

PERITONEAL DIALYSIS (PD) – AFTERHOURS MANAGEMENT OF PLANNED SIMPLE PD PROCEDURE (FOR SHORT STAY) IN 4 SOUTH ST GEORGE HOSPITAL (SGH)

1. Purpose	A structured process for the management of simple PD procedures afterhours to ensure patients are well supported even when the PD unit is not operating
2. Risk Rating	Medium
3. National Standards	1 – Clinical Governance 2 – Partnering with Consumers 3 – Preventing and Controlling Healthcare Associated Infection 5 – Comprehensive Care 6 – Communicating for Safety
4. Employees it Applies to	All Clinical Staff

5. PROCESS

Background

After – hours refers to the times that the PD unit is not operating and the PD Clinical Nurse Consultant (CNC) and PD Clinical Nurse Specialists (CNS) are not on duty. PD unit’s business hours are Monday to Friday, 0730 – 1600 hours, except on public holidays or during holiday closure.

Definitions

Simple PD procedures – are PD procedures that require ≤ 3 hours to perform and are usually carried out in the PD unit during operating hours:

1. Daily intraperitoneal (IP antibiotic) treatment via Continuous Ambulatory Peritoneal Dialysis (CAPD)
2. Manual drain of PD effluent – either for culture (MCS and cell differential or to drain out IP antibiotics after dwelling for 6 – 8 hours)

Some of these planned simple PD procedures may need to be carried out after hours in 4 South (4S) for short – stay (≤ 3 hours) admission due to treatment timing. Some examples are:

- Patients receiving treatment for peritonitis in the form of daily intraperitoneal (IP) antibiotic administration via CAPD – IP antibiotic treatment will be administered Monday to Friday in the PD unit and in 4S over the weekend and public holidays.
- Patients requiring a manual drain of PD effluent:
 - IP antibiotics administered with PD fluid are to dwell for 6 – 8 hours only and must be drained out completely to prevent antibiotic toxicity. For IP antibiotics requiring 8 hour dwell time, administration is carried out in the PD unit during operating hours, draining out will have to be booked in 4S after hours.
 - PD effluent sample for microscopy, culture and sensitivity (MCS) are to dwell for 2 – 3 hours only for accurate results as per [SGH CLIN 442 Peritonitis Management and Treatment - Peritoneal Dialysis](#) and [SGH PD WPI 145 Peritoneal Dialysis - Fluid specimen collection via Continuous Ambulatory PD \(CAPD\) Freeline solo exchange](#). Patient may present to PD unit late in the day for PD effluent MCS, dwell of PD effluent will start in PD unit and draining out will have to be booked in 4S after hours.

5.1 BOOKING AND PLANNING SIMPLE PD PROCEDURES AFTER – HOURS

5.1.1 PD nurse and/or renal team must inform 4S Nurse Unit Manager (NUM) and/or 4S

Team Leader (TL) and/or in – charge registered nurse (IC RN) prior to booking the patient.

5.1.2 4S NUM/TL/IC nurse will arrange and ensure PD skilled nursing staff are available to attend to the simple PD procedure after – hours.

Note: For issues with staffing shortage of PD skilled nursing staff in 4S:

1. 4S NUM must immediately notify PD team, dialysis NUM and nurse manager (NM)
2. Dialysis NUM to submit request to NM for approval of overtime or on – call duty for one of the PD nurses
3. Once approved for on – call/overtime duty, one of the PD nurses must attend to after-hours simple PD procedure in 4S

5.1.3 Once 4S accepts after – hours booking for simple PD procedure, PD nurse and renal team must attend to the direct admission process:

1. Inform 4S TL or IC RN of the timing and purpose of patient's after – hours attendance in the hospital
2. Explain admission process and procedure to patient
3. Instruct patient to present directly to 4S when hospital main door is open. After 2200 or if main entrance is closed, advise patient to present to the Emergency Department (ED), inform ED clerical staff to contact security to escort patient to 4S
4. Complete a direct admission form noting patient is to be admitted in 4S overcensus (4SM_OVPD01) bed and indicate the length of time required for the PD procedure (maximum 3 hours for simple PD procedures)
5. Send direct admission form to hotline (fax 33923) and the bed manager (fax 32676)
6. Hand over and deliver the appropriate documentation to the 4S IC RN i.e. original copies of the direct admission form and medication chart
7. Document in eMR

5.1.4 Once the patient presents to 4S, IC RN must:

1. Inform the After-hours Nurse Manager (AHNM), Bed Manager, renal consultant on – call and afterhours 4th floor resident medical officer (RMO) of the patient's arrival to 4S
2. Attend to patient's COVID – 19 screening as per as per most recent COVID guidelines and recommendation for SGH
3. 4S IC RN to check the 724 computer for the overcensus admission and patient must be accounted for downtime protocol (eMR downtime protocol)

Note: 4 south can only accommodate 1 overcensus patient per shift

4. Hotline patient through switch and generate front sheet and labels from IPM
5. Attend to or delegate a senior RN to attend to the required procedure as per PD Clinical Business Rules (CIBRs) or Workplace Instructions (WPIs) in the 4S PD treatment room

Note: This can be delegated to a PD skilled IC RN or a PD skilled RN with no patient load

6. Document procedure in eMR
7. If the patient requires hospital admission following the simple PD procedure: Notify AHSNM, bed manager, AHRMO and renal consultant on – call; arrange for a direct admission as per current SGH admission policy, request for a hospital bed and document in eMR

Note: It is preferred PD patient stays in 4S, however, patient may be admitted to another ward or unit depending on patient's clinical requirements or 4S bed availability

8. If the patient becomes unwell during the procedure:
 - a. Inform the afterhours 4th Floor RMO, renal consultant on call, AHNM and bed manager
 - b. Refer to [NSW Health PD2020_018 Recognition and management of patients who are deteriorating](#) and [Clinical Excellence Commissions \(CEC\) Between the Flags \(BTF\) Clinical Emergency Response System \(CERS\) Yellow Zone \(Clinical Review\) and Red Zone \(Rapid Response\) criteria](#) for deteriorating patients' standard calling criteria
 - c. Patients with vital signs falling within the Yellow Zone and Red Zone calling criteria, activate CERS (X 2222) as per [SGH CLIN 301 CERS Management: St George Hospital](#)
 - d. In the event of cardiac or respiratory arrest, discontinue PD procedure, provide Basic Life Support (BLS) as per [Australian Resuscitation Guidelines](#) and activate CERS (X 2222) as per [SGH CLIN 301 CERS Management: St George Hospital](#)
 - e. Notify the PD unit via voicemail on ext 3370 / 33775
 - f. Document in eMR
9. If the patient remains well until the procedure is completed:
 - a. Discharge patient with post procedure instructions:
 - i. Manual draining of PD effluent:
 - o Patient to continue dialysis and treatment plan at home as per PD nurses' instructions.
 - o Patient to contact PD nurses during office hours for follow-up and further instructions.
 - ii. IP antibiotic administration via CAPD
 - o Dwell IP antibiotics for 6 hours before connecting to APD or CAPD to drain out at home.
 - o Patient to continue dialysis and treatment plan at home as per PD nurses' instructions.
 - o Patient to contact PD nurses during office hours for follow-up and further instructions.
 - b. Inform the AHNM, Bed Manager, renal consultant on – call and AHRMO of the discharge;
 - c. Notify the PD unit via voicemail X33770/33775;
 - d. Document in eMR
 - e. Keep all relevant documents for return to the PD unit

5.1.5 Outpatient PD follow-up

- PD nurses will:
 1. Follow-up patient the following day and until required;
 2. Copy relevant documents and file in patient's PD folder;
 3. Document follow-up in eMR

<p>6. Cross References</p>	<p>NSW Health PD2020_018 Recognition and management of patients who are deteriorating SGH CLIN 442 Peritonitis Management and Treatment - Peritoneal Dialysis SGH PD WPI 145 Peritoneal Dialysis - Fluid specimen collection via Continuous Ambulatory PD (CAPD) Freeline solo exchange. SGH CLIN 301 CERS Management: St George Hospital</p>
<p>7. Keywords</p>	<p>Peritoneal Dialysis, After Hours, Simple PD procedures</p>
<p>8. Document Location</p>	<p>Peritoneal Dialysis in the SGH-TSH Business Rule Webpage</p>
<p>9. External References</p>	<ol style="list-style-type: none"> 1. Li PK-T, Chow KM, Cho Y, et al. (2022) ISPD peritonitis guideline recommendations: 2022 update on prevention and treatment. <i>Peritoneal Dialysis International</i>, 42(2):110-153. doi:10.1177/08968608221080586 2. Li, P. K.-T., Szeto, C. C., Piraino, B., de Arteaga, J., Fan, S., Figueiredo, A. E., . . . Johnson, D. W. (2016). ISPD Peritonitis Recommendations: 2016 Update on Prevention and Treatment. <i>Peritoneal Dialysis International</i>, 36(5), 481-508. doi: 10.3747/pdi.2016.00078 3. Li, P. K.-T., Szeto, C. C., Piraino, B., Bernardini, J., Figueiredo, A. E., Gupta, A., Johnson, D.W., Kuijper, E., Lