the cap from the effluent sample bag.
Save the cap to recap the connectors.



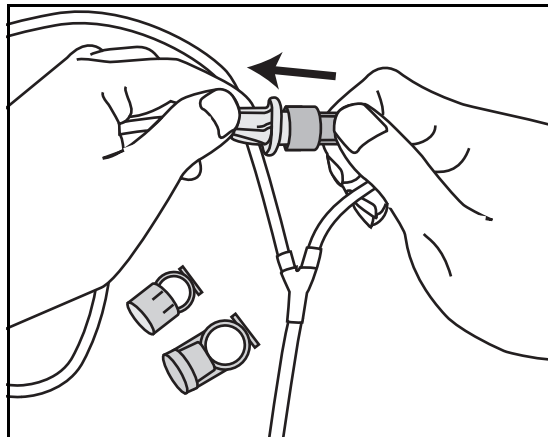
6. Remove the cap from the sampling site.
Save the cap to recap the connectors.



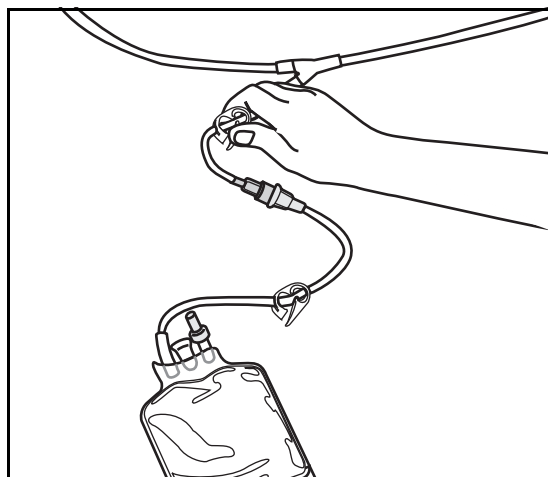
13. Effluent Sampling

Steps to take an effluent sample (continued)

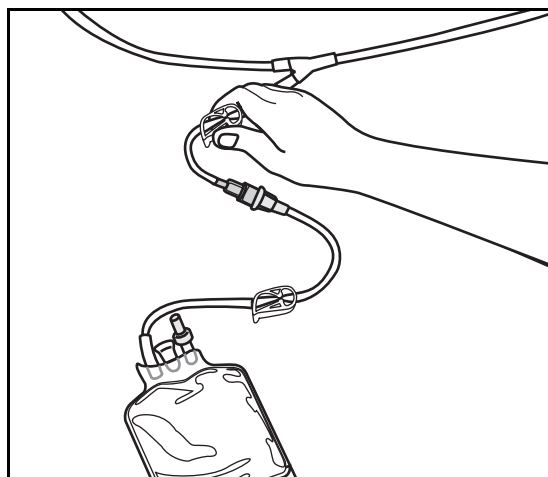
7. Connect the effluent sample bag and position the bag below the level of the drain line.



8. After draining for 2 or 3 minutes, open the clamps.

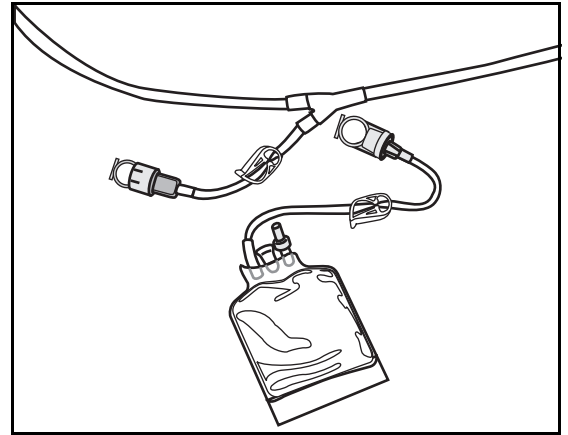


9. When the effluent sample bag is full, close both clamps.



Steps to take an effluent sample (*continued*)

10. Disconnect the effluent sample bag from the drain line and recap the connectors.



➤ **NOTE:** Follow your dialysis centre's instructions for handling the effluent sample.

13. Effluent Sampling

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Cleaning, Maintenance and Storage

14.1 Cleaning

WARNING



Do not open the cyclor. Electrical circuitry inside may pose a shock hazard.



Do not apply alcohol, hydrogen peroxide or antiseptic containing alcohol to the disposable set or to the cassette interface inside the door of the cyclor. Using these products can cause the cassette to develop cracks. Using damaged sets can result in contamination of the fluid or fluid pathways. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury or death.



Unplug the system power cord from the wall outlet or other AC power source, before cleaning the cyclor. Failure to do so can cause an electric shock.

CAUTION



Do not use chemical cleaning agents or aerosol spray cleaners. These products may damage the plastics or surface finishes.

- **NOTE:** The cyclor does not need to be sterilised or disinfected between uses. The system uses a disposable set that provides a sterile fluid pathway.

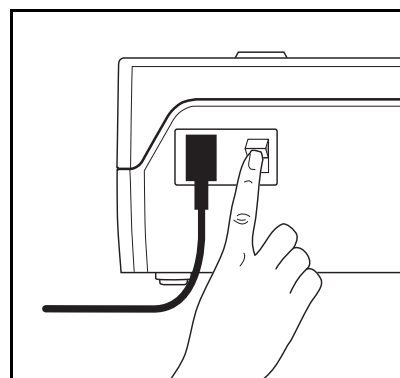
14. Cleaning, Maintenance and Storage

14.1.1 Cleaning the Cyclor

The surface of the cyclor should only be cleaned using mild soap and water. Follow the steps below to clean your cyclor.

Steps to clean the cyclor

1. Press the power switch OFF.
2. Unplug the cyclor from the power source.



3. Use a small amount of mild soap and water to wipe the exterior.

WARNING



Do not apply alcohol, hydrogen peroxide or antiseptic containing alcohol to the disposable set or to the cassette interface inside the door of the cyclor. Using these products can cause the cassette to develop cracks. Using damaged sets can result in contamination of the fluid or fluid pathways. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury or death.

4. Wipe up any solution spills as soon as possible.
Any residue may be cleaned with a mixture of mild soap and water.

14.2 Preparing the Cyclor for Return to Baxter

IMPORTANT!

Return this cyclor to your dialysis centre or to Baxter by calling Baxter Technical Assistance at the number located in Numbers to Call for Assistance on page 1-1.

Before you return the cyclor to Baxter, follow the steps below:

Steps to prepare the cyclor for return

1. Wipe all outer surfaces of the cyclor with a sponge dampened with a small amount of mild soap and water. Be careful not to apply too much water.
 2. Use a clean cloth or paper towels to wipe any excess moisture from the surface.
-

➤ **NOTE:** If you are returning a modem with your cyclor, follow the same steps above to prepare your modem for return.

If you have any questions or have difficulty with this procedure, contact Baxter Technical Assistance at the number located in *Numbers to Call for Assistance* on page 1-1.

14.3 Maintenance

The expected service life of the **Homechoice Claria** APD system is 10 years. A regular maintenance schedule is not needed unless otherwise instructed by Baxter. The system monitors itself. It will notify you if service is needed.

The battery pack is automatically checked and recharged during operation. The battery does not need regular maintenance.

14.4 If You Require a New System or “Swap”

14.4.1 All Users

If your system must be returned for service, call your dialysis centre. Be sure that you or your dialysis centre has a copy of your latest prescription. Then call Baxter Technical Assistance for instructions. See *Numbers to Call for Assistance* on page 1-1.

WARNING



Make sure that you are able to complete all of your treatments as prescribed by your nephrologist.

If your cyclor cannot begin or complete your treatment, perform manual exchanges as instructed by your dialysis centre until your new device arrives.

Too many incomplete or skipped treatments may lead to insufficient removal of fluid or waste products.

Your newly swapped system will have default values. If you do not use the **Sharesource** connectivity platform, you will need to call your dialysis centre to program your device. Otherwise, your master device program will be automatically downloaded from the **Sharesource** platform.

➤ **NOTE:** If you do not use the **Sharesource** platform, you need to set the NETWORK ENABLED option to NO in the Make Adjustments menu on your new cyclor. Refer to *Network Enabled* on page 9-19 for instructions.

14.4.2 Sharesource Platform Users

Additional procedures for **Sharesource** users:

1. If you used a modem with your old system, detach the Ethernet cable from your old cyclor and plug it into the new cyclor. See *Install the Modem* on page 7-2 for instructions.
2. Turn on your new (or replaced) system. When ENTER ACTIVATION CODE appears, follow the procedure in *Entering Your Patient Activation Code* on page 7-4 to enter your Patient Activation Code.
3. When CONFIRM CONFIGURATIONS appears, follow the procedure in *Confirm Configuration Settings* on page 7-6.

When your configuration settings are confirmed, your new system will be programmed with the therapy settings entered into the **Sharesource** platform by your dialysis centre.

WARNING



If you use the *Sharesource* platform with more than one *Homechoice Claria* APD cyclor, any program changes you entered manually on one cyclor will NOT automatically transfer to other cyclors you use with the *Sharesource* platform. The program changes you entered manually are transmitted to your clinician for review, but your changes will not update the master device program. Only your nephrologist or dialysis centre clinician can create or change the master device program on the *Sharesource* platform. Until the master device program on the *Sharesource* platform is updated and downloaded, any other cyclor will repeat its own last manually programmed therapy or use the previous master device program from the *Sharesource* platform.

Do not use settings on any cyclor that are different from your correct program settings. Wrong settings can generate a dialysis treatment that is not effective and can cause serious injury.

14.5 Storage

14.5.1 Cyclor

The **Homechoice Claria** APD system should be stored in the following conditions:

- Temperature between –32°C to 54°C (–25°F to 129°F)
- Humidity between 10% and 95%
- Altitude –340 m to +5,500 m (–1,100 ft to +18,000 ft)

14.5.2 Battery

If the cyclor is not used for more than 12 months, the battery pack must be removed. This must be done by a qualified Baxter service representative. See *Numbers to Call for Assistance* on page 1-1.

14.5.3 Dialysis Solution and Disposables

Follow the instructions on the label supplied with the dialysis solution and disposables for storage and preparation. Failure to follow the solution and disposable label instructions may lead to insufficient therapy or adverse clinical reaction.

WARNING



Do not use a Patient Line Extension with the Low Recirculation Volume set. Using an extension with this set increases the recirculation volume and reduces therapy effectiveness.



Do not change the number of Patient Line Extensions prescribed by your nephrologist or dialysis centre. Increasing (or decreasing) the number of Patient Line Extensions can lead to insufficient (or excessive) therapy.

WARNING



Do not extend the patient line beyond 10.4 metres (34 feet) for the standard set. Extending the patient line beyond this length:

- **Increases the recirculation volume, which can result in reduced therapy effectiveness.**
- **Impacts priming, which can result in air infusion. Air infusion can cause shoulder or abdominal pain and may lead to serious injury.**



Do not use a disposable set or Patient Line Extension if tip protectors are not in place. If the tip protectors are not secure, possible contamination of the fluid or fluid pathways can result. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury or death.



If the solution is not clear, do not use the solution bag. Follow the labelling instructions supplied with the dialysis solution for storage and preparation. Failure to follow the solution labelling instructions can lead to insufficient therapy or adverse clinical reaction. Report and return any damaged or defective bags to Baxter or your dialysis centre.

14. *Cleaning, Maintenance and Storage*

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Correcting Alarms and Notices

This section contains information about how to troubleshoot alarms and notices. It also contains special procedures to be followed in the event of certain alarm and notice situations.

► **NOTE:** Messages specific to the **Sharesource** web-based connectivity platform are described in ***Sharesource Connectivity Messages*** on page 7-16.

15.1 List of Alarms, Notices and Procedures

The following is an alphabetical list of alarm messages contained in this section. The alarms are categorised as either Physiological (patient related) or Technical (equipment related).

Manually Recoverable Alarm Messages	Page	Category
Call PD Nurse / High Drain XYZ.....	15-8	Physiological
Power Failure.....	15-16	Technical
Warning: Negative UF.....	15-11	Physiological
Warning: Positive UF.....	15-15	Physiological

System Error Alarm Messages	Page	Category
System Error 2240 or 2267.....	15-19	Physiological/ Technical
System Error nnnn.....	15-21	Technical

15. Correcting Alarms and Notices

The following is an alphabetical list of notices contained in this section:

Auto Recoverable Notices	Page
Check Drain Line	15-23
Check Final Line	15-23
Check Heater Line	15-23
Check Lines and Bags	15-23
Check Patient Line	15-23
Check Supply Line	15-23
Check Your Position	15-41
Low Drain Volume	15-32
Machine Tilted	15-39
Slow Flow Drain	15-37
Slow Flow Heater	15-37
Slow Flow Patient	15-37
Slow Flow Supply	15-37
 Manually Recoverable Notices	 Page
Check Day Fill Vol	15-26
Check Fill Volume	15-26
Check Last Fill Vol	15-26
Check Nite Fill Vol	15-26
Check Patient Weight	15-26
Check Therapy Time	15-26
Check Tidal Vol Pct	15-26

Manually Recoverable Notices (continued)	Page
Check Total UF	15-26
Check Total Volume.....	15-26
Drain Not Finished.....	15-27
Fill Not Finished	15-27
Load a New Set	15-28
Load New Set & Bags	15-28
Low UF	15-30
Power Restored	15-48
Refill Not Finished	15-27
Reload The Set.....	15-42
Temp Stabilising.....	15-46
Warming Solution	15-40
 Visual Notices	 Page
Low Battery	15-29
Low UF (Ultrafiltration).....	15-30
Temp Stabilising.....	15-46
Verify I-Drain.....	15-45
Warming Solution	15-40

For the information on One Time Notice, refer to *Types of Notices* on page 15-6.

15. Correcting Alarms and Notices

The following is an alphabetical list of special procedures contained in this section

Special Procedures	Page
Bypass Procedures	15-50
Correcting Potential Issues with Priming.....	15-73
Emergency Disconnect Procedure	15-80
End Therapy Early Procedure.....	15-71
Increased Intraperitoneal Volume (IIPV).....	15-78
Manual Drain Procedure.....	15-69

15.2 Types of Alarms and Notices

During therapy, the **Homechoice Claria** APD system continually checks that the proper fluid volumes have been exchanged within the range of the programmed prescription. It also monitors the internal system. Whenever the system finds an issue, it will:

- Sound an audible sound pattern
- Stop moving solution, in some circumstances
- Display the alarm or notice
- Record the issue for transmission to your dialysis centre via the modem, if applicable

15.2.1 Types of Alarms

When something has happened during therapy that might affect the patient or the system, the **Homechoice Claria** displays an alarm message. There are two types of alarm messages that can occur which you must take action on:

- **Manually Recoverable Alarm**

A Manually Recoverable Alarm is a combination of a text message on the display and beeps (one second beep repeating every one second). Pause the beeps for ten minutes by pressing .

- Please read the display text message. If needed, refer to *Correcting Alarms* on page 15-8 to get more information and follow these instructions to correct the alarm.
- “Warning: Positive UF” is an example of this type.

➤ **NOTE:** System Error Alarms can terminate the Audio Paused Period of a Manual Recoverable Alarm.

■ System Error Alarm

System Error Alarms are caused by problems inside the system and the therapy will stop. You must contact Baxter Technical Assistance for guidance. The System Error Alarm message is shown on the display in combination with a sound (half second beep repeating every half second).

Pause the beep for 10 minutes by pressing .

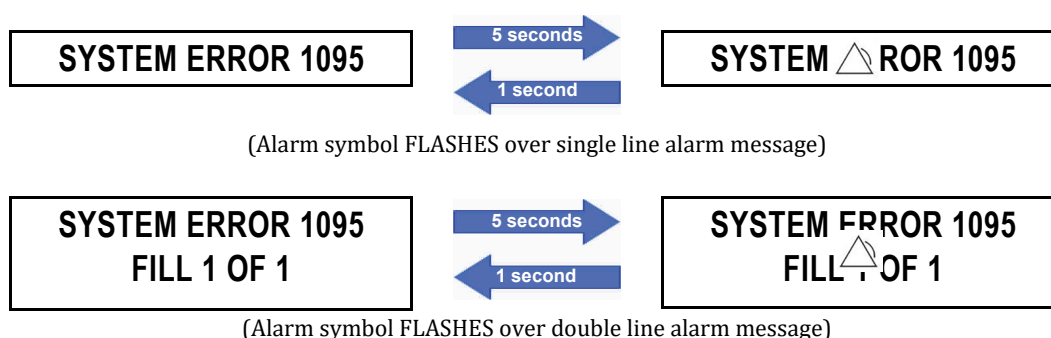
- Contact Baxter Technical Assistance when these occur. Call the number located in *Numbers to Call for Assistance* on page 1-1.

➤ **NOTE:** System Error Alarms will override Non-System Error Alarms and Notices.

➤ **NOTE:** Only one Non-System Error Alarm/Notice can occur at a time.

15. Correcting Alarms and Notices

For an alarm, the cyclor displays the alarm message with an alarm symbol in a flashing pattern that overlay the alarm message. Refer to the figure for an example of the system display during an alarm.



► **NOTE:** **Homechoice Claria** implements a "Single Priority" alarm scheme, without assignment of priorities such as High/Medium/Low.

15.2.2 Types of Notices

The **Homechoice Claria** needs to communicate with you on certain occasions. The communication is of four different types which requires different action from you.

- **One Time Notice**

A One Time Notice is a beep and text message on the display to remind you to do something on the system, for example CLOSE THE DOOR. This kind of text message is not described in this chapter.

- **Visual Notice**

A Visual Notice is a text message (no beep) on the display informing you about a certain condition you need to know about, for example LOW BATTERY.

■ Auto Recoverable Notice

An Auto Recoverable Notice is a combination of a text message on the display and an audible tone (one second beep repeating every 30 seconds) that occurs during therapy. You can pause the audible tone by pressing



, which pauses the audible tone for 10 minutes.

- Please read the display text message and for more information to correct the problem, refer to *Correcting Notices* on page 15-23.
- The text message and audible tone will disappear automatically if problem is solved.
- CHECK YOUR POSITION is an example of this type.
- If the problem is not solved, the text message and audible tone will continue as a Manually Recoverable Notice.

➤ **NOTE:** A System Error Alarm will terminate the Audio Paused Period.

■ Manually Recoverable Notice

A Manually Recoverable Notice is a combination of a text message on the display and an audible tone (two second beeps repeating every two seconds). You can pause the audible tone by pressing , which pauses the audible tone for 10 minutes.

- Please read the display text message and for more information to correct the problem, refer to *Correcting Notices* on page 15-23.
- The text message will disappear when the problem is solved.
- CHECK THERAPY TIME is an example of this type.

➤ **NOTE:** A System Error Alarm will terminate the Audio Paused Period.

15.3 Correcting Alarms

15.3.1 Call PD Nurse / High Drain XYZ

WARNING



A CALL PD NURSE/HIGH DRAIN XYZ Alarm indicates that you may have experienced increased intraperitoneal volume (IIPV) during your previous therapy. IIPV could result in a feeling of abdominal discomfort, serious injury or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

CALL PD NURSE/HIGH DRAIN XYZ

Display Message:

CALL PD NURSE HIGH DRAIN XYZ

This is a Manually Recoverable Alarm.

Cause:

This message appears if you had a large Drain volume at any point in your previous therapy. It can appear at the end of the current treatment or, if the system was shut down early, it appears at the beginning of your next treatment.

(continued on next page)

CALL PD NURSE/HIGH DRAIN XYZ (continued)

Cause:

(continued)

A large Drain Volume is defined as draining more than:

- 200% of the maximum programmed Fill Volume (Day Fill Volume, Night Fill Volume or Last Fill Volume) for Standard Fill Mode therapies, or
- 190% of the maximum programmed Fill Volume (Day Fill Volume, Night Fill Volume or Last Fill Volume) for Standard Fill Mode therapies or

The three digits (XYZ) that follow HIGH DRAIN indicate when the cyclor detected the large Drain Volume. Leading zeros are not displayed.

HIGH DRAIN XYZ

- The first digit (X) indicates when it occurred; whether it was a programmed Day or a Night Drain (0 for Day and 1 for Night) or a Manual Drain (2).
- The last two digits (YZ) indicate the cycle number or Manual Drain number.

First Digit (X)

0 = Day Drain
1 = Night Drain
2 = Manual Drain

Last 2 Digits (YZ)

Day Drain cycle number
Night Drain cycle number
Manual Drain number

Examples:

HIGH DRAIN 105 indicates an unusually large volume was drained during Night Drain (1) in the fifth cycle (05).

HIGH DRAIN 2 indicates an unusually large volume was drained during Day Drain (0) in the second cycle (02). The leading zeros do not display: in this example, 2 appears instead of 002.

15. Correcting Alarms and Notices

CALL PD NURSE/HIGH DRAIN XYZ (*continued*)

To Correct:

1. Press  to silence the alarm.
2. Contact your dialysis centre to discuss how to reduce the likelihood of this large drain volume occurring in the future.
3. Press  to continue.
4. Contact your dialysis centre if this alarm continues.

You might require changes to your programmed therapy to reduce the risk of increased intraperitoneal volume (IIPV).

15.3.2 Warning: Negative UF

WARNING: NEGATIVE UF

Display Message: WARNING: NEGATIVE UF

This is a Manually Recoverable Alarm.

Cause: You have retained more than the allowable percentage of the programmed Fill Volume in either the current cycle or over the course of several cycles.

- The allowable percentage in Standard Fill Mode is 50%.
- In Low Fill Mode, it is adjustable from 20% to 60%.

To Correct:

1. Press  to silence the alarm.
2. Follow the steps below to check the Current UF and resolve the alarm.
3. Change your position.
4. Press  to return to the therapy.

Contact your dialysis centre if this alarm continues. DO NOT bypass this alarm except on your dialysis centre's advice. This alarm can be bypassed only once. See *Bypass Procedures* on page 15-50.

15. Correcting Alarms and Notices

Steps to resolve a WARNING: NEGATIVE UF Alarm

WARNING: NEGATIVE UF appears on the display screen.

WARNING: NEGATIVE UF

1. Press  to silence the alarm.

WARNING: NEGATIVE UF appears with the current Drain phase.

WARNING: NEGATIVE UF
DRAIN 2 OF 5

2. Press .

DRAIN VOLUME: 60ML

3. Press .

I-DRAIN VOL: 500ML

4. Press .

The minimum volume that the cyclor expects you to drain in this cycle is shown.

MIN DRAIN VOL: ML

– or –

TIDAL DRAIN: ML

- **NOTE:** You may need to drain more than this to prevent a WARNING: NEGATIVE UF Alarm.

5. Press .

The CURRENT UF, updated throughout the Drain phase, is shown.

CURRENT UF: ML

6. Check your Current UF.

7. A Drain Alarm message appears.

- DRAIN NOT FINISHED is shown if the current Drain phase has not reached the Minimum Drain Volume required.

DRAIN NOT FINISHED

– or –

- WARNING: NEGATIVE UF is shown if you have retained more than the allowable percentage of the programmed Fill Volume in either the current cycle or over the course of several cycles.

WARNING: NEGATIVE UF

Steps to resolve a WARNING: NEGATIVE UF Alarm (continued)

8. Press . BYPASS appears.

BYPASS

- **NOTE:** By selecting BYPASS, you indicate that you are empty. The system delivers a partial Fill based on the estimated volume remaining in your peritoneal cavity.

WARNING



Bypassing a WARNING: NEGATIVE UF Alarm can leave fluid in the peritoneal cavity and result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury or death.

If any patient or patient caregiver suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

- **NOTE:** Unless you have absorbed a lot of fluid, resume the Drain or select MANUAL DRAIN. Using Manual Drain repeatedly does not generate an audible alarm.

15. Correcting Alarms and Notices

Steps to resolve a WARNING: NEGATIVE UF Alarm (continued)

9. Select one of the following options:

a. Press  to return to Drain if you do not want to bypass.

This is the *recommended* option.

– OR –

b. Press  until MANUAL DRAIN appears.

Press .

– OR –

c. Press  to bypass the alarm.

WARNING: NEGATIVE UF appears briefly, then the next Fill begins.

BYPASS

DRAIN 2 OF 5

BYPASS

MANUAL DRAIN

DRAINING: ML

BYPASS

WARNING: NEGATIVE UF

FILL 3 OF 5

➤ **NOTE:** The WARNING: NEGATIVE UF Alarm cannot be bypassed two consecutive times during Day Drain or Night Drain cycles.

15. Correcting Alarms and Notices

15-14

Homechoice Claria APD System Patient At-Home Guide

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15.3.3 Warning: Positive UF

WARNING: POSITIVE UF

Display Message: WARNING: POSITIVE UF *(appears only in Low Fill Mode)*

This is a Manually Recoverable Alarm.

Cause: You have removed more than the allowable ultrafiltration volume in either the current cycle or over the course of several cycles.

The allowable volume can be set between 0 (zero) and 5000 mL.

- To Correct:**
1. Press  to silence the alarm.
 2. Press  until BYPASS appears.
 3. Press  to choose BYPASS.

You have bypassed the alarm and treatment resumes.

Notify your dialysis centre if the alarm continues. Such a problem might be due to inappropriate prescription settings or by using an inappropriate dialysis solution.

15.3.4 Power Failure

WARNING



If a disposable set is already present in the cyclor after a power failure, **CLOSE ALL CLAMPS** before you press  to start your therapy. This prevents flow of fluid from one bag to another or to the patient during the time when LOAD THE SET appears. Uncontrolled gravity flow of fluid can result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

When a power failure occurs (or if the power switch is switched OFF) during setup, the system closes the occluder and the display screen turns off.

When the power is restored, the system returns to PRESS GO TO START.

POWER FAILURE

Display Message:

POWER FAILURE

This is a Manually Recoverable Alarm.

Cause 1 of 2:

This is a Manually Recoverable Alarm if the power is NOT restored within 30 minutes.

POWER FAILURE (*continued*)

To Correct Cause 1 of 2:

1. Press  to silence the alarm.
2. Press  to retrieve therapy information.

Cause 2 of 2:

If the power is NOT restored within two hours.

To Correct Cause 2 of 2:

1. You must end your therapy. See *End Therapy Early Procedure* on page 15-71.
2. Contact your dialysis centre for instructions. Restart your therapy from the beginning or perform a modified therapy as instructed by your dialysis centre.
3. You should perform gravity CAPD exchanges if an extended power failure prevents you from performing therapy on the system.

When a power failure occurs any time during or after Initial Drain, the cyclor

- Starts operating on the battery power
- Stops heating and pumping fluid and
- The display screen turns off.

To retrieve any therapy information during a power failure, the display screen can be activated by pressing any button. If you still have fluid in your abdomen, you may still be receiving dialysis therapy.

15. Correcting Alarms and Notices

Table 15-1 lists the options you can view during a loss of power.

1. Press any button to activate the display screen.
2. Press  to silence the alarm.
3. Press  to view each option.

➤ **NOTE:** If no button is pressed for 2 minutes, the display screen turns off. Press any button to activate the display screen again.

Table 15-1. Options Available During a Power Failure

Option	Description
Power Failure Alarm and Current Therapy Phase	POWER FAILURE FILL 3 OF 5
Current Status	FILL VOLUME: ML — or — DWELL TIME LEFT HH:MM — or — DRAIN VOL: ML
Initial Drain Volume	I-DRAIN VOL: ML
Total UF — or — Current UF	TOTAL UF: ML — or — CURRENT UF: ML
Average Dwell Time	AVG DWELL TIME: HH:MM
End The Therapy	END THE THERAPY To end the therapy, press .

For the information on the behaviour of the logs during power failure, refer to *Battery Backup* on page 16-3.

15.3.5 System Error 2240 or 2267

WARNING

Do not attempt to reuse any disposable supplies. Possible contamination of the fluid or fluid pathways can result if disposables are reused. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury or death.



DO NOT open the door until you have **CLOSED ALL CLAMPS**.

This prevents the flow of fluid from one bag to another or to the patient. Uncontrolled gravity flow of fluid can result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

- **NOTE:** If you need help to correct the alarm, contact Baxter Technical Assistance on the number located in *Numbers to Call for Assistance* on page 1-1.

15. Correcting Alarms and Notices

SYSTEM ERROR 2240 or 2267

Display Message:

SYSTEM ERROR 2240

SYSTEM ERROR 2267

This is a System Error Alarm.

Cause:

The system detected air in the disposable set.

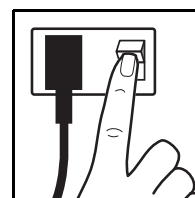
This can be caused by one or more of the following:

- Leaks
- Disconnected tubing
- Loose connections
- The fluid level not at or near the patient connector after completing the prime cycle (incomplete prime)
- Unclamped, unused supply lines (if the tip protector has been disrupted)
- The use of “Dummy Tummy” during training

To Correct:

1. Press  to silence the alarm.
2. Write down the System Error number and therapy phase (Fill, Drain, or Dwell) that appears on the display screen.
3. Press the power switch OFF and ON to end therapy.
SYSTEM ERROR 2367 appears.
4. Press the power switch OFF and ON again.
PRESS GO TO START appears.
5. ***Close all clamps.***
6. Disconnect yourself from the cyclor.
7. Discard the disposable set and solution bags.
8. Contact your dialysis centre.

A device swap is not necessary.



15.3.6 System Error nnnn

WARNING

DO NOT open the door until you have **CLOSED ALL CLAMPS**.

This prevents the flow of fluid from one bag to another or to the patient. Uncontrolled gravity flow of fluid can result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

SYSTEM ERROR nnnn**Display Message:**

SYSTEM ERROR nnnn

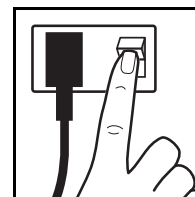
This is a System Error Alarm.

Cause 1 of 2:

Power is cycled too quickly.

To Correct**Cause 1 of 2:**

1. Press the power switch OFF.
2. Wait at least 10 seconds, then press the power switch ON again.

**Cause 2 of 2:**

A problem occurred inside the system in the current cycle or over several cycles.

15. Correcting Alarms and Notices

SYSTEM ERROR nnnn (*continued*)

To Correct Cause 2 of 2:

1. Press  to silence the alarm.
2. Write down the System Error number and therapy phase (Fill, Drain, or Dwell) that appears on the display screen.
3. For instructions and assistance, contact Baxter Technical Assistance on the number located in *Numbers to Call for Assistance* on page 1-1.
4. Follow the instructions from Baxter Technical Assistance. Your next steps will vary, as shown in Table 15-2.

Table 15-2. Steps to Correct System Error Alarms

System Error	Steps to Correct
2042, 2044, 2046	If this alarm occurs before you are connected, treat as a RELOAD THE SET Notice. See <i>Reload The Set</i> on page 15-42. Otherwise treat as a System Error. See <i>System Error nnnn</i> on page 15-21.
2065 to 2071, 2098, 2265	Close all clamps. Press the power switch OFF and ON to end the therapy.
2240, 2267, 2367	See <i>System Error 2240 or 2267</i> on page 15-19 for these alarms.
All others	One of the following: ■ Continue the therapy ■ End the therapy early ■ Bypass a phase ■ Perform a Manual Drain

The system usually recovers from the System Error. Device swaps are necessary only if the System Error repeats with different disposables. If a device swap is necessary, see *If You Require a New System or “Swap”* on page 14-4.

15.4 Correcting Notices

15.4.1 Check Line

WARNING



Do not replace empty solution bags or reconnect disconnected solution bags during your therapy. If a bag becomes disconnected during your therapy, follow the End Therapy Early procedure. See *End Therapy Early Procedure* on page 15-71.

Discard the disposable set and all solution bags at the end of therapy. Possible contamination of the fluid or fluid pathways can result if disposables are reused. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury or death.

CHECK LINE

Display Message:

CHECK DRAIN LINE

CHECK PATIENT LINE

CHECK FINAL LINE

CHECK SUPPLY LINE

CHECK HEATER LINE

CHECK LINES AND BAGS

Cause 1 of 2:

In most instances, this is an Auto Recoverable Notice.

The line referenced on the display screen is blocked or the solution bag is empty.

If CHECK LINES AND BAGS appears, one or more of the lines may be blocked or solution bags are empty.

15. Correcting Alarms and Notices

CHECK LINE (continued)

To Correct Cause 1 of 2:

1. Check the line referenced on the display screen for:
 - Kinks
 - Closed clamps
 - Fibrin blockage
 - Disconnected solution bags
 - Empty solution bags
 - Frangible completely broken on the solution bags (Luer connections only)
 - Spike fully inserted in the solution bag ports (Spike connections only)

2. Correct the issue you found.

You do not need to press any buttons.

– OR –

If this becomes a Manually Recoverable Notice:

1. Press  to silence the Notice.
2. Check the line referenced on the display screen for:
 - Kinks
 - Closed clamps
 - Fibrin blockage
 - Disconnected solution bags
 - Empty solution bags
 - Frangible completely broken on the solution bags (Luer connections only)
 - Spike fully inserted in the solution bag ports (Spike connections only)

3. Correct the issue you found, if possible.

– OR –

If the issue is not corrected, contact your dialysis centre.

4. Press  to return to the therapy.
-

CHECK LINE *(continued)*

Cause 2 of 2:	CHECK HEATER LINE appears at start of First Fill only. ■ The pump chambers are not able to fill from the heater bag or empty to the drain completely. ■ Blocked heater or drain line.
To Correct Cause 2 of 2:	1. Check heater line and heater bag for any blockage or flow restriction. 2. Check drain line and drain option for any blockage or flow restriction. ➤ NOTE: Even though CHECK HEATER LINE appears on the display screen, it is possible that the cause is a blocked drain line. 3. Correct the issue you found, if possible. – OR – If the issue is not corrected, contact your dialysis centre.

15.4.2 Check Therapy Setting Value

CHECK THERAPY SETTING VALUE

Display Message:

CHECK THERAPY TIME	CHECK TIDAL VOL PCT
CHECK TOTAL UF	CHECK TOTAL VOLUME
CHECK PATIENT WEIGHT	CHECK FILL VOLUME
CHECK NITE FILL VOL	CHECK DAY FILL VOL
CHECK LAST FILL VOL	

Cause:

The value of the programmed therapy setting is not valid. If you are using a **Homechoice Claria** APD system for the first time, this notice occurs to remind you to program your therapy.

This is a Manually Recoverable Notice.

To Correct:

1. Press  to silence the Notice. The display screen automatically returns to the incorrect setting and flashes the value you need to change.
 2. Change the value.
 3. Press  to save the new value.
 4. Press  to exit the Change Program menu.
-

15.4.3 Not Finished

WARNING

Bypassing the Drain phase can leave fluid in the peritoneal cavity and result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

NOT FINISHED**Display Message:**

DRAIN NOT FINISHED

REFILL NOT FINISHED

FILL NOT FINISHED

Cause:

You have tried to bypass a notice or phase and you have not completed the phase.

This is a Manually Recoverable Notice.

To Correct:

1. Press  to silence the notice.
2. Check with your dialysis centre to learn when it is safe to bypass. See *Bypass Procedures* on page 15-50.
3. If you are sure that you want to bypass the notice or phase, press  until the display screen shows BYPASS.
4. Press  to select BYPASS.
You have bypassed the notice or phase and moved to the next phase in your therapy.

15.4.4 Load a New Set

LOAD A NEW SET

Display Message:

CLOSE ALL CLAMPS
LOAD A NEW SET

CLOSE ALL CLAMPS
LOAD NEW SET & BAGS

Cause:

The disposable set has failed testing during setup. This is a Manually Recoverable Notice.

To Correct:

1. Press  to silence the Notice.
 2. ***Close all clamps.***
 3. Remove and discard the disposable set, if necessary, discard the solution bags if the tip protector was removed, even if the solution bags are still full.
 4. Get a new disposable set, if necessary, and get new solution bags if the tip protector was removed, even if the solution bags are still full.
 5. Load the cassette.
 - **NOTE:** When loading the set, the occluder remains retracted for a short period of time. If the occluder comes back out again, this can make it difficult to load a set. If necessary, press  and  to retract the occluder again to make loading a new set easier.
 6. Press  and follow the setup instructions on the display screen.
-

15.4.5 Low Battery

LOW BATTERY

Display Message:

LOW BATTERY

PRESS GO TO START

Cause 1 of 2: Battery discharged due to a power failure or lack of use. This is a Visual Notice.

To Correct Cause 1 of 2:

1. Plug cyclor into an outlet.
2. Turn the cyclor ON.
3. Leave it plugged into the outlet for 12 hours.
4. If the message appears again at the next therapy, contact Baxter Technical Assistance on the number located in *Numbers to Call for Assistance* on page 1-1.

Cause 2 of 2: Device battery will not recharge.

To Correct Cause 2 of 2:

1. Contact Baxter Technical Assistance on the number located in *Numbers to Call for Assistance* on page 1-1.

15.4.6 Low UF (Ultrafiltration)

WARNING



Bypassing a LOW UF Notice can leave fluid in the peritoneal cavity and result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

LOW UF

Display Message:

LOW UF

Cause:

The UF Target was not met.

This setting is programmed as a part of the Last Manual Drain feature.

- When PROMPT: YES is set, this is a Manually Recoverable Notice.
- When PROMPT: NO is set, this is a Visual Notice.

To Correct:

1. Press .
2. Press  to continue draining automatically.
– OR –
3. Press  to:
 - View Manual Drain information.
 - Initiate a Manual Drain.

Steps to bypass LOW UF Notice or to initiate a Manual Drain

LOW UF appears on the display screen.	LOW UF
1. Press  .	LOW UF DRAIN 2 OF 5
LOW UF appears with the current Drain phase.	
2. Press  .	DRAIN VOLUME: ML
3. Check DRAIN VOLUME.	
4. Press  .	MIN DRAIN VOL: ML
The minimum volume that the cyclor expects you to drain in this cycle is shown.	
5. Press  .	CURRENT UF: ML
The CURRENT UF, updated throughout the Drain phase, is shown.	
6. Press  to display BYPASS.	BYPASS
Check with your dialysis centre to learn when it is safe to bypass.	
7. Press  to bypass.	END OF THERAPY
END OF THERAPY or LAST FILL appears.	– or –
– OR –	LAST FILL
To initiate a Manual Drain, press  until MANUAL DRAIN appears.	MANUAL DRAIN
8. Press  .	

15.4.7 Low Drain Volume

LOW DRAIN VOLUME

Display Message:

LOW DRAIN VOLUME

This is an Auto Recoverable Notice that will transition to a Manually Recoverable Notice if not corrected.

Cause 1 of 2:

- Catheter obstruction
 - Poor catheter position
 - The system's location is too high relative to your position
-

To Correct Cause 1 of 2:

1. Change your position to try to drain more fluid.
2. Check for kinks in your patient line.
3. Correct the problem you found.

You do not need to press any buttons.

– OR –

If this becomes a Manually Recoverable Notice:

1. Press  to silence the Notice.
 2. Change your position or lower the cyclor by 15 cm (6 inches).
 3. Press  to return to your therapy.
-

Cause 2 of 2:

If the notice continues during your therapy, or if it occurs regularly over multiple therapies:

- The Minimum I-Drain Volume is set too high for the expected patient Drain Volume
 - You are empty at the start of I-Drain and the Minimum I-Drain Volume setting is too high
 - There is fibrin blockage or catheter migration
-

LOW DRAIN VOLUME (continued)

To Correct Cause 2 of 2:

1. Follow the steps below to check your Drain Volume and Minimum I-Drain Volume. Ensure the I-Drain is appropriate for you. See *Determining Minimum Initial Drain Volume Settings* on page 16-23.
2. Contact your dialysis centre to verify that your I-Drain setting is correct. Discuss if medication is required to help manage fibrin blockage and to verify catheter flow. Contact your dialysis centre to learn when it is safe to bypass. See *Bypass LOW DRAIN VOLUME Notice During Cycle Drains* on page 15-59.

Steps to check the Drain Volume

LOW DRAIN VOLUME appears on the screen.

LOW DRAIN VOLUME

1. Press  to silence the notice.

LOW DRAIN VOLUME appears with the current Drain phase.

LOW DRAIN VOLUME
DRAIN 2 OF 5

2. Press  to check your DRAIN VOLUME.

DRAIN VOLUME: ML

3. Press .

I-DRAIN VOL: ML

An incomplete Initial Drain causes fluid to remain in your peritoneal cavity. This can cause the actual UF to be lower than the Current UF displayed.

This screen does not appear during Initial Drain.

15. Correcting Alarms and Notices

Steps to check the Drain Volume (*continued*)

4. Press ▽.

The minimum volume that the cyclor expects you to drain in this cycle is shown.

- **NOTE:** You may need to drain more than this to prevent a WARNING: NEGATIVE UF Alarm.

MIN I-DRAIN VOL: ML

– or –

MIN DRAIN VOL: ML

– or –

TIDAL DRAIN: ML

5. Press ▽.

The CURRENT UF, updated throughout the Drain phase, is shown

CURRENT UF: ML

6. Press ▽.

- DRAIN NOT FINISHED appears if the current Drain phase has not reached the Minimum Drain Volume required.
- WARNING: NEGATIVE UF appears if you have retained more than the allowed percentage of the programmed Fill Volume in either the current cycle or over the course of several cycles.

[DRAIN NOT FINISHED]

– or –

WARNING: NEGATIVE UF

7. Press ▽. BYPASS appears.

BYPASS

Steps to check the Drain Volume *(continued)*

WARNING



Bypassing a LOW DRAIN VOLUME Notice can leave fluid in the peritoneal cavity and result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury or death.

If any patient or patient caregiver suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

- **NOTE:** Resume the Drain or select MANUAL DRAIN unless you have absorbed a lot of fluid. Resuming the Drain can result in an audible notice. Using Manual Drain repeatedly does not generate an audible notification.

15. Correcting Alarms and Notices

Steps to check the Drain Volume (*continued*)

8. Select one of the following options:

- a. Press  to return to Drain if you do not want to bypass.

This is the *recommended* option.

BYPASS

DRAIN 2 OF 5

– OR –

- b. Press  until MANUAL DRAIN appears.

Press .

BYPASS

MANUAL DRAIN

DRAINING: ML

– OR –

- c. Press  to bypass only if your clinician instructs you to do so.

Contact your dialysis centre to learn when it is safe to bypass.

You have bypassed the LOW DRAIN VOLUME Notice. The next Fill begins.

BYPASS

FILL 3 OF 5

➤ **NOTE:** DO NOT bypass if you have a negative UF, if your current Drain Volume is lower than usual or if your abdomen does not feel empty.

➤ **NOTE:** By selecting BYPASS, you are skipping a critical safety aspect of your therapy. The system considers you empty and will deliver your entire prescribed Fill Volume unless you have a WARNING: NEGATIVE UF Alarm. If you have a WARNING: NEGATIVE UF Alarm, see *Warning: Negative UF* on page 15-11.

15.4.8 Slow Flow

SLOW FLOW

Display Message:

SLOW FLOW DRAIN

SLOW FLOW HEATER

SLOW FLOW PATIENT

SLOW FLOW SUPPLY

Cause:

Flow rate is very slow. A Slow Flow rate can reduce the Dwell Time and decrease the amount of effective dialysis time. There can be a partial kink on the specified line.

This is an Auto Recoverable Notice.

- **NOTE:** SLOW FLOW DRAIN Notice cannot be bypassed.
- **NOTE:** The SLOW FLOW SUPPLY Notice will be displayed if either the WHITE clamp supply lines or BLUE clamp final/last fill line have inadequate flow. The SLOW FLOW SUPPLY Notice cannot be bypassed.

15. Correcting Alarms and Notices

SLOW FLOW (continued)

To Correct:

1. Check the line shown in the display screen for:
 - Kinks
 - Closed clamps
 - Fibrin blockage
 - Disconnected solution bags
 - Empty solution bags
 - Frangible completely broken on the solution bags (Luer connections only)
 - Spike fully inserted in the solution bag ports (Spike connections only)
2. Correct the problem you found.
You do not need to press any buttons.

– OR –

If this becomes a Manually Recoverable Notice:

1. Press  to silence the notice.
 2. Check the line shown in the display screen for:
 - Kinks
 - Closed clamps
 - Fibrin blockage
 - Disconnected solution bags
 - Empty solution bags
 - Frangible completely broken on the solution bags (Luer connections only)
 - Spike fully inserted in the solution bag ports (Spike connections only)
 3. Correct the problem you found.
 4. Press  to return to the therapy.
-

15.4.9 Machine Tilted

MACHINE TILTED

Display Message: MACHINE TILTED

Cause: The cyclor is tilted.
If this occurs during therapy, it is an Auto Recoverable Notice.

To Correct:

1. Make sure that the cyclor is on a flat surface and is not tilted.

– OR –

If this becomes a Manually Recoverable Notice or occurs at PRESS GO TO START:

1. Press  to silence the notice.
2. Place the cyclor on a flat, even surface.
3. Press  to return to the therapy.

15.4.10 Warming Solution

WARMING SOLUTION

Display Message: WARMING SOLUTION

Cause: This is a Visual Notice. The temperature of the solution in the heater bag, as measured by the cyclor, is too cold (3°C (5.4°F) below the Comfort Control setpoint).
Solution delivery is not allowed at this time.
The message continues to appear while the solution in the heater bag is being heated.
The message clears approximately 5 minutes after the heater bag temperature reaches 3°C below the Comfort Control setpoint.
The message can also appear for an extended period if the heater bag is not in full contact with the heater pan during normal operation.

To Correct: If, after 45 minutes, the Visual Notice becomes a Manually Recoverable Notice:

1. Press  to silence the notice.
2. Press  to gain another 45 minutes to heat the solution.
3. Press the heater bag down against the heater pan to improve the heating rate.

A System Error appears if the heating system fails.

15.4.11 Check Your Position

CHECK YOUR POSITION

Display Message: CHECK YOUR POSITION

Cause: Your position is more than 30 cm (12 inches) above the cyclor.

This is an Auto Recoverable Notice.

To Correct:

1. Check the position of the cyclor.
2. If the cyclor is too low, raise it by at least 15 cm (6 inches).

You do not need to press any buttons.

– OR –

If this becomes a Manually Recoverable Notice:

1. Press  to silence the notice.
 2. Place the cyclor on a surface that is approximately level with you.
 3. Press  to return to the therapy.
-

15.4.12 Reload The Set

WARNING



DO NOT open the door until you have **CLOSED ALL CLAMPS**.

This prevents the flow of fluid from one bag to another or to the patient. Uncontrolled gravity flow of fluid can result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

RELOAD THE SET nnn

Display Message:

CLOSE ALL CLAMPS RELOAD THE SET nnn
--

Cause:

The cassette is loaded incorrectly or there is a problem with the system. See Table 15-3 on page 15-44 for possible causes.

This is a Manually Recoverable Notice.

RELOAD THE SET nnn (*continued*)

To Correct:

1. Press  to silence the notice.
 2. ***Close all clamps.***
 3. Open the door.
 4. Remove the cassette.
 5. Inspect the cassette for damage (slits, tears or punctures). If damage is observed, return the disposable set to Baxter by calling Baxter Technical Assistance on the number located in *Numbers to Call for Assistance* on page 1-1. If no damage is observed, reload the cassette.
 - **NOTE:** When loading the set, the occluder remains retracted for a short period of time. If the occluder comes back out again, this can make it difficult to load a set. If necessary, press  and  to retract the occluder again to make loading a new set easier.
 6. Hold tubing where it exits the cassette holder on your right and push back while you close the door.
 7. Press .
OPEN THE CLAMPS and CONNECT BAGS appears.
 8. Open the clamps.
 9. Press .
The priming procedure begins.
-

Table 15-3. Possible Causes for RELOAD THE SET Notices

Reload Set Number	Possible Cause
143, 163, 165–169	The occluder is unable to pinch off flow due to: ■ Cold solution ■ Cassette tubing overlapping or touching where it exits the door ➤ NOTE: Placing the heater bag and cassette on the heater pan prior to the start of therapy can often prevent this notice.
134–137, 156, 157	Clamped or kinked line
WARNING	
 To prevent delivery of non-sterile air to your peritoneal cavity, load a new disposable set and solution bags if RELOAD THE SET 201 occurs and fluid flows from the patient line. Non-sterile air in the peritoneal cavity may cause peritonitis, serious patient injury or death. Air in the peritoneal cavity can cause shoulder or abdominal pain and may lead to serious injury.	
201	■ Air leak between cassette and door seals due to incorrect cassette loading ■ Debris on outside of cassette ■ Hole in cassette sheeting ➤ NOTE: Load a new disposable set and solution bags if RELOAD THE SET 201 occurs and fluid flows from the patient line. ➤ NOTE: Always check cassette for debris, slits, tears, or punctures before use.
200, 202, 203	■ Air leak between cassette and door seals due to incorrect cassette loading ■ Debris on outside of cassette ■ Hole in cassette sheeting ➤ NOTE: Always check cassette for debris, slits, tears, or punctures before use.
All others	Incorrect loading of disposable set or issue with cassette

15.4.13 Verify I-Drain

WARNING

Setting the Minimum I-Drain Volume too low can result in an incomplete Initial Drain followed by a full Fill. This can result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury or death.

See Table 9-1 on page 9-12 for the recommended starting points when determining your optimum Minimum I-Drain Volume.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

VERIFY IDRAIN

Display Message: VERIFY IDRAIN: 50ML

Cause: The Minimum I-Drain Volume setting is lower than expected. This is a Visual Notice.

- To Correct:**
1. Press  and the setting flashes.
 2. Press  or  to temporarily change the Minimum I-Drain Volume setting.
 3. Press  to accept the value.
 4. Press  to resume Initial Drain.

15. Correcting Alarms and Notices

VERIFY IDRAIN *(continued)*

- **NOTE:** You have temporarily changed the Minimum I-Drain Volume setting for this treatment session. To permanently change the Minimum I-Drain Volume, see *Minimum I-Drain Volume* on page 9-10.
-

15.4.14 Temp Stabilising

TEMP STABILISING

Display Message: TEMP STABILISING

Cause: This is a Visual Notice.

The temperature of the solution in the heater bag, measured by the cyclor, is too hot (above 40°C (104°F) for Standard Fill Mode or above 39°C (102.2°F) for Low Fill Mode).

Solution delivery is not allowed at this time.

The room temperature combined with the heat from the system (even with the heater off) is raising the solution bag temperature too high to deliver safe fluids to you.

TEMP STABILISING (continued)

To Correct:

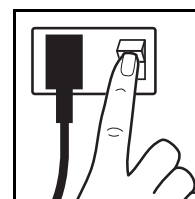
If, after 45 minutes, the Visual Notice becomes a Manually Recoverable Notice

1. Press  to silence the notice.
1. Press  to gain another 45 minutes to cool the solution.

– OR –

2. Press the power switch OFF.
3. Allow the system to cool for 10 to 20 minutes.

Bags containing less solution cool in less time.



4. Press the power switch ON.
POWER RESTORED appears on the display screen.
5. Press .
6. Press .

Therapy automatically resumes if the solution temperature falls below 40°C (39°C for Low Fill Mode).

If the TEMP STABILISING message continues to appear:

1. Press the power switch OFF.
2. Wait another 20 minutes.
3. Repeat steps 4 to 6 above.

15. Correcting Alarms and Notices

TEMP STABILISING (continued)

To avoid recurrence of this notice for future therapies, reduce the temperature by:

- Relocating the cyclor if it is in direct sunlight
- Opening windows in the room
- Turning on a window fan and directing the flow toward the cyclor
- Turning on an air conditioner if one is available

The use of an empty heater bag, or a heater bag that is close in volume to the programmed Fill Volume, can also reduce the chance for this notice because a replenish occurs before each Fill.

➤ **NOTE:** Close windows and turn off fans before connecting or disconnecting yourself.

15.4.15 Power Restored

WARNING



If a disposable set is already present in the cyclor after a power failure, **CLOSE ALL CLAMPS** before you press  to start your therapy. This prevents flow of fluid from one bag to another or to the patient during the time when **LOAD THE SET** appears. Uncontrolled gravity flow of fluid can result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

POWER RESTORED

Display Message: POWER RESTORED

Cause 1 of 2: This is a Manually Recoverable Notice if the power is restored within 30 minutes

To Correct Cause 1 of 2:

1. The cyclor automatically resumes therapy without any notifications.
2. During the first 30minutes of a power failure, press any key to retrieve therapy information. Press  and  to start therapy after power is restored.

Cause 2 of 2: If power is restored within approximately two hours, POWER RESTORED message appears on the display when power is restored.

To Correct Cause 2 of 2:

1. The therapy can be restarted.
2. Press  and  to restart the therapy.

15.5 Bypass Procedures

15.5.1 Bypass Initial Drain

To reduce the likelihood of IIPV, bypass is not available during Initial Drain unless a LOW DRAIN VOLUME Notice is present or the amount of fluid you drained is at least the value programmed in the Min I-Drain Vol setting (provided the Initial Drain Bypass option in Standard Mode is enabled by the Clinician). See *Bypass LOW DRAIN VOLUME Notice During Initial Drain*, below.

Do not use this option until your clinician has given you instruction on when it is safe for you to bypass the initial drain.

Follow the steps below to bypass the Initial Drain.

WARNING



Do not modify any therapy parameters including the I-drain bypass because it may lead to a hazardous situation. Consult with a clinician before making changes to Settings/Therapy Parameters.

Bypassing Initial Drain when there is still fluid left in the peritoneal cavity can result in an increased intraperitoneal volume (IIPV) situation later in your therapy. Change your position or sit up to aid draining completely during the Initial Drain. IIPV could result in a feeling of abdominal discomfort, serious injury or death.

Do not use this option until your clinician has given you instruction on when it is safe for you to bypass the initial drain.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.



Do not bypass the initial drain if you are not experiencing drain pain.

Steps to Bypass the I-Drain

On the Initial Drain screen

INITIAL DRAIN

1. Press  to pause the I-Drain.

STOPPED: DRAIN

2. Press .

DRAIN VOLUME: ML

The DRAIN VOLUME appears.

3. Press .

MIN I-DRAIN VOL: ML

The MIN I-DRAIN VOL setting appears. This is used in conjunction with the DRAIN VOLUME displayed in step 2 to determine how close you are to draining the Minimum I-Drain Volume amount.

4. Press . BYPASS appears.

BYPASS

➤ **NOTE:** Bypass option is displayed only if the amount of fluid you drained is at least the value programmed in the Min I-Drain Vol setting (provided the Initial Drain Bypass option in Standard Mode is enabled by the Clinician).

5. Press  to Proceed the BYPASS.

ARE YOU EMPTY? NO

NO flashes by default.

(NO flashes)

6. Press  or  to change the setting.

ARE YOU EMPTY? YES

YES or NO flashes.

(YES or NO flashes)

7. Press  to save the new setting.

ARE YOU EMPTY? YES

The flashing stops.

(Flashing stops)

8. Press  to Proceed the Bypass.

FILL 1 OF XX

WARNING



By selecting ARE YOU EMPTY ? YES, you indicate that you are empty. The system considers your volume 0 (zero) and delivers your entire prescribed Fill Volume. Bypassing Initial Drain when there is still fluid left in the peritoneal cavity can result in an increased intraperitoneal volume (IIPV) situation later in your therapy.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

15.5.2 Bypass LOW DRAIN VOLUME Notice During Initial Drain

Follow the steps below to bypass a LOW DRAIN VOLUME Notice during an Initial Drain. Contact your dialysis centre to learn when it is safe to bypass.

WARNING



Bypassing a LOW DRAIN VOLUME Notice during Initial Drain when there is still fluid left in the peritoneal cavity can result in an increased intraperitoneal volume (IIPV) situation later in your therapy. Change your position or sit up to aid draining completely during the Initial Drain. IIPV could result in a feeling of abdominal discomfort, serious injury or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

Steps to bypass LOW DRAIN VOLUME Notice during I-Drain

LOW DRAIN VOLUME appears on the display screen.

LOW DRAIN VOLUME

1. Press  to silence the notice.

LOW DRAIN VOLUME
INITIAL DRAIN

2. Change your position and press  to resume Initial Drain as often as necessary.

INITIAL DRAIN

– OR –

Press .

The DRAIN VOLUME appears.

DRAIN VOLUME: ML

3. Press .

MIN I-DRAIN VOL: ML

The MIN I-DRAIN VOL setting appears. This is used in conjunction with the DRAIN VOLUME displayed in step 2 to determine how close you are to draining the Minimum I-Drain Volume amount.

4. Press .

DRAIN NOT FINISHED appears.

DRAIN NOT FINISHED

5. Press . BYPASS appears.

BYPASS

► **NOTE:** By selecting BYPASS, you indicate that you are empty. The system considers your volume 0 (zero) and delivers your entire prescribed Fill Volume.

15. Correcting Alarms and Notices

Steps to bypass LOW DRAIN VOLUME Notice during I-Drain (continued)

6. Select one of the following options:

a. Press  to return to Initial Drain if you do not want to bypass.
This is the *recommended* option.

– OR –

b. Press  until MANUAL DRAIN appears.
Press .

➤ **NOTE:** When a Manual Drain ends due to Slow Flow or No Flow conditions, LOW DRAIN VOLUME and INITIAL DRAIN appear.

– OR –

c. Press  to bypass the I-Drain.
The first Fill begins.

BYPASS

INITIAL DRAIN

BYPASS

MANUAL DRAIN

DRAINING: ML

LOW DRAIN VOLUME
INITIAL DRAIN

BYPASS

FILL 1 OF 5

15. Correcting Alarms and Notices

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15.5.3 Bypass Drain Phase

WARNING



Bypassing a Drain phase can leave fluid in the peritoneal cavity and result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

Follow the next steps to bypass a non-Initial Drain phase. Contact your dialysis centre to learn when it is safe to bypass.

Steps to bypass a Drain phase

Drain phase number appears on the display screen.

DRAIN 2 OF 5

1. Press .

STOPPED: DRAIN

2. Press .

DRAIN VOLUME: ML

The DRAIN VOLUME is shown.

15. Correcting Alarms and Notices

Steps to bypass a Drain phase (continued)

3. Press .

The minimum volume that the cyclor expects you to drain in this cycle is shown.

MIN DRAIN VOL: ML

– or –

TIDAL DRAIN: ML

- **NOTE:** You may need to drain more than this to prevent a WARNING: NEGATIVE UF Alarm.

4. Press .

The CURRENT UF, updated throughout the Drain cycle, is shown.

CURRENT UF: ML

5. Press .

If the volume drained is less than your Minimum Drain Volume, DRAIN NOT FINISHED appears.

DRAIN NOT FINISHED

6. Press . BYPASS appears.

BYPASS

7. Press .

The next Fill begins. It will be a partial Fill if no notice occurred, based on the estimated volume remaining in your peritoneal cavity.

BYPASS

FILL 3 OF 5

– OR –

If the volume drained is less than your Minimum Drain Volume, a DRAIN NOT FINISHED Notice appears if you try to bypass. See *Bypass DRAIN NOT FINISHED Notice* on page 15-57.

DRAIN NOT FINISHED

– OR –

A WARNING: NEGATIVE UF Alarm may appear. See *Warning: Negative UF* on page 15-11 and *Bypass WARNING: NEGATIVE UF Alarm* on page 15-64.

WARNING: NEGATIVE UF

15.5.4 Bypass DRAIN NOT FINISHED Notice

WARNING



Bypassing a DRAIN NOT FINISHED Notice can leave fluid in the peritoneal cavity and result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

Follow the next steps to bypass a DRAIN NOT FINISHED Notice. Contact your dialysis centre to learn when it is safe to bypass.

Steps to bypass DRAIN NOT FINISHED Notice

DRAIN NOT FINISHED appears when you try to bypass and your current Drain Volume is less than the Minimum Drain Volume.

DRAIN NOT FINISHED

1. Press  to silence the notice.

DRAIN NOT FINISHED appears with the current Drain phase.

**DRAIN NOT FINISHED
DRAIN 2 OF 5**

15. Correcting Alarms and Notices

Steps to bypass DRAIN NOT FINISHED Notice (continued)

2. Press .

DRAIN VOLUME: ML

The volume drained is subtracted from your Fill Volume. Your next Fill is reduced by this difference.

If this notice occurs during Initial Drain, DRAIN VOLUME does not appear.

3. Press .

I-DRAIN VOL: ML

The Initial Drain Volume (I-DRAIN VOL) from the current therapy is shown.

4. Press .

MIN DRAIN VOL: ML

The minimum volume that the cyclor expects you to drain in this cycle is shown.

— or —

TIDAL DRAIN: ML

- **NOTE:** You may need to drain more than this to prevent a WARNING: NEGATIVE UF Alarm.

5. Press .

CURRENT UF: ML

The CURRENT UF, updated throughout the Drain cycle, is shown.

6. Press . DRAIN NOT FINISHED appears.

DRAIN NOT FINISHED

7. Press . BYPASS appears.

BYPASS

8. Press  to bypass the DRAIN NOT FINISHED Notice.

BYPASS

The next Fill begins. The volume of fluid that was not drained is subtracted from the Fill Volume for this phase, unless you bypassed a LOW DRAIN VOLUME Notice in which case you will receive a full Fill.

FILL 3 OF 5

15.5.5 Bypass LOW DRAIN VOLUME Notice During Cycle Drains

WARNING



Bypassing a LOW DRAIN VOLUME Notice when the Total UF at the end of the last cycle is lower than normal can result in an increased intraperitoneal volume (IIPV) situation. A negative UF value may result in an increased risk for IIPV. Press  to resume Drain. IIPV could result in a feeling of abdominal discomfort, serious injury or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

A LOW DRAIN VOLUME Notice occurs to let you know that your Drain flow rates indicate that you are empty, but you have not achieved your Minimum Drain Volume. Follow the next steps to bypass a LOW DRAIN VOLUME Notice During Cycle Drains. Contact your dialysis centre to learn when it is safe to bypass.

Steps to bypass LOW DRAIN VOLUME Notice During Cycle Drains

LOW DRAIN VOLUME appears on the display screen.

LOW DRAIN VOLUME

1. Press  to silence the Notice.

LOW DRAIN VOLUME appears along with the current Drain phase.

LOW DRAIN VOLUME
DRAIN 2 OF 5

15. Correcting Alarms and Notices

Steps to bypass LOW DRAIN VOLUME Notice During Cycle Drains (continued)

2. Press ▽.

The DRAIN VOLUME is shown.

DRAIN VOLUME:	ML
---------------	----

3. Press ▽.

The Initial Drain Volume (I-DRAIN VOL) from the current therapy is shown, except during Initial Drain.

I-DRAIN VOL:	ML
--------------	----

4. Press ▽.

The minimum volume that the cyclor expects you to drain in this cycle is shown.

MIN DRAIN VOL:	ML
----------------	----

– or –

- **NOTE:** You may need to drain more than this to prevent a WARNING: NEGATIVE UF Alarm.

TIDAL DRAIN:	ML
--------------	----

5. Press ▽.

The CURRENT UF, updated throughout the Drain cycle, is shown.

CURRENT UF:	ML
-------------	----

6. Press ▽.

DRAIN NOT FINISHED or WARNING: NEGATIVE UF appears.

DRAIN NOT FINISHED

– or –

WARNING: NEGATIVE UF

Steps to bypass LOW DRAIN VOLUME Notice During Cycle Drains (*continued*)

WARNING



Bypassing a LOW DRAIN VOLUME Notice when the Total UF at the end of the last cycle is lower than normal can result in an increased intraperitoneal volume (IIPV) situation. A negative UF value may result in an increased risk for IIPV. Press  resume Drain. IIPV could result in a feeling of abdominal discomfort, serious injury or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

7. Press . BYPASS appears.

BYPASS

- **NOTE:** Bypassing confirms that you are empty and that you want the next Fill delivery to equal your prescribed Fill Volume.
- **NOTE:** You will achieve negative UF if you bypass the LOW DRAIN VOLUME Notice and your Drain Volume is less than your Fill Volume. Your UF decreases by the amount your Drain Volume is short of your prescribed Fill Volume.

15. Correcting Alarms and Notices

Steps to bypass LOW DRAIN VOLUME Notice During Cycle Drains (*continued*)

8. Select one of the following options:

- a. Press  to return to Drain.

This is the *recommended* option.

BYPASS

DRAIN 2 OF 5

– OR –

- b. Press  until MANUAL DRAIN appears.

Press .

BYPASS

MANUAL DRAIN

DRAINING:

ML

– OR –

- c. Press .

The next Fill begins. Your full Fill Volume is delivered.

BYPASS

FILL 3 OF 5

If the increase in negative UF exceeds your Negative UF Limit, a WARNING: NEGATIVE UF Alarm occurs. See *Bypass WARNING: NEGATIVE UF Alarm* on page 15-64.

WARNING: NEGATIVE UF

- Press  to silence the alarm.

WARNING: NEGATIVE UF
DRAIN 2 OF 5

- Press  to resume Drain.

DRAIN 2 OF 5

➤ **NOTE:** Change your position after you resume Drain. Occasionally, the location of the catheter tip can be in a less than optimal position. Changing your position may resolve the low Drain flow issue.

Steps to bypass LOW DRAIN VOLUME Notice During Cycle Drains (*continued*)

➤ **NOTE:** If LOW DRAIN VOLUME Notices continue to occur after you resume Drain and it is necessary to bypass the Drain (for example, to reverse the flow in the catheter to correct a fibrin blockage issue):

- Press  to silence a LOW DRAIN VOLUME Notice.
- Press  to resume Drain.
- Press  to stop Drain (when no notice is present).
- Bypass the Drain phase. See *Bypass Drain Phase* on page 15-55.

A DRAIN NOT FINISHED Notice occurs if you have not met your Minimum Drain Volume when bypassing a Drain phase. If a DRAIN NOT FINISHED Notice occurs and you follow the sequence above by stopping when no Notice is present, your next Fill will be a reduced Fill Volume. If you do not encounter a DRAIN NOT FINISHED Notice, or if you bypass while the LOW DRAIN VOLUME Notice is present, your next Fill Volume will equal your prescribed Fill Volume.

15.5.6 Bypass WARNING: NEGATIVE UF Alarm

WARNING



Bypassing a WARNING: NEGATIVE UF Alarm can leave fluid in the peritoneal cavity and result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

➤ **NOTE:** DO NOT bypass this alarm except on your dialysis centre's advice.

➤ **NOTE:** This alarm cannot be bypassed if a WARNING: NEGATIVE UF Alarm was bypassed in the previous cycle.

Follow the next steps if you are sure it is safe to bypass a WARNING: NEGATIVE UF Alarm. Contact your dialysis centre to learn when it is safe to bypass.

Steps to bypass WARNING: NEGATIVE UF Alarm

WARNING: NEGATIVE UF appears on the display screen.

WARNING: NEGATIVE UF

1. Press  to silence the alarm.

WARNING: NEGATIVE UF appears with the current Drain phase.

WARNING: NEGATIVE UF
DRAIN 2 OF 5

Steps to bypass WARNING: NEGATIVE UF Alarm (continued)

➤ **NOTE:** The default value for the WARNING: NEGATIVE UF Alarm is 50% of your prescribed Fill Volume.

➤ **NOTE:** The Negative UF alarm limit has a setting range of 20% to 60% of your prescribed Fill Volume in the Low Fill Mode.

2. Press ▽.

DRAIN VOLUME:	ML
---------------	----

➤ **NOTE:** The amount that your Drain Volume is short of your prescribed Fill Volume is subtracted from the previous Drain's Total UF to obtain your Current UF that resulted in the WARNING: NEGATIVE UF Alarm.

3. Press ▽.

I-DRAIN VOL:	ML
--------------	----

The Initial Drain Volume (I-DRAIN VOL) from the current therapy is shown.

4. Press ▽.

MIN DRAIN VOL:	ML
----------------	----

The minimum volume that the cyclor expects you to drain in this cycle is shown.

– or –

TIDAL DRAIN:	ML
--------------	----

➤ **NOTE:** You may need to drain more than this to prevent a WARNING: NEGATIVE UF Alarm.

5. Press ▽.

CURRENT UF:	ML
-------------	----

The CURRENT UF, updated throughout the Drain cycle, is shown.

15. Correcting Alarms and Notices

Steps to bypass WARNING: NEGATIVE UF Alarm (continued)

6. Press .

- DRAIN NOT FINISHED appears if the Minimum Drain Volume has not been drained.

[DRAIN NOT FINISHED]

– or –

– OR –

[WARNING: NEGATIVE UF]

- WARNING: NEGATIVE UF appears if you have retained more than the allowed percentage of the programmed Fill Volume in either the current cycle or over the course of several cycles. See *Warning: Negative UF* on page 15-11.

7. Press . BYPASS appears.

BYPASS

➤ **NOTE:** By selecting BYPASS, you indicate that you are empty. The system delivers a partial Fill based on the estimated volume remaining in your peritoneal cavity.

† **NOTE:** Change your position to assist draining. Fluid may have pocketed near your catheter.

8. Select one of the following options:

BYPASS

- a. Press  to resume Drain.

DRAIN 2 OF 5

– OR –

- b. Press  until MANUAL DRAIN appears.

BYPASS

Press .

MANUAL DRAIN

DRAINING: ML

– OR –

- c. Press  to bypass the alarm.
The next Fill begins.

BYPASS

FILL 3 OF 5

Steps to bypass WARNING: NEGATIVE UF Alarm (continued)

- **NOTE:** Bypassing a WARNING: NEGATIVE UF Alarm temporarily disables your Minimum Drain Volume percent. Your Minimum Drain Volume percent will remain disabled until your UF falls below the negative UF alarm limit.

15.5.7 Check Supply Line Notice During Replenish

A Notice appears when there is insufficient solution to complete an unscheduled replenish. This notice cannot be bypassed. To return to Fill, follow the steps below.

Steps to return to Fill

CHECK SUPPLY LINE appears on the display screen.

CHECK SUPPLY LINE

1. Press .

CHECK SUPPLY LINE
REFILLING THE HEATER

2. Press .

PLEASE WAIT...

appears briefly, then

REFILLING THE HEATER

3. Press .

STOPPED: REFILLING

4. Press .

FILL VOLUME: ML

5. Press .

BYPASS

6. Press .

PLEASE WAIT...

appears briefly, then

REFILL NOT FINISHED

15. Correcting Alarms and Notices

Steps to return to Fill (continued)

7. Press  .	REFILL NOT FINISHED REFILLING THE HEATER
8. Press  .	FILL VOLUME: ML
9. Press  .	I-DRAIN VOLUME: ML
10. Press  .	TOTAL UF: ML
11. Press  .	BYPASS
12. Press  .	FILL 3 OF 5

15.6 Manual Drain Procedure

WARNING



Do not STOP or BYPASS a Manual Drain during Fill. An increased intraperitoneal volume (IIPV) situation can result. IIPV could result in a feeling of abdominal discomfort, serious injury or death.

If any patient, or patient caregiver, suspects the patient has IIPV during a treatment, press  immediately, then press  and initiate a Manual Drain. See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 if IIPV is suspected.

Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

Steps to perform a Manual Drain

The current Fill phase appears on the display screen.

FILL 3 OF 5

1. Press .

STOPPED: FILL

2. Press .

FILL VOLUME: ML

3. Press .

TOTAL UF: ML

4. Press .

BYPASS

5. Press .

CHANGE PROGRAMME

6. Press .

MAKE ADJUSTMENTS

15. Correcting Alarms and Notices

Steps to perform a Manual Drain (continued)

7. Press .

MANUAL DRAIN

8. Press .

DRAINING:

ML

The Drain Volume is shown. The system continues to drain until flow is no longer detected.

9. Press  to return to therapy.

10. Reinitiate a Manual Drain if it is stopped during Fill.

The amount of fluid drained is recorded in the following ways:

- If the Manual Drain occurs after the patient received a last Fill, the amount drained is recorded as LAST M-DRAIN and is shown in the menu at the beginning of your next therapy. See *Menu Options at Startup* on page 10-10.
- If the Manual Drain occurred during First Fill, the amount drained is considered Recovered I-Drain Volume, and will not count towards the Total UF volume.
- Fluid drained during all other Manual Drains is included as part of the Total UF for the therapy.

15.7 End Therapy Early Procedure

WARNING



Too many incomplete or skipped treatments may lead to insufficient removal of fluid or waste products.

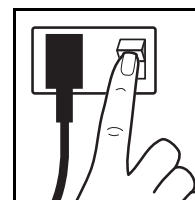
If you end your therapy early for any reason, you can be left with more fluid in your peritoneal cavity than normal. If this occurs, your Minimum Initial Drain Volume setting may be too low. To minimise the potential for an increased intraperitoneal volume (IIPV) situation, do one of the following at the beginning of your next therapy:

- If a VERIFY IDRAIN prompt appears, press  and press  or  to increase your Minimum I-Drain Volume setting to at least 70 per cent of your current expected peritoneal volume for this therapy only.
- OR –
- If a VERIFY IDRAIN prompt does not appear, press  and  to MANUAL DRAIN. Press  to initiate a Manual Drain. The system will return to STOPPED: DRAIN when the Manual Drain ends. You can repeat the Manual Drain any number of times without an audible notification. Resuming the Drain can result in an audible notice.

Follow the steps below to end your therapy early.

Steps to end therapy early

1. Press the power switch OFF. Wait 10 seconds.



15. Correcting Alarms and Notices

Steps to end therapy early (continued)

2. Press the power switch ON. The notice sounds.	PLEASE WAIT... POWER RESTORED
3. Press  . POWER RESTORED appears with the phase cycle you are in.	POWER RESTORED FILL 2 OF 5 – or – POWER RESTORED DWELL 2 OF 5 – or – POWER RESTORED DRAIN 2 OF 5
4. Press  .	FILL VOLUME: 60ML – or – DWELL TIME LEFT 1:05 – or – DRAIN VOLUME: 60ML
5. Press  . Volume from Initial Drain of the current therapy is shown.	I-DRAIN VOL: 65ML
6. Press  . TOTAL UF is updated after each Drain cycle is completed. CURRENT UF is updated throughout each Drain cycle.	TOTAL UF: 150ML – or – CURRENT UF: 50ML
7. Press  to review cycle-by-cycle information. Press  to return to the previous menu.	

Steps to end therapy early (continued)

8. Press .

AVG DWELL TIME: 1:32

Average actual Dwell Time for your therapy is shown.

9. Press  to review cycle-by-cycle information.

Press  to return to the previous menu.

10. Press .

END THE THERAPY

END THE THERAPY appears.

11. Press .

CLOSE ALL CLAMPS
DISCONNECT YOURSELF

Proceed with the End Therapy procedure. See *End Your Therapy* on page 12-1 and *Disconnect Yourself* on page 12-7.

15.8 Correcting Potential Issues with Priming

There are two potential issues with priming: Overprime and Underprime.

Overprime is a situation where flow of fluid out of the connector at the end of the patient line is observed. To troubleshoot Overprime issues, see Section 15.8.1, *Troubleshooting Overprime* on page 15-74.

➤ **NOTE:** Flow of fluid out of the connector at the end of the patient line may be indicative of problems that could put you as a patient at risk of harm. It is important to understand the cause of Overprime.

Underprime is a situation where the fluid level is below the connector at the end of the patient line. To troubleshoot Underprime issues, see Section 15.8.2, *Reprime Patient Line Procedure* on page 15-76.

15.8.1 Troubleshooting Overprime

This section details troubleshooting for Overprime.

- **NOTE:** Flow of fluid out of the connector at the end of the patient line may be indicative of problems that could put you as a patient at risk of harm. It is important to understand the cause of Overprime.

If flow of fluid out of the connector at the end of the patient line is observed, follow these steps to troubleshoot Overprime.

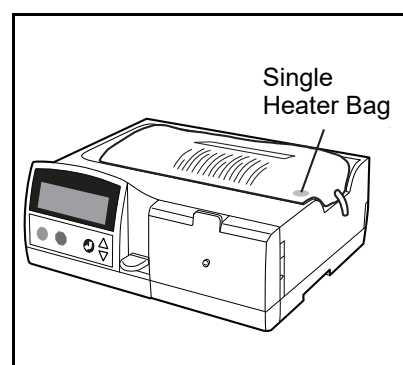
To troubleshoot Overprime

1. Check for multiple bags on the heater pan. If only the heater bag is on the heater pan, as shown in the illustration to the right, proceed to Step2.

If there is more than one bag on the heater pan, move the extra bags off of the heater pan so that only the heater bag is on the heater pan.

Check for flow of fluid out of the connector at the end of the patient line. If there is no fluid flow, restart your therapy using all new supplies (solution bags and disposable set).

If there is still fluid flow, proceed to Step2.



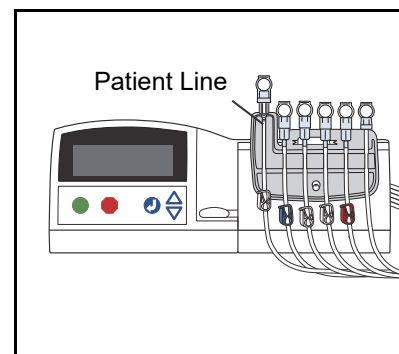
To troubleshoot Overprime (*continued*)

2. Check that the end of the patient line or extension line is correctly positioned in the organiser, as shown in the illustration to the right. If the end of the patient line or extension line is correctly positioned in the organiser, proceed to Step3.

If the end of the patient line or extension line is not correctly positioned in the organiser, place the line back on the organiser and position the end of the line correctly in the organiser.

Check for flow of fluid out of the connector at the end of the patient line. If there is no fluid flow, restart your therapy using all new supplies (solution bags and disposable set).

If there is still fluid flow, proceed to Step3.



3. End therapy. Return the disposable set to Baxter by calling Baxter Technical Assistance on the number located in Section 1.2, *Numbers to Call for Assistance* on page 1-1 of the **Homechoice Claria APD System Patient At-Home Guide**. Restart your therapy using all new supplies (solution bags and disposable set).

➤ **NOTE:** Fluid flow out of the connector at the end of the patient line when only the heater bag is on the heater pan and when the patient line or extension line is correctly positioned in the organiser may indicate a hole in the cassette sheeting and could lead to delivery of non-sterile air to your peritoneal cavity.

15. Correcting Alarms and Notices

15.8.2 Reprime Patient Line Procedure

If the fluid level is below the connector at the end of the patient line, follow the steps below to reprime the patient line.

Steps to reprime the patient line

1. Press  when CHECK PATIENT LINE and CONNECT YOURSELF appear.

CHECK PATIENT LINE
CONNECT YOURSELF

2. Verify that:

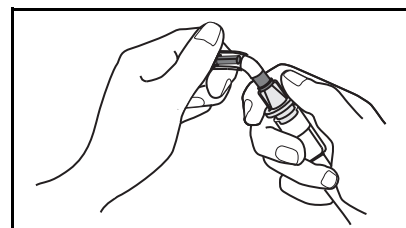
All clamps are properly opened

There are no kinks in tubing

The cyclor door is not clamping the tubing lines

The Frangible on the solution bags are broken
(Luer connections only)

The solution bags are properly connected and
spike is fully inserted in the solution bag ports
(Spike connections only)



3. Press  until REPRIME PATIENT LINE appears.

REPRIME PATIENT LINE

4. Press .

LINE IN ORGANIZER? appears.

LINE IN ORGANIZER?

5. Press .

PRIMING appears.

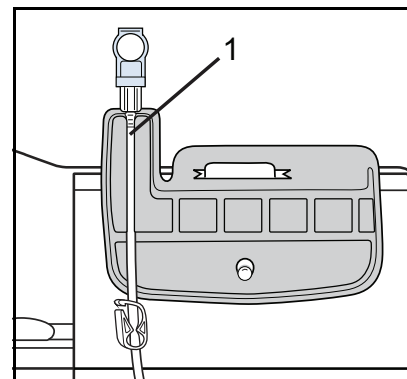
PRIMING...

Steps to reprime the patient line (*continued*)

6. Verify that the patient line is properly primed:

- Make sure fluid is present at or near the connector at the end of the patient line (1).

CHECK PATIENT LINE and CONNECT YOURSELF appear.



7. Repeat steps 1 through 6 until the patient line is primed.

If the patient line is not primed properly after multiple attempts, restart your therapy with all new supplies (solution bags and disposable set). DO NOT reuse any disposable supplies.

15.9 Increased Intraperitoneal Volume (IIPV)

Overfilling or not draining enough can result in excess fluid in the abdomen, also known as increased intraperitoneal volume (IIPV). IIPV is an inherent risk of peritoneal dialysis. While some people may not exhibit symptoms, most commonly observed symptoms include:

- Feeling full, bloated or overfull
- Abdominal pain or discomfort
- Expanded or tense abdomen
- Vomiting or spitting up
- Difficulties feeding
- Localised swelling around the PD catheter exit site, belly button, groin region or genital area
- Leakage of fluid from the PD catheter exit site
- Difficulty breathing
- A child complaining of a “funny feeling” in the abdomen
- A child crying
- Unexpected increase in blood pressure

IIPV could result in a feeling of abdominal discomfort, serious injury or death.

➤ **NOTE:** Additional care should be taken to monitor for IIPV symptoms for those patients not able to communicate essential information to the caregiver during treatment, such as small children or infants.

See *Treatment – Overfill / IIPV Symptoms and Causes* on page 3-6 for more information on IIPV.

IF IIPV IS SUSPECTED, PLEASE DO THE FOLLOWING:

1. Press  immediately, then press  and initiate a Manual Drain.
The Manual Drain procedure is located on the next page.
2. Once the fluid is completely drained from the abdomen, call your nephrologist.
3. Call your nephrologist immediately if you have **any** complaints or symptoms of IIPV including those listed above.

4. For assistance in performing the above steps, call your dialysis centre or Baxter Technical Assistance on the number located in *Numbers to Call for Assistance* on page 1-1.
5. If you are unable get in touch with your dialysis centre, nephrologist or the Baxter Technical Assistance on the numbers located in *Numbers to Call for Assistance* on page 1-1, and you or the patient are experiencing symptoms of IIPV, call your national emergency phone number immediately or go to the nearest hospital accident and emergency.

Steps to perform a Manual Drain

The current Fill phase appears on the display screen.

FILL 3 OF 5

1. Press .

STOPPED: FILL

2. Press .

FILL VOLUME: ML

3. Press .

TOTAL UF: ML

4. Press .

BYPASS

5. Press .

CHANGE PROGRAMME

6. Press .

MAKE ADJUSTMENTS

7. Press .

MANUAL DRAIN

8. Press .

DRAINING: ML

The Drain Volume is shown. The system continues to drain until flow is no longer detected.

9. Press  to return to therapy.

10. Reinitiate a Manual Drain if it is stopped during Fill.

15.10 Emergency Disconnect Procedure

WARNING



This procedure is intended for *emergency* disconnection for short periods of time only. Extended time away from the system during therapy can result in Lost Dwell Time. If Lost Dwell Time is 30 minutes or greater, a LOST DWELL message appears when therapy is completed.



This procedure requires the use of disconnect caps for the disposable set. If you do not have a *FlexiCap* and a *Minicap* disconnect cap available, end your therapy and then restart your therapy using all new supplies (solution bags and disposable set). If you disconnect during therapy and do not reconnect using new supplies, there may be a possibility of contamination of your patient line, which may lead to peritonitis.



Follow aseptic technique taught by your dialysis centre when handling lines and solution bags to reduce the possibility of infection.

15.10.1 Disconnect From the Cyclor

Steps to disconnect from the cyclor

1. Press .
The specific therapy phase and STOPPED appear on the display screen when  is pressed. If treatment is stopped during the Dwell phase, the system continues to count down the Dwell Time to 0 (zero).
 2. Close the clamp on the patient line and twist to close your transfer set.
 3. Using aseptic technique, prepare to disconnect.
 - **NOTE:** Depending on your local practice guidelines and geographic location, use of a face mask may be recommended. Follow the training taught by your dialysis centre.
 4. Open a new **MiniCap disconnect cap package and a new FlexiCap disconnect cap package**, or open a new **OptiCap disconnect cap package**.
 - **NOTE:** An OptiCap disconnect cap package contains both the MiniCap disconnect cap and the FlexiCap disconnect cap.
 5. Disconnect the transfer set from the patient line.
 6. Place the patient line back in the organizer.
 7. Cap off the transfer set with a new **MiniCap** disconnect cap and tighten until fully secured.
 8. Remove the patient line connector from the organiser and attach the new **FlexiCap** disconnect cap to the patient line connector.
 9. Tighten the **FlexiCap** disconnect cap until it is fully secured.
 10. Place the capped patient line connector back in the organizer.
 11. You can now leave the system.
- **NOTE:** After 30 minutes, the system sounds a notification. If you do not plan to return to therapy, follow the End Therapy Early procedure. See *End Therapy Early Procedure* on page 15-71.

15.10.2 Return to Therapy After an Emergency Disconnect

WARNING



Follow aseptic technique taught by your dialysis centre when handling lines and solution bags to reduce the possibility of infection.

Steps to return to therapy

1. Using aseptic technique, prepare to connect.
 - **NOTE:** Depending on your local practice guidelines and geographic location, use of a face mask may be recommended. Follow the training taught by your dialysis centre.
 2. Remove the **FlexiCap** disconnect cap from the patient line connector.
 3. Remove the **MiniCap** disconnect cap from the transfer set connector.
 4. Remove the patient line connector from the organizer.
 5. Connect the patient line connector to the transfer set.
 6. Open the clamp on the patient line.
 7. Twist to open your transfer set.
 8. Press .
 9. Discard the used **MiniCap** disconnect cap and **FlexiCap** disconnect cap.
 10. Your therapy continues.
-

16

Technical Data

The specifications in this section apply to the Baxter **Homechoice Claria** APD system.



This device meets the requirements of Council Directive 93/42/EEC



EDICAL – CARDIO, VASCULAR AND PULMONARY EQUIPMENT AS TO ELECTRICAL SHOCK, FIRE AND MECHANICAL HAZARDS ONLY IN ACCORDANCE WITH ANSI/AAMI ES60601-1:2005 (A1:2012) IEC 60601-2-39:2007

E465524

► **NOTE:** Devices with Software version 12.0XX or higher and having label referring to IEC 60601-2-39:2007 have been modified with new software to include the requirements of IEC 60601-2-39:2018.



MEDICAL – CARDIO, VASCULAR AND PULMONARY EQUIPMENT AS TO ELECTRICAL SHOCK, FIRE AND MECHANICAL HAZARDS ONLY IN ACCORDANCE WITH ANSI/AAMI ES60601-1:2005 (A1:2012) CAN/CSA-C22.2 No 60601-1 (2014) IEC 60601-2-39:2018

E465524

16.1 Physical Specifications

	Metric	U.S. Standard
Height:	19.4 cm	7.6 in
Width:	46.7 cm	18.4 in
Depth:	38.7 cm	15.2 in
Weight:	13.5 kg	29.8 lbs

16. Technical Data

16.2 Electrical Power Requirements

Product code:	5C6M00	5C6M10	5C6M40
Nominal voltage:	220–240 V	110–127 V 220–240 V	110–127 V 220–240 V
Nominal frequency:	50/60 Hz		
Mode of operation:	Continuous		
Degree of protection against electrical shock:	Type BF Applied Part		
Type of protection against electrical shock:	Class II equipment		
Power consumption:	Maximum: 600 VA (600 watts) Average: 100 VA (100 watts)		
Degree of protection against ingress of water:	Meets the requirements of IEC 60601-1-11 (Sub-clause 8.3.1): IP21		

Line voltage disturbances can adversely affect operation of the system. Variations in line voltage amplitude should be less than ± 10 percent of nominal voltage. The duration of any voltage disturbance should be less than 5 milliseconds.

16.2.1 Extension Cords

The use of extension cords is not recommended since they reduce the available voltage. Only one heavy-duty extension cord rated for at least 1200 watts, 10 amperes with a length of no longer than 3.65 metres (12 feet) should be used.

16.3 System Performance

		Inflow	Outflow
Dialysing Solution Flow Rate	Standard Mode:	≥ 240 mL/min	≥ 170 mL/min
	Low Fill Mode:	≥ 160 mL/min	≥ 110 mL/min
	Standard Mode with maximum Patient Line Extensions:	≥ 120 mL/min	≥ 90 mL/min
		Metric	U.S. Standard
Fluid Temperature Control		32°C to 40°C	89.6°F to 104°F
Temperature Measurement Range:		5°C to 50°C	41°F to 122°F

Fluid Temperature Control Setpoint:		35, 36, 37°C	95.0, 96.8, 98.6°F
Dialysing Solution Temperature Accuracy*:	No Patient Line Extensions:	+2°C/-3°C	+ 3.6°F/-5.4°F
	Standard Mode with maximum Patient Line Extensions:	+2°C/-6°C	+ 3.6°F/-10.8°F
Display Precision, Volumetric:		1 mL	
Dialysing Solution Volume Balancing accuracy		Greater of 3% or ±10 mL	
Dwell time Accuracy**		+/-30 seconds	

*Measured at the end of the patient line in an operating environment temperature of 20°C to 25°C (68°F to 77°F).

**Calculated by average of number of dwell cycles.

16.4 Environmental Requirements

	Metric	U.S. Standard
Operating Temperature Limits:	15°C to 36°C	59°F to 96.8°F
Operating Humidity:	10% to 85% Noncondensing	
Operating Atmospheric Pressure Range:	70 kPa to 106 kPa	10.2 psi to 15.3 psi
Transportation and Storage Temperature Limits:	-32°C to 54°C	-25°F to 129°F
Transportation and Storage Humidity:	10% to 95% Noncondensing	
Transportation and Storage Atmospheric Pressure Range:	50 kPa to 106 kPa	7.3 psi to 15.3 psi
Atmosphere:	Non-flammable, non-explosive, non-aerosolised with normal oxygen concentrations. Equipment not suitable for use in the presence of a flammable anaesthetic mixture with air or with oxygen or nitrous oxide.	

16.5 Battery Backup

When power failure occurs during therapy, the system stops heating and pumping fluid and the display screen turns off. However, the display screen powers up each time a button is pushed during the first 30 minutes of a power failure. If power is restored within two hours, the therapy can be restarted from where it left off. If the power is not restored within two hours, the therapy is not allowed to continue. If fluid remains in the abdomen during a power failure, the patient may still be receiving dialysis therapy.

16. Technical Data

During normal operation (and when the devices is powered off), the Alarm log is maintained in non volatile memory. The following will not have any impact if there is total loss of power from AC power source or secondary battery for less than or equal to 30 seconds.

- Therapy settings
- Operator preference, alarm and notice limit settings
- Alarm log along with the date, time and the identifier of alarms and notices.
- Power Fail status for time of powering down.

Logs can always be retrieved from non volatile memory. The power fail status indicating LOW BATTERY (Battery depleted condition) corresponds to the time of power down and is available in the log.

16.6 Electromagnetic Compatibility

The **Homechoice Claria** APD system, as with all medical electrical equipment, needs special precautions regarding EMC (electromagnetic compatibility), and the following information must be followed when installing and putting the system into service.

Because the intensity of electromagnetic energy is greatest near the source of a transmitting antenna, portable and mobile RF communications equipment can affect medical electrical equipment.

The system has been designed to withstand the effects of EMI (electromagnetic interference) and meets EMC standards that apply to the cyclor. However, extremely high levels of electromagnetic energy (above the levels of IEC 60601-1-2) may still produce interference.

To reduce the risk of EMI, follow these recommendations:

- Do not turn on or use RFID technology containing equipment or hand-held personal communications devices, such as mobile two-way radios or mobile phones, near the cyclor. If these devices need to be used, follow the recommended separation distance as shown in the following tables.

- In the case of unexplained EMI, consider the locations of nearby transmitters, such as radio or TV stations. You may have to move the cyclor or place shield material between the transmitter and the cyclor.
- Be aware that modifying the cyclor or adding accessories or components not specifically authorised by Baxter may make the cyclor more susceptible to interference from radio waves.
- The following cables and accessories have been approved for use with the system and comply with EMC standards:
 - Detachable power cord
 - Modem
 - Modem cable

WARNING



The use of RFID technology containing equipment can affect the cyclor and should be kept 3.3 metres away from the cyclor.

The Claria APD system has been proven to work in the intended use environment defined in IEC 60601-1-2:2014 standard for emissions and immunity. Signals not specified in the standard, for example 13.56 MHz frequency at 5A/m and 13.56 MHz frequency at 12A/m, may cause improper operation such as unexpected alarms or notices that could result in a delay of therapy or treatment.



When servicing the cyclor, use only replacement components, cables and accessories authorised by Baxter and be sure to replace all shields, covers, screws and gaskets in their exact locations. Failure to do so may result in increased emissions or decreased immunity of the cyclor.



The system should not be used next to, or stacked with, other electrical equipment. Such equipment may cause the cyclor to operate incorrectly. However, if it is necessary to use the cyclor close to other equipment, the cyclor should be monitored to verify normal operation.

Table 16-1. Guidance and Manufacturer’s Declaration – Electromagnetic Emissions

The Homechoice Claria APD system is intended for use in the electromagnetic environment specified below. The user of the system should assure that it is used in such an environment.			
Emissions Test	Compliance	Electromagnetic Environment – Guidance	
RF emissions CISPR 11	Group 1	The system uses RF energy only for its internal function. Therefore, its RF emissions are very low and are not likely to cause any interference in nearby electronic equipment.	
RF emissions CISPR 11	Class B	The system is suitable for use in all establishments, including domestic establishments and those directly connected to the public low-voltage power supply network that supplies buildings used for domestic purposes.	
Harmonic emissions IEC 61000-3-2	Class A		
Voltage fluctuations/flicker emissions IEC 61000-3-3	Complies		

Table 16-2. Guidance and Manufacturer's Declaration – Electromagnetic Immunity (1 of 2)

The Homechoice Claria APD system is intended for use in the electromagnetic environment specified below. The user of the system should assure that it is used in such an environment.			
Immunity Test	IEC 60601 Test Level	Compliance Level	Electromagnetic Environment – Guidance
Electrostatic Discharge (ESD) IEC 61000-4-2	±8 kV contact ±2kV, ±4kV, ±8 kV, ±15kV air	±8 kV contact ±2kV, ±4kV, ±8 kV, ±15kV air	Floors should be wood, concrete or ceramic tile. If floors are covered with synthetic material, the relative humidity should be at least 30%.
Electrical fast transient/burst IEC 61000-4-4	±2 kV for power supply lines ±1 kV for input/output lines	±2 kV for power supply lines ±1 kV for input/output lines	Mains power quality should be that of a typical public low-voltage power supply network that supplies hospitals or buildings used for commercial or domestic purposes.
Surge IEC 61000-4-5	±0.5kV, ±1 kV for differential mode ±0.5 kV, ±1 kV, ±2 kV for common mode	±0.5kV, ±1 kV for differential mode ±0.5 kV, ±1 kV, ±2 kV for common mode	Mains power quality should be that of a typical public low-voltage power supply network that supplies hospitals or buildings used for commercial or domestic purposes.
Voltage dips, short interruptions and voltage variations on power supply input lines IEC 61000-4-11	0% U_T 0.5 cycle at 0, 45, 90, 135, 180, 225, 270 and 315°	0% U_T 0.5 cycle at 0, 45, 90, 135, 180, 225, 270 and 315°	Mains power quality should be that of a typical public low-voltage power supply network that supplies hospitals or buildings used for commercial or domestic purposes.
	0% U_T 1 cycle and 70% U_T 25/ 30 cycles Single phase: at 0	0% U_T 1 cycle and 70% U_T 25/ 30 cycles Single phase: at 0	
	0% U_T 250/300 cycles	0% U_T 250/300 cycles	
Power frequency (50/60 Hz) magnetic field IEC 61000-4-8	30 A/m	30 A/m	Power frequency magnetic fields should be at levels characteristic of a typical public low-voltage power supply network that supplies hospitals or buildings used for commercial or domestic purposes.
NOTE: U_T is the AC mains voltage prior to application of the test level.			

Table 16-3. Guidance and Manufacturer's Declaration – Electromagnetic Immunity (2 of 2)

The Homechoice Claria APD system is intended for use in the electromagnetic environment specified below. The user of the system should assure that it is used in such an environment.			
Immunity Test	IEC 60601 Test Level	Compliance Level	Electromagnetic Environment – Guidance
Conducted RF IEC 61000-4-6	3 Vrms 150 kHz to 80 MHz 6 Vrms in ISM and amateur radio bands between 0,15 MHz and 80 MHz 80% AM at 1 kHz	3 Vrms 150 kHz to 80 MHz 6 Vrms in ISM and amateur radio bands between 0,15 MHz and 80 MHz 80% AM at 1 kHz	 WARNING Portable RF communications equipment (including peripherals such as antenna cables and external antennas) should be used no closer than 30 cm (12 inches) to any part of the Homechoice Claria APD system, including cables. Degradation or unexpected performance can be caused by this electromagnetic disturbance. This disturbance may result in unexpected screen images, screen brightness levels changing and unexpected Alarm Conditions. In the event electromagnetic disturbances are suspected as the cause of this behaviour, move the Homechoice Claria APD system (including cables) as far from RF equipment as possible in an effort to resolve these issues. Interference may occur in the vicinity of equipment marked with the following symbol: 
Radiated RF IEC 61000-4-3	10 V/m 80 MHz to 2.7 GHz 80% AM at 1 kHz	10 V/m 80 MHz to 2.7 GHz 80% AM at 1 kHz	
Proximity Fields from RF wireless communications equipment	9 V/m to 28 V/m 15 specific Frequencies (IEC 60601-1-2:2014 Ed.4.0, Table 9)	9 V/m to 28 V/m 15 specific Frequencies (IEC 60601-1-2:2014 Ed.4.0, Table 9)	
NOTES: These guidelines may not apply in all situations. Electromagnetic propagation is affected by absorption and reflection from structures, objects and people.			

Table 16-4. Recommended separation distance between portable and mobile RF communications equipment and the Homechoice Claria APD system – for equipment and systems that are *not* life-supporting

The Homechoice Claria APD system is intended for use in an electromagnetic environment in which radiated RF disturbances are controlled. The user of the system can help prevent electromagnetic interference by maintaining a minimum distance between portable and mobile RF communications equipment (transmitters) and the system as recommended below, according to the maximum output power of the communications equipment.			
Rated maximum output power of transmitter W	Separation distance according to frequency of transmitter m		
	150 kHz to 80 MHz $d = [3.5 / 3] \sqrt{P}$	80 MHz to 800 MHz $d = [3.5 / 3] \sqrt{P}$	800 MHz to 2.5 GHz $d = [7 / 3] \sqrt{P}$
0.01	0.12	0.12	0.23
0.1	0.37	0.37	0.74
1	1.20	1.20	2.30
10	3.70	3.70	7.40
100	12.00	12.00	23.00
For transmitters rated at a maximum output power not listed above, the recommended separation distance (d) in metres (m) can be estimated using the equation applicable to the frequency of the transmitter, where P is the maximum output power rating of the transmitter in watts (W) according to the transmitter manufacturer. NOTES: • At 80 MHz and 800 MHz, the higher frequency applies. • These guidelines may not apply in all situations. Electromagnetic propagation is affected by absorption and reflection from structures, objects and people.			

16. Technical Data

16.7 Solution Temperature Protective System

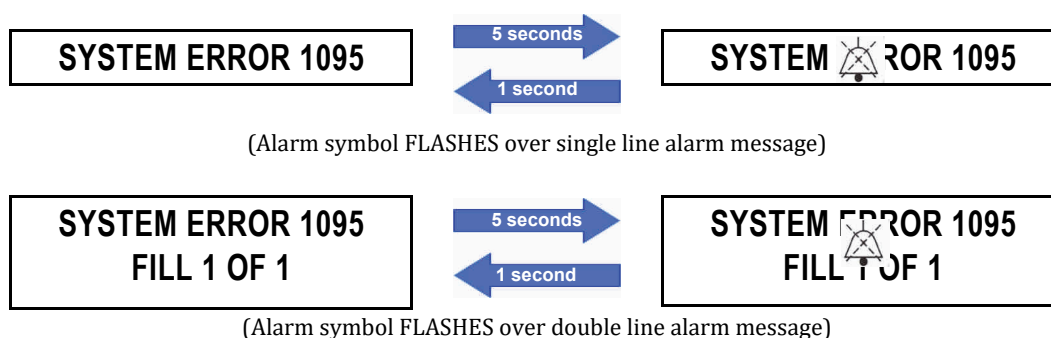
Overheated solution is prevented from reaching the patient by the solution temperature protective system that uses a microprocessor, temperature sensor and cutoff switch that are independent of the temperature control system. The protective system temperature sensing is accurate to $+2/-3^{\circ}\text{C}$. The system sounds a notice within five seconds of sensing an overheated condition.

16.8 Audible Alarm or Notice Silence Period

If the user presses the  button to silence an alarm or notice and does not take action to clear the alarm or notice, the system will reactivate the alarm or notice in ten minutes. Audio Alarm/Notice silence period is also known as Audio Paused period.

➤ **NOTE:** To maximise battery power during power failure, the alarm audio will not be reactivated.

During an audible alarm silence period, the cyclor displays the alarm message with Audio Paused symbol in a flashing pattern that overlays the alarm text. Refer to the figure for an example of the display during the Audio Paused Period.



During a notice silence period, the cyclor will display the notice without Audio Paused symbol

16.9 Range of Sound Pressure Levels

16.9.1 Sound Pressure Levels of Notice

The range of sound pressure levels of button press feedback and notices are adjustable and are designed to be between 35 dBA to 65 dBA when measured in a hemisphere with a radius of 1 metre (3.28 feet) from the geometric centre of the cyclor.

16.9.2 Sound Pressure Levels of Alarms

The sound pressure level of Alarm Signals are designed to be 75+/-10 dBA when measured in a hemisphere with a radius of 1 metre (3.28 feet) from the geometric centre of the cyclor. The sound pressure level of Alarm Signals cannot be adjusted and are always at maximum volume.

16.10 Maximum Pressures Used to Transfer Solution To and From the Patient

The pump pressures generated by the system are controlled to operate nominally at ± 10.3 kPa (± 77.6 mmHg) (± 1.5 psig). The system will prevent the pump from generating pressures, under normal and Single Fault conditions, outside the following limits:

- Positive pressure no greater than +24.1 kPa (+181.0 mmHg) (+3.5 psig)
- Negative pressure no more negative than -24.1 kPa (-181.0 mmHg) (-3.5 psig)

(In a rare single fault condition, the Instrument initiates failsafe within 1.5 seconds if the pressure is more negative than -3.5 psig)

Pump pressures are monitored by the calibrated sensors inside the cyclor.

16. Technical Data

16.11 Protective System Preventing Air Infusion

The system is capable of detecting air in the vertically orientated pumping chambers. If air volumes exceeding approximately 3 cc are detected, the air is pumped out of the top of the chamber to the drain line. Air volumes that are smaller than this are physically unable to exit the bottom of the chamber to the Fill line. This method is effective in preventing air from being pumped into the patient, as long as the cassette is undamaged and the patient line is primed with solution at the beginning of the therapy. Refer to *Load the Disposable Set* on page 10-14 for information on inspecting the cassette for damage.

The disposable set patient line is primed manually using the weight of the solution in the heater bag. The patient line is correctly primed when the fluid level is at or near the connector at the end of the patient line. The system cannot detect whether the patient line is correctly primed. Refer to Section 15.8.2, *Reprime Patient Line Procedure* on page 15-76 for information on verifying proper priming.

16.12 Protective System Preventing IIPV

The system has protective systems in place to help prevent IIPV from occurring as well as detect and notify the user when IIPV may have occurred.

- Two independent fluid measurement sub-systems are used to monitor Fill and Drain volumes. These two sub-systems must agree within 0.1%.
- Self-diagnostic tests are continually performed to verify the functional and protective systems are working properly. If a problem is detected, the system halts therapy, puts itself into a safe state and then notifies the user an error has occurred.
- Diagnostic tests are performed to verify the cassette is properly installed and is operating correctly.
- When a power failure is detected, the system pauses therapy and then places itself in a state that prevents any solution from being delivered to the patient.
- The system warns the user, and in some cases prevents the user, from bypassing Drain cycles.

- The system can differentiate between an empty peritoneal cavity and an occluded patient line.
- Actual Drain volumes are compared to expected values, notifying the patient if IIPV was detected.
- The system detects and notifies the patient of inadequate flow of solution.
- The system design is in compliance with international safety standards.
- Instructions and warnings are provided (this **Homechoice Claria** APD System Patient At-Home Guide and the **Homechoice Claria** APD System Clinician Guide) for proper system use and therapy execution.

If any patient or patient caregiver suspects the patient has an increased intraperitoneal volume (IIPV) situation during a therapy, press  immediately, then press  and initiate a Manual Drain. The Manual Drain procedure is located in *Manual Drain Procedure* on page 15-69.

See *Increased Intraperitoneal Volume (IIPV)* on page 15-78 for more information.

16. Technical Data

16.13 Drain Logic Options

16.13.1 Standard Fill Mode Drain Logic

The system drains until it encounters Slow Flow from the patient line for a period of time or two pump strokes of No Flow from the patient line.

If Slow Flow persists for a preset period of time, the system looks at the Minimum Drain Volume to determine what to do next.

- If the Minimum Drain Volume has not been met, a LOW DRAIN VOLUME Auto Recoverable Notice is displayed. The cyclor will beep for one second, repeating every 30 seconds and continues therapy until the issue is corrected or becomes a Manually Recoverable Notice that requires operator intervention.
- If the Minimum Drain Volume has been met, the system will set the patient volume to 0 (zero) and move on to the Fill phase.

If No Flow occurs, the system checks to see if the No Flow condition also applies to flow to the patient.

- If the No Flow condition applies to both outflow and inflow, a CHECK PATIENT LINE Notice occurs.
- If the “pushback” flows normally toward the patient, the system looks at the Minimum Drain Volume to determine what to do next.
 - If the Minimum Drain Volume has not been met, a LOW DRAIN VOLUME Auto Recoverable Notice is displayed. The cyclor will beep for one second, repeating every 30 seconds and continues therapy until the issue is corrected or becomes a Manually Recoverable Notice that requires operator intervention.
 - If the Minimum Drain Volume has been met, the system will set the patient volume to 0 (zero) and move on to the Fill phase.

The minimum Initial Drain volume setting is made in the Make Adjustments menu. The Minimum Drain Volume (MIN DRAIN VOL) percent setting is made in the Nurse’s Menu. The Minimum Drain Volume percent is multiplied by the Day Fill Volume for day drains and the Night Fill Volume for night drains.

16.13.2 Low Fill Mode Drain Logic

The Low Fill Mode Drain Logic is similar to the Standard Fill Mode Drain Logic. The thresholds for Slow Flow and No Flow are lower because Low Fill Mode patients typically drain slower. The Low Fill Mode also has an Initial Drain Time (I-DRAIN TIME) setting in the Make Adjustments menu. There is a Minimum Drain Time (MIN DRAIN TIME) setting for Day and Night Drains in the Nurse's Menu.

The system will advance to the next Fill phase when:

- Slow Flow or No Flow occurs and both Minimum Drain Volume has been drained and Minimum Drain Time has elapsed, or
- No Flow occurs and both 100% of the Fill Volume and the Minimum Drain Volume have been drained.

Some LOW DRAIN VOLUME Notices that could occur due to Slow Flow or No Flow are suppressed if the Minimum Drain Time is not met.

16. Technical Data

16.13.3 Drain Logic Comparison

Table 16-5 compares the Standard Fill Mode Drain Logic with the Low Fill Mode Drain Logic.

Table 16-5. Drain Logic Options

Flow Condition	Volume of Fluid Drained when Flow Condition Occurs	
	Minimum Drain Volume HAS NOT been reached	Minimum Drain Volume HAS been reached
Standard Fill Mode Drain Logic Slow Flow Below 50 ml/min No Flow* Below 12 ml/min	LOW DRAIN VOLUME Notice will sound. If the LOW DRAIN VOLUME Notice is bypassed, moves on to Fill phase with 100 per cent of Fill Volume delivered. If the fluid retained over the course of the therapy exceeds 50% of the Fill Volume, a WARNING: NEGATIVE UF alarm occurs rather than moving on to Fill phase when a LOW DRAIN VOLUME Notice is bypassed. If the WARNING: NEGATIVE UF Alarm is bypassed, moves on to Fill phase with partial Fill delivered.	Automatically moves on to Fill phase with 100% of Fill Volume delivered. If the fluid retained over the course of the therapy exceeds 50% of the Fill Volume, a WARNING: NEGATIVE UF Alarm occurs rather than moving on to Fill phase. If the WARNING: NEGATIVE UF Alarm is bypassed, moves on to Fill phase with partial Fill delivered.
Normal Flow	The Drain will continue with no alarm or notice. If Drain is stopped and bypassed, a partial Fill is delivered.	

* A very small volume of fluid is pushed back to the patient when a Drain ends due to No Flow to verify that the patient line is not occluded. The next Fill begins at this volume.

Table 16-5. Drain Logic Options (*continued*)

Flow Condition	Volume of Fluid Drained when Flow Condition Occurs	
	Minimum Drain Volume HAS NOT been reached	Minimum Drain Volume HAS been reached
Slow Flow Below 15 ml/min	If Minimum Drain Time <i>has not</i> elapsed, the Drain will continue with no notice. If Minimum Drain Time <i>has</i> elapsed, a LOW DRAIN VOLUME Notice will sound. If this notice is bypassed, moves on to Fill phase with 100 per cent of Fill Volume delivered. If the fluid retained over the course of the therapy exceeds the programmed Negative UF % of the Fill Volume, a WARNING: NEGATIVE UF Alarm occurs rather than moving on to Fill phase when a LOW DRAIN VOLUME Notice is bypassed. If the WARNING: NEGATIVE UF Alarm is bypassed, moves on to Fill phase with partial Fill delivered.	If Minimum Drain Time <i>has not</i> elapsed, the Drain will continue with no notice. If Minimum Drain Time <i>has</i> elapsed, automatically moves on to Fill phase with 100% of Fill Volume delivered. If the fluid retained over the course of the therapy exceeds the programmed Negative UF % of the Fill Volume, a WARNING: NEGATIVE UF Alarm occurs rather than moving on to Fill phase. If the Negative UF Alarm is bypassed, moves on to Fill phase with partial Fill delivered.
No Flow* Below 3 ml/min	Regardless of the Minimum Drain Time, a LOW DRAIN VOLUME Notice will sound. If this notice is bypassed, moves on to Fill phase with 100 per cent of Fill Volume delivered. If the fluid retained over the course of the therapy exceeds the programmed Negative UF % of the Fill Volume, a WARNING: NEGATIVE UF Alarm occurs rather than moving on to Fill phase when a LOW DRAIN VOLUME Notice is bypassed. If the WARNING: NEGATIVE UF Alarm is bypassed, moves on to Fill phase with partial Fill delivered.	If the Minimum Drain Time <i>has not</i> elapsed and less than 100 per cent of the Fill Volume has drained, Drain will continue with no notice. If Minimum Drain Time <i>has</i> elapsed or at least 100% of the Fill Volume has been drained, automatically moves on to Fill phase with 100% of Fill Volume delivered. If the fluid retained over the course of the therapy exceeds the programmed Negative UF % of the Fill Volume, a WARNING: NEGATIVE UF Alarm occurs rather than moving on to Fill phase. If the WARNING: NEGATIVE UF Alarm is bypassed, moves on to Fill phase with partial Fill delivered.
Normal Flow	The Drain will continue with no notice. If Drain is stopped and bypassed, a partial Fill is delivered.	

* A very small volume of fluid is pushed back to the patient when a Drain ends due to No Flow to verify that the patient line is not occluded. The next Fill begins at this volume.

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The Low Fill Mode logic will continue to drain without audible notifications for lower flow rates when compared to the Standard Fill Mode logic. It also has a Minimum Drain Time setting that must usually be met before the system can move on to Fill. The system can move on to Fill before the Minimum Drain Time has expired if the larger of the Minimum Drain Volume or 100% of the Fill Volume has drained.

The Low Fill Mode is restricted to Fill volumes of 60 ml to 1000 ml. This mode is suitable for patients with small Fill volumes who may normally drain slowly. It is required that the Low Recirculation Volume set be used with Low Fill Mode procedures.

The Standard Fill Mode Drain Logic can be used for patient volumes ranging from 100 ml to 3000 ml. It has higher Slow Flow Notice thresholds than the Low Fill Mode.

16.14 Replenish Logic

16.14.1 Scheduled Replenish

The system uses the first part of each cycle's Dwell Time to transfer solution from the supply bags to the heater bag. This replaces the solution used during the previous Fill. This is a *scheduled replenish* because it is a planned function of the system. The system does not notify for a scheduled replenish if the fluid flow slows or stops.

The system stops replenishing if last Fill DEXTROSE is set to DIFFERENT when the supply bag lines (lines with WHITE clamps) run empty. REFILL NOT FINISHED appears if you try to bypass Dwell before replenish has finished.

The system tries to draw solution from the last Fill line (line with BLUE clamp) when the supply bags run empty and the last Fill DEXTROSE is set to SAME. The system never draws solution from the supply bag lines (lines with WHITE clamps) and last Fill line (line with BLUE clamp) at the same time.

16.14.2 Unscheduled Replenish

If the heater bag empties before the end of the Fill phase, the system will usually, but not always, transfer solution from the supply bags to the heater bag in order to complete the Fill phase. This is an *unscheduled replenish* because the heater bag ran dry unexpectedly during Fill.

An unscheduled replenish is performed if the Fill Volume delivered to the patient when the heater bag empties is less than the volumes shown in Table 16-6. If the delivered Fill Volume is greater than the amounts shown in the table, the system considers the Fill complete and transitions from the Fill phase to the Dwell phase.

Table 16-6. Unscheduled Replenish Logic

Fill Descriptions	Unscheduled Replenish
Day Fill 1	Volume Delivered < 90% of Fill Volume
Day Fill 2 and up	Volume Delivered < 100% of Fill Volume
Fill 1 of n	Volume Delivered < 90% of Fill Volume
Fill 2 thru $n-1$	Volume Delivered < 100% of Fill Volume
Fill n	Volume Delivered < 75% of Fill Volume
Last Fill	Volume Delivered < 75% of Fill Volume

➤ **NOTE:** A notice is displayed when there is insufficient solution to complete an unscheduled replenish. This notice cannot be bypassed. To return to Fill, see *Check Supply Line Notice During Replenish* on page 15-67.

16. Technical Data

16.15 Determining Maximum Fill Volume

Table 16-7 on page 16-21 provides examples of Fill Volume programming based on body weight. The values listed illustrate the highest Fill Volume that can be programmed for a given dry weight. This information allows you to verify that the entered Fill Volume is not accidentally programmed too high for your weight.

Table 16-8 on page 16-22 provides examples of Fill Volume programming based on Body Surface Area (BSA). The values listed illustrate the highest Fill Volume that can be programmed for a given BSA measurement. Body Surface Area incorporates height and weight which makes it more precise in determining fill volume especially for patients under 2 years of age.

- **NOTE:** Fill volumes are adjusted during the initial therapies by the doctor.
- **NOTE:** In case of CHECK FILL VOLUME Notice, change the Fill Volume to a value based on your weight (not exceeding Maximum Fill Volume in Table 16-7). Device considers Fill volume based on patient weight only.

However, because these are the Maximum Fill Volumes, the entered Fill Volume could still be too high for you since most patients require a Fill Volume that is lower than the values listed in these tables.

The Maximum Fill Volume calculations are based on 60 millilitres per kilogram (60 mL/kg). The Maximum Fill Volume by BSA calculations are based on either a 800 mL/m² value, or a 1400 mL/m² value, determined by age.

To use these tables find the row with your weight in kilograms or BSA and read across to find the corresponding Maximum Fill Volume Limit.

Example: If dry weight is 35 kg, the Maximum Fill Volume Limit is 2100 mL.

- **NOTE:** If your kilogramme weight is not listed on the table or your weight is recorded in pounds, your clinician will calculate the maximum Fill Volume.

Kilogramme to pounds conversion: 1 kilogramme = 2.2 pounds

- **NOTE:** If your weight or BSA is between the values listed in two adjacent rows of the below mentioned tables, choose the row with lower value and read across to find the corresponding Maximum Fill Volume Limit.

WARNING

Programming the Day Fill Volume, Night Fill Volume or Last Fill Volume too high may result in IIPV. This can cause you to be overfilled if the volume is not appropriate for your body's size.

Table 16-7. Determining Maximum Fill Volume (Weight)

Weight Kilogrammes (kg)	Fill Volume Limit Millilitres (mL)*
2	120
3	180
4	240
5	300
6	360
7	420
8	480
9	540
10	600
15	900
20	1200
25	1500
30	1800
35	2100
40	2400
45	2700
50 and above	3000

* Fill volume limit is calculated based on 60 mL fill volume per kilogram body weight

➤ **NOTE:** These are maximum Fill Volume limits, not recommended values.

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Table 16-8. Determining Maximum Fill Volume (BSA)

BSA (m ²)	Fill Volume Limit (mL)**	
	Children below 2 years of age	Children, 2 years of age and older
0.15	120	-
0.20	160	-
0.25	200	-
0.30	240	-
0.35	280	-
0.40	320	-
0.45	360	630
0.50	400	700
0.55	440	770
0.60	480	840
0.65	520	910
0.70	-	980
0.80	-	1120
0.90	-	1260
1.00	-	1400
1.20	-	1680
1.40	-	1960
1.60	-	2240
1.80	-	2520
2.00	-	2800
2.14 and above	-	3000

** Fill volume limit is calculated based on a 800 mL fill volume per m² of BSA for children below 2 years of age and a 1400 mL fill volume per m² of BSA for children 2 years of age and older.

Ref: Schmitt CP, Zaloszc A, Schaefer B, and Fischbach M. Peritoneal dialysis tailored to paediatric needs. Int J Nephrol 2011; 940267

Ref: Warody,Schaefer,Bagga,Cano,McCulloch, Yap and Shroff., "Prescribing Peritoneal Dialysis for High-Quality Care in Children" Peritoneal Dialysis International., Vol 40(3) 333-340., 2020

16.16 Determining Minimum Initial Drain Volume Settings

Table 16-10 on page 16-26 allows you to determine the Minimum Initial Drain Volume (MIN I-DRAIN VOL) volume setting based on different percentages of the Last Fill Volume.

To use Table 16-10, identify the row with your Last Fill Volume (mL) and read across to the column with the desired percentage (%) to find the corresponding Minimum I-Drain Volume setting. See Table 9-1 on page 9-12 for recommended percentage based on last Fill solution and Dwell Time.

- **EXAMPLE:** If your Last Fill Volume is 2000 mL and you desire a limit that is 85 per cent of the Last Fill Volume, your Minimum I-Drain Volume setting is 1700 mL.

If your Last Fill Volume is between the values listed in two adjacent rows, choose the row with *lower* Last Fill Volume and read across to find the corresponding Minimum I-Drain Volume setting.

- **EXAMPLE:** If your Last Fill Volume is 550 mL and you desire a limit that is 85 per cent of the Last Fill Volume, your Minimum I-Drain Volume setting is 430 mL.

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Table 16-9. Minimum Initial Drain Volume Based on Percentage of Last Fill Volume

Last Fill Volume (ml)	70%	75%	80%	85%	90%	95%	Last Fill Volume (ml)	70%	75%	80%	85%	90%	95%
60	40	50	50	50	50	60	<i>continued from first column</i>						
80	60	60	60	70	70	80	700	490	550	550	600	650	650
100	70	80	80	90	90	100	800	550	600	650	700	700	750
120	80	90	100	100	110	110	900	650	700	700	750	800	850
140	100	110	110	120	130	130	1000	700	750	800	850	900	950
160	110	120	130	140	140	150	1100	750	850	900	950	1000	1000
180	130	140	140	150	160	170	1200	850	900	950	1000	1100	1100
200	140	150	160	170	180	190	1300	900	1000	1000	1100	1200	1200
220	150	170	180	190	200	210	1400	1000	1100	1100	1200	1300	1300
240	170	180	190	200	220	230	1500	1100	1100	1200	1300	1400	1400
260	180	200	210	220	230	250	1600	1100	1200	1300	1400	1400	1500
280	200	210	220	240	250	270	1700	1200	1300	1400	1400	1500	1600
300	210	230	240	260	270	290	1800	1300	1400	1400	1500	1600	1700
320	220	240	260	270	290	300	1900	1300	1400	1500	1600	1700	1800
340	240	260	270	290	310	320	2000	1400	1500	1600	1700	1800	1900
360	250	270	290	310	320	340	2100	1500	1600	1700	1800	1900	2000
380	270	290	300	320	340	360	2200	1500	1700	1800	1900	2000	2100
400	280	300	320	340	360	380	2300	1600	1700	1800	2000	2100	2200
420	290	320	340	360	380	400	2400	1700	1800	1900	2000	2200	2300
440	310	330	350	370	400	420	2500	1800	1900	2000	2100	2300	2400
460	320	350	370	390	410	440	2600	1800	2000	2100	2200	2300	2500
480	340	360	380	410	430	460	2700	1900	2000	2200	2300	2400	2600
500	350	380	400	430	450	480	2800	2000	2100	2200	2400	2500	2700
600	420	450	480	500	550	550	2900	2000	2200	2300	2500	2600	2800
<i>continued in next column</i>							3000	2100	2300	2400	2600	2700	2900

16.17 Determining Tidal Total UF and Last Manual Drain UF Target Volume Settings

Table 16-10 on page 16-26 allows you to determine the:

- Total UF volume setting for a Tidal therapy, or
- UF Target volume setting for the Last Manual Drain

To use Table 16-10, identify the row with your expected UF volume and read across to the column with the desired expected UF volume percent (%) to find the recommended Total UF or UF Target volume setting.

- **EXAMPLE 1:** If your expected UF volume for the night portion of therapy is 1300 ml and you desire to program your Tidal Total UF volume at 70% of the expected UF volume, use a Tidal TOTAL UF volume setting of 910 ml.

If your expected UF volume is between the values listed in two adjacent rows, choose the row with the lower expected UF volume and read across to find the corresponding Tidal TOTAL UF or Last Manual Drain UF TARGET volume setting.

- **EXAMPLE 2:** If your expected UF volume for the therapy is 1350 ml and you desire to program your UF TARGET volume for the Last Manual Drain at 70% of the expected UF volume, your Last Manual Drain UF TARGET volume setting is 900 ml.

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Table 16-10. Tidal Total UF and Last Manual Drain UF Target Volume Settings Based on Percent of Expected UF Volume

Expected UF (ml)	Tidal TOTAL UF Volume Settings (ml)						Last Manual Drain UF TARGET Volume Settings (ml)					
	70%	75%	80%	85%	90%	95%	70%	75%	80%	85%	90%	95%
20	10	20	20	20	20	20	0	0	0	0	0	0
40	30	30	30	30	40	40	50	50	50	50	50	50
60	40	50	50	50	50	60	50	50	50	50	50	50
80	60	60	60	70	70	80	50	50	50	50	50	100
100	70	80	80	90	90	100	50	100	100	100	100	100
120	80	90	100	100	110	110	100	100	100	100	100	100
140	100	110	110	120	130	130	100	100	100	100	150	150
160	110	120	130	140	140	150	100	100	150	150	150	150
180	130	140	140	150	160	170	150	150	150	150	150	150
200	140	150	160	170	180	190	150	150	150	150	200	200
220	150	170	180	190	200	210	150	150	200	200	200	200
240	170	180	190	200	220	230	150	200	200	200	200	250
260	180	200	210	220	230	250	200	200	200	200	250	250
280	200	210	220	240	250	270	200	200	200	250	250	250
300	210	230	240	260	270	290	200	250	250	250	250	300
320	220	240	260	270	290	300	200	250	250	250	300	300
340	240	260	270	290	310	320	250	250	250	300	300	300
360	250	270	290	310	320	340	250	250	300	300	300	350
380	270	290	300	320	340	360	250	300	300	300	350	350
400	280	300	320	340	360	380	300	300	300	350	350	400
420	290	320	340	360	380	400	300	300	350	350	400	400
440	310	330	350	370	400	420	300	350	350	350	400	400
460	320	350	370	390	410	440	300	350	350	400	400	450
480	340	360	380	410	430	460	350	350	400	400	450	450
500	350	380	400	430	450	480	350	400	400	450	450	500
600	420	450	480	510	540	570	400	450	500	500	550	550

(continued on next page)

Table 16-10. Tidal Total UF and Last Manual Drain UF Target Volume Settings Based on Percent of Expected UF Volume (continued)

Expected UF (ml)	Tidal TOTAL UF Volume Settings (ml)						Last Manual Drain UF TARGET Volume Settings (ml)					
	70%	75%	80%	85%	90%	95%	70%	75%	80%	85%	90%	95%
700	490	530	560	600	630	670	500	550	550	600	650	650
800	560	600	640	680	720	760	550	600	650	700	700	750
900	630	680	720	770	810	860	650	700	700	750	800	850
1000	700	750	800	850	900	950	700	750	800	850	900	950
1100	770	830	880	940	990	1000	750	850	900	950	1000	1050
1200	840	900	960	1000	1100	1100	850	900	950	1000	1100	1150
1300	910	980	1000	1100	1200	1200	900	1000	1050	1100	1150	1250
1400	980	1100	1100	1200	1300	1300	1000	1050	1100	1200	1250	1350
1500	1100	1100	1200	1300	1400	1400	1050	1150	1200	1300	1350	1450
1600	1100	1200	1300	1400	1400	1500	1100	1200	1300	1350	1450	1500
1700	1200	1300	1400	1400	1500	1600	1200	1300	1350	1450	1550	1600
1800	1300	1400	1400	1500	1600	1700	1250	1350	1450	1550	1600	1700
1900	1300	1400	1500	1600	1700	1800	1350	1450	1500	1600	1700	1800
2000	1400	1500	1600	1700	1800	1900	1400	1500	1600	1700	1800	1900
2100	1500	1600	1700	1800	1900	2000	1450	1600	1700	1800	1900	2000
2200	1500	1700	1800	1900	2000	2100	1550	1650	1750	1850	2000	2100
2300	1600	1700	1800	2000	2100	2200	1600	1750	1850	1950	2050	2200
2400	1700	1800	1900	2000	2200	2300	1700	1800	1900	2050	2150	2300
2500	1800	1900	2000	2100	2300	2400	1750	1900	2000	2150	2250	2400
2600	1800	2000	2100	2200	2300	2500	1800	1950	2100	2200	2350	2450
2700	1900	2000	2200	2300	2400	2600	1900	2050	2150	2300	2450	2550
2800	2000	2100	2200	2400	2500	2700	1950	2100	2250	2400	2500	2650
2900	2000	2200	2300	2500	2600	2800	2050	2200	2300	2450	2600	2750
3000	2100	2300	2400	2600	2700	2900	2100	2250	2400	2550	2700	2850

16. Technical Data

16.18 Default Settings

The following tables show the defaults and setting ranges for the:

- Change Program Menu (Table 16-11, below)
- Make Adjustments Menu (Table 16-12, page 16-30)

Differences between Standard Fill Mode and Low Fill Mode are noted.

► **NOTE:** Shaded items may not appear for all therapies, depending on Therapy type and other programmable parameters.

Table 16-11. Change Program Menu Defaults

Change Program Menu	Default	Setting Range	For more information see . . .
Therapy	CCPD/IPD	CCPD/IPD, TIDAL, OCPD, OCPD TIDL	<i>Therapy Type</i> on page 8-7
Total Volume	200 ml	200 ml – 80,000 ml	Page 8-9 of Table 8-2, <i>Therapy Settings</i>
# of Day Fills	0	0 – 9	Page 8-9 of Table 8-2, <i>Therapy Settings</i>
Day Fill Volume	100 ml	Standard Mode: 100 ml – 3000 ml Low Fill Mode: 60 ml – 1000 ml	Page 8-9 of Table 8-2, <i>Therapy Settings</i>
Therapy Time / Nite Therapy Time	10 MIN	10 MIN – 48 HRS	Page 8-9 of Table 8-2, <i>Therapy Settings</i>
Fill Volume / Nite Fill Volume	250 ml	Standard Mode: 100 ml – 3000 ml Low Fill Mode: 60 ml – 1000 ml	Page 8-9 of Table 8-2, <i>Therapy Settings</i>
Tidal Volume % / Nite Tidal Volume %	95%	40% – 95%	Page 8-10 of Table 8-2, <i>Therapy Settings</i>

Table 16-11. Change Program Menu Defaults (*continued*)

Change Program Menu	Default	Setting Range	For more information see . . .
Total UF / Nite UF	Standard Mode: 1000 ml Low Fill Mode: 400 ml	10 ml – 10,000 ml	Page 8-10 of Table 8-2, <i>Therapy Settings</i>
Last Fill Volume	0 ml	Standard Mode: 0 ml or 100 ml – 3000 ml Low Fill Mode: 0 ml or 60 ml – 1000 ml	Page 8-11 of Table 8-2, <i>Therapy Settings</i>
Dextrose	SAME	SAME, DIFFERENT	Page 8-12 of Table 8-2, <i>Therapy Settings</i>
Full Drains Every	3	1 – 10	Page 8-12 of Table 8-2, <i>Therapy Settings</i>
Weight Units	KG	KG, LB	Page 8-12 of Table 8-2, <i>Therapy Settings</i>
Patient Weight	1 KG	1 KG – 990 KG 2 LB – 990 LB	Page 8-12 of Table 8-2, <i>Therapy Settings</i>

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Table 16-12. Make Adjustments Menu Defaults

Make Adjustments Menu	Default	Setting Range	For more information see . . .
Adjust Brightness	See system	See system	<i>Adjust Brightness</i> on page 9-3
Adjust Loudness	See system	See system	<i>Adjust Loudness</i> on page 9-4
Auto Dim	NO	YES, NO	<i>Auto Dim</i> on page 9-5
Set Clock	See system	See system	<i>Set Clock</i> on page 9-6
Set Date	See system	See system	<i>Set Date</i> on page 9-7
I-Drain Time (Initial Drain Time)	Low Fill Mode: 0 MIN	Low Fill Mode: 1 MIN – 30 MIN	<i>I-Drain Time</i> on page 9-8
Min I-Drain Vol (Minimum Initial Drain Volume)	Standard Mode: greater of 1400 ml or 70% of LAST FILL VOLUME Low Fill Mode: invalid setting (--) or 70% of LAST FILL VOLUME	Standard Mode: 0 ml – 3500 ml Low Fill Mode: 0 ml – 1500 ml	<i>Minimum I-Drain Volume</i> on page 9-10
Comfort Control (Temperature)	36° C	35° C – 37°C	<i>Comfort Control</i> on page 9-14
Last Manual Drain	YES	YES, NO	<i>Last Manual Drain</i> on page 9-15
UF Target (Last Manual Drain)	0 ml	0 ml – 3000 ml	<i>UF Target and Sound Prompt</i> on page 9-16
Prompt (Last Manual Drain)	NO	YES, NO	<i>UF Target and Sound Prompt</i> on page 9-16
Network Enabled	YES	YES, NO	<i>Network Enabled</i> on page 9-19

16.19 Product Disposal

	■ Do not dispose of this product as unsorted municipal waste. ■ Collect this product separately. ■ Use collection and return systems available to you.
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For product disposal (according to WEEE 2002/96/EC or other applicable regulations), please do the following:

- Return this product to your dialysis centre or to Baxter.
- For more information on return, recovery, or recycling of this product, please contact Baxter Technical Assistance at the number located in *Numbers to Call for Assistance* on page 1-1.
- Follow your local guidelines for disposal of dialysis waste materials. Check with your local authorities if questions arise about the waste disposal regulations in your area.

Failure to follow disposal instructions can result in groundwater contamination or a monetary fine.

16.20 Cybersecurity

The **Homechoice Claria** APD cyclor can connect to the web-based **Sharesource** services when used with a wireless modem. This feature allows your doctor or healthcare provider to monitor and adjust your treatment programme.

Connectivity over the Internet always poses certain cybersecurity risks that you must be made aware of to guard your safety and privacy.

Cybersecurity is defined as the practice of protecting devices, networks and applications from digital attacks that can be initiated intentionally by hackers or unintentionally by system malfunctions. The **Homechoice Claria** APD cyclor has been developed and tested with robust cybersecurity controls. The system disconnects from the Internet during a treatment to prevent potential external cyber interference. The device is only connected to **Sharesource** prior to and post treatment to send and receive information.

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Cybersecurity relies on three main pillars: people, processes and technology. In addition to the cybersecurity controls enforced by the **Homechoice Claria** APD System, you as the user must comply with the following rules to ensure cybersecurity:

- Do not allow anyone except an authorised Baxter representative to have physical access to the **Homechoice Claria** APD cyclor and modem for maintenance and troubleshooting
- Do not attempt to use the modem for general data communications
- Do not allow anyone to attempt to connect any personal devices (e.g. laptop, mobile device) to the Homechoice Claria APD cyclor or the modem.

If you see or suspect any cybersecurity events related to your **Homechoice Claria** APD cyclor, contact the Baxter technical support immediately.

The **Homechoice Claria** APD device maintains an internal device log that captures the audit events related to device access. The Baxter support technicians can obtain this log during troubleshooting and identify the root cause for certain irregularities that may be caused by unauthorised tampering or cyber attacks.

► **NOTE:** DO NOT open the cyclor panels to access the internal components. Under normal operation conditions there is no need to access the internal circuit board of the cyclor.

Quick Reference

This section is intended to guide you through common procedures. This *Quick Reference* should not replace the complete operating instructions contained in the other sections of this *Patient At-Home Guide*.

Read the entire *Patient At-Home Guide* before operating the **Homechoice Claria** APD system.

► **NOTE:** If you use a disposable set with a single inline clamp, please refer to the **Homechoice Claria** APD System Patient At-Home Guide Addendum: *Prepare for Therapy Using the Disposable Set with Single Inline Clamp* instead of this section.

Following is a list of the topics covered in this section:

Topic	Page
Prepare for Therapy	17-2
Perform an OptiChoice (OCPD) Therapy.....	17-16
End Therapy.....	17-23

17.1 Prepare for Therapy

1. Gather your supplies as directed by your clinician or dialysis centre.

- **NOTE:** Supplies used may vary by local practice guidelines and geographic location. Your supplies may be different than the supplies shown here.

- 1 – Solution bags
- 2 – Drain option (drain lines or drain bags)
- 3 – Patient line extension
- 4 – Disposable set
- 5 – Face mask(s)
- 6 – FlexiCap (Left) and MiniCap (Right) Disconnect cap(s)

Not pictured:

- Outlet Port Clamp
- Connection Shield



WARNING

If any problems are found while preparing the solution bags, **DO NOT USE THE SOLUTION SUPPLY BAG**. Obtain and use a fresh dialysis solution supply bag. Using wrong or damaged bags can result in inadequate therapy or contamination of the fluid lines. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury, or death. Report and return any damaged or defective bags to Baxter or your dialysis centre. See *Numbers to Call for Assistance* on page 1-1.

2. Check solution bags.

Remove the overpouch and check the following:

- The solution is clear
- The solution matches the prescribed type
- The dextrose concentration is correct
- The volume of solution is correct
- The expiration date has not passed
- The pull ring and medication port are in place
- There are no leaks



WARNING



The solution bag must be positioned properly on the heater pan.

- Be sure that the bag completely covers the silver heater sensor button.
- Additional care should be taken when positioning small solution bags on the heater pan.
- If the solution bag is not placed properly, overheated or underheated dialysis solution can be delivered.

WARNING



DO NOT use external heating sources (such as a microwave, stove, electric heating pad with an uncontrolled temperature gauge, or immersion in hot water) to warm solution bags. This can result in overheated solution delivered into your peritoneal cavity, causing patient injury. Dialysis solution should only be heated by the cyclor.

3. Place one solution bag on the heater pan.

- Place the edge of the bag against the bag stops on the right side of the heater pan.
- Make sure that the bag completely covers the silver heater sensor button.



4. Turn on the cycler.

- Press the On/Off switch to the ON (I) position.
- The **Homechoice Claria** logo appears.



► If you ARE using the *Sharesource* platform:

- Press ● when your name appears.
- CONNECTING TO NETWORK appears.
- CONFIRM CONFIGURATIONS appears if the system detects new therapy settings on the **Sharesource** platform.
- The system may prompt you to enter additional data.
- When all data is entered, press ●.
- The current operating mode (STANDARD MODE ON or LOW FILL MODE ON) appears.
- When all information is confirmed, accepted and saved by the system, PRESS GO TO START appears.



► If you are NOT using the *Sharesource* platform:

- The current operating mode (STANDARD MODE ON or LOW FILL MODE ON) appears.
- When the system is ready, PRESS GO TO START appears.



WARNING



Before loading the disposable set, inspect the cassette and tubing for damage. Using damaged sets can result in contamination of the fluid or fluid pathways. Contamination of any portion of the fluid or fluid path may result in peritonitis, serious patient injury or death.

5. Prepare the disposable set.

- Open the packaging by grasping the top and pulling down in opposite directions.
 - Close all clamps on the disposable set.
- **NOTE:** Disposable sets vary. Your disposable set may be different from the set shown here.



6. Prepare your drain option.

- **For Drain Bag:** Close the clamp on the line with the blue pull ring.
 - **For Drain Line Extension:** Leave the line clamp open.
- **NOTE:** When a drain line extension is used instead of a drain bag, you must leave a space between the end of the drain line and any fluid in the drain or container.
- **NOTE:** Your drain option may be different from the option shown here.



WARNING



If a disposable set is already present in the cyclor, **CLOSE ALL CLAMPS** before you press . This prevents the flow of fluid from one bag to another or to the patient, when **LOAD THE SET** appears. Uncontrolled gravity flow of fluid can result in an increased intraperitoneal volume (IIPV) situation. IIPV could result in a feeling of abdominal discomfort, serious injury or death.

7. Press when you are ready to begin.

- LOAD THE SET appears.

➤ If TWO CHAMBER BAG: YES is selected in the Nurse's Menu:

- MIX TWO CHAMBER BAGS will appear instead.
- Press  again to confirm you have properly mixed the two chamber bag.
- LOAD THE SET then appears.



8. Open the door.

- Lift up the handle to unlock and open the door.



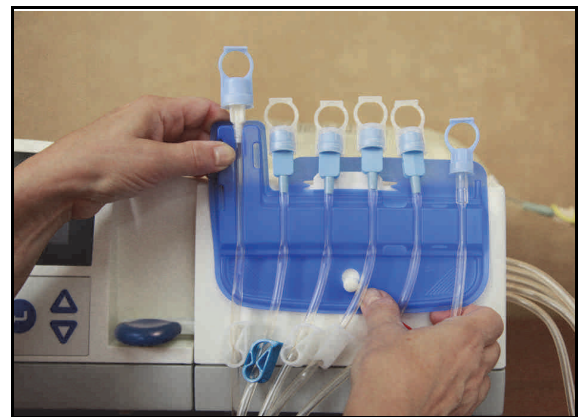
9. Load the cassette.

- The cassette only fits one way, with the lines leading to the right of the cycler.
- Close the door and press the handle down to lock the door.



10. Place the organizer.

- Place the long slot of the organizer over the hook at the top of the door.



11. Attach your drain option.

- **Drain Bag:** Before attaching, ensure the clamp is closed on the short tube with the blue pull ring to prevent leakage. Leave the drain line clamp open.
- **Drain Line Extension:** Leave the drain line clamp open and remove the tip protectors from both ends of the drain.



➤ **NOTE:** Your drain option may vary by geographic location.

12. Press ●.

- SELF TESTING appears on the display screen.
- When the self test is complete, CONNECT BAGS and OPEN THE CLAMPS appear.



WARNING



Follow aseptic technique taught by your dialysis centre when handling lines and solution bags to reduce the possibility of infection.

13. Follow the training provided by your clinician. Wear a face mask, if taught by your dialysis centre. Wash and dry your hands or use a disinfectant. Dry your hands completely.



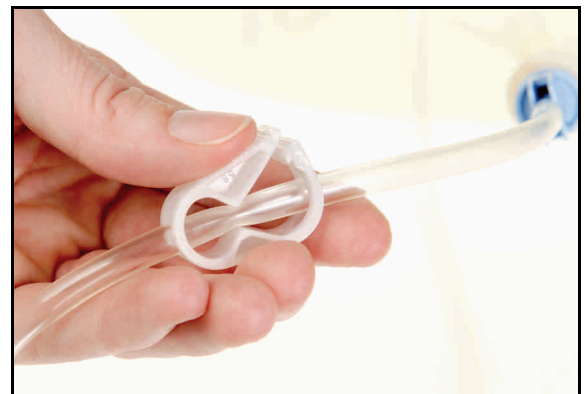
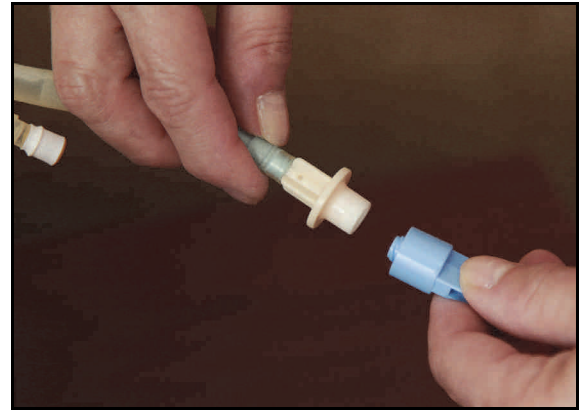
14. Connect bags.

- Connect the line with the **RED** clamp to the heater bag.
- Connect the line with the **BLUE** clamp to the last Fill solution bag.
- Connect the lines with the **WHITE** clamps to additional solution bags, if needed.
- Break the Frangible. (Luer connections only.)
- If using two chamber solution bags, open the interchamber seals or Frangibles to properly mix the solutions as taught by your dialysis centre.

➤ **NOTE:** Do not stack the bags on top of one another. Place all bags on a flat surface. Ensure all lines are unkinked.

15. Check connections and open clamps.

- Open clamps only on lines connected to solution bags.
- Make sure the patient line is in the left slot of the organizer.
- Open the clamp on the patient line.



WARNING



Failure to open the clamp on the patient line after connecting the solution bags will prevent the patient line from being primed. This can cause air to be delivered to you during First FILL, which can cause shoulder or abdominal pain and may lead to serious injury.

16. Press ● to begin priming.

- PRIMING appears.

➤ If TWO CHAMBER BAG: YES is selected in the Nurse's Menu:

- TWO CHAMBER BAGS MIXED? will appear instead.
- Press ● to confirm you have properly mixed the two chamber bag.
- PRIMING then appears.



17. Priming complete.

- When priming is complete, CHECK PATIENT LINE and CONNECT YOURSELF appear.
 - Check that the fluid level is at or near the connector on the patient line before connecting.
- **NOTE:** If the fluid level is not at or near the connector on the patient line, reprime the patient line. See Section 15.8.2, *Reprime Patient Line Procedure* on page 15-76 for instructions.



WARNING



DO NOT connect to your patient line unless the fluid level is at or near the connector at the end of the disposable set patient line. Connecting when air is present will result in sterile air being delivered during the first Fill if there was no Initial Drain. Air introduced into your peritoneal cavity can cause shoulder or abdominal pain and may lead to serious injury.

18. Get your transfer set ready.

- Make sure your transfer set is available but do not remove the cap until after you have washed (or disinfected) your hands.



WARNING



Follow aseptic technique taught by your dialysis centre when handling lines and solution bags to reduce the possibility of infection.

19. Follow the training provided by your clinician. Wear a face mask, if taught by your dialysis centre. Wash and dry your hands or use a disinfectant. Dry your hands completely.



20. Connect yourself.

- Remove the pull ring from the patient line.
- Remove the **MiniCap** from the transfer set.
- Immediately connect the transfer set to the patient line.
- Twist to open the transfer set.



21. Press .

- Treatment begins with INITIAL DRAIN.

If you perform a Hi-Dose therapy, continue to *Perform a Hi-Dose Therapy* on page 17-16.

If you are not performing an **OptiChoice** (OCPD) therapy:

- Night Fill begins automatically when Initial Drain is complete.
- Go to *End Therapy* on page 17-23.



17.2 Perform a Hi-Dose Therapy

- **NOTE:** Depending on your geographic location, the term Hi-Dose may be used as an alternate to the term **OptiChoice**. **OptiChoice** (OCPD) is used throughout this *Patient At-Home Guide* to represent this type of 24-hour therapy.

1. **OptiChoice (OCPD) therapy begins when INITIAL DRAIN is complete.**



2. **DAY FILL begins automatically when INITIAL DRAIN is complete.**



3. **During DAY DWELL, you may choose to disconnect yourself from the cycler.**



WARNING

If you do not have a *FlexiCap* and *MiniCap* disconnect cap available, end your therapy and then restart your therapy using all new supplies (solution bags and disposable set). If you disconnect during therapy and do not reconnect using new supplies, there may be a possibility of contamination of your patient line, which may lead to peritonitis.

WARNING

Follow aseptic technique taught by your dialysis centre when handling lines and solution bags to reduce the possibility of infection.

4. If you choose to disconnect yourself:

- Twist to close your transfer set.
 - Close the clamp on the patient line.
 - Follow the training provided by your clinician. Wear a face mask, if taught by your dialysis centre. Wash and dry your hands or use a disinfectant. Dry your hands completely.
 - Open a new **MiniCap** disconnect cap package and a new **FlexiCap** disconnect cap package, or open a new **OptiCap** disconnect cap package.
- **NOTE:** An OptiCap disconnect cap package contains both the MiniCap disconnect cap and the FlexiCap disconnect cap.



(continued)

- Disconnect the transfer set from the patient line and place the uncapped patient line in the organizer.
- Immediately connect a **MiniCap** disconnect cap to the transfer set and tighten it until it is secure.
- Remove the patient line from the organizer. Connect a **FlexiCap** disconnect cap to the patient line connector and tighten it until it is secure.
- Place the capped patient line back in the organizer.

You can now leave the cyclor.



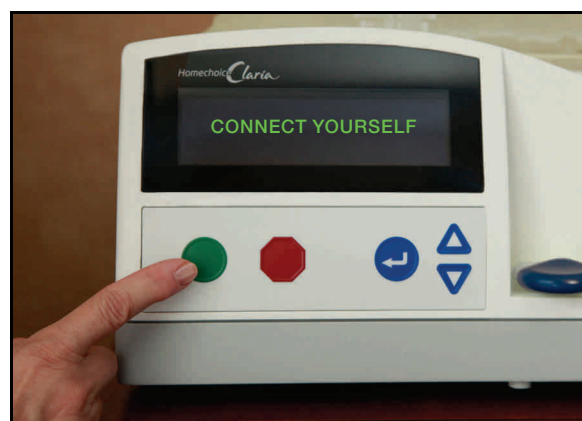
5. Press ▼ to display the elapsed Day Dwell Time in hours and minutes.



6. When you are ready to continue your therapy, press ▼ until PRESS GO TO CONTINUE appears on the display screen.



7. Press ● and the system prompts you to CONNECT YOURSELF.



WARNING

Follow aseptic technique taught by your dialysis centre when handling lines and solution bags to reduce the possibility of infection.

- 8. Follow the training provided by your clinician. Wear a face mask, if taught by your dialysis centre. Wash and dry your hands or use a disinfectant. Dry your hands completely.**



9. Connect yourself.

- Remove the **FlexiCap** from the patient line and place the uncapped patient line back in the organiser.
- Remove the **MiniCap** from the transfer set.
- Remove the uncapped patient line from the organizer and connect it to the transfer set.
- Open the clamp on the patient line.
- Twist to open the transfer set.
- Discard the used disconnect caps.



10. Press  and the system automatically begins DAY DRAIN 1.



11. When DAY DRAIN 1 is complete, the nighttime therapy begins with FILL 1.

– OR –

If more than one OCPD exchange is programmed, the next DAY FILL begins.



17.3 End Therapy

1. **END OF THERAPY** appears when your therapy is complete.



2. Press **▽** to view the end of therapy summary information.
3. If you are **NOT** using the *Sharesource* platform, write the following on your treatment record:



- Initial Drain Volume
- Total UF
- Average Dwell Time
- Other data as instructed by your dialysis centre

► **NOTE:** If you ARE using the **Sharesource** platform, the system will automatically transfer your therapy information to your dialysis centre.

4. Press ●.

- CLOSE ALL CLAMPS and DISCONNECT YOURSELF appear on the display screen.



5. Close all clamps.



WARNING



Follow aseptic technique taught by your dialysis centre when handling lines and solution bags to reduce the possibility of infection.

6. Follow the training provided by your clinician. Wear a face mask, if taught by your dialysis centre. Wash and dry your hands or use a disinfectant. Dry your hands completely.



7. Open a new *MiniCap* disconnect cap package.



8. Disconnect the transfer set from the patient line.



9. Connect a *MiniCap* disconnect cap to the transfer set.



10. Press ●.

- REMOVE CASSETTE appears.



11. Open the door.

12. Remove and discard the disposable set and solution bags.



13. Press ●

- CONNECTING TO NETWORK appears.

► **NOTE:** This step is applicable if you are connected to Sharesource.



14. Press ●.

- TURN ME OFF appears.



15. Press the On/Off switch to the OFF (O) position.



Intentionally Left Blank

18

Accessories

The Table 18-1 lists the accessories approved for use with **Homechoice Claria** automated PD system.

Table 18-1. Accessories approved for use with Homechoice Claria

Accessories	Description
APD Disposable Set	A package containing the organiser, cassette and tubing attached to the cassette that is used during APD. Solution bags are attached to the tubing. Once tubing and solution are prepared for dialysis, the tubing connects to your catheter. The disposable set is used only once.
Drain Manifold	An optional part that allows you to connect two drain bags to the one drain line.
Drain Line Extension	An extension line that attaches to the drain line of the disposable set. This extra length allows you to drain into a shower, tub or toilet. The Drain Line Extension is optional
Effluent Sample Bag	A disposable bag to gather used dialysis solution, containing waste products and excess fluids, drained from the peritoneal cavity.
FlexiCap Disconnect Cap	A povidone-iodine solution-filled cap that is placed over the connector on the transfer set or the connector on the patient line of the disposable set. FlexiCap, and MiniCap are disconnect caps. A MiniCap is used on the transfer set, and a FlexiCap is used on the patient line. An OptiCap package contains both the MiniCap disconnect cap and the FlexiCap disconnect cap
MiniCap	
OptiCap	

Table 18-1. Accessories approved for use with Homechoice Claria

Accessories	Description
Low Fill APD Disposable Set	A disposable set with a 2.3-metre (7.5-foot) patient line made with a smaller inside diameter tubing than the other lines in the set. This reduces the fluid flow to patients using Low Fill Mode. The internal recirculation volume of this set is 17mL.
Outlet Port Clamp	Clamp to restrict the flow of solutions within any lines of the APD Disposable Set.
Patient Line Extension	An optional extension line that attaches to the patient line of the disposable set. This extra length allows you to be up to an additional 3.7metres (12feet) away from your cyclor during therapy.
Transfer Set	Tubing that connects the patient line on the Automated Peritoneal Dialysis (APD) disposable set or Continuous Ambulatory Peritoneal Dialysis (CAPD) disposable set to the patient's catheter.
15L Drain Bag	A bag into which fluid from your peritoneal cavity drains. A drain bag is optional. See also Drain Line Extension.

- **NOTE:** Contact your dialysis centre to confirm the availability of accessories in your geographic location

All Baxter manufactured PD solutions are approved for use on Homechoice Claria.

- **NOTE:** Contact your dialysis centre to confirm the availability of solutions in your geographic location

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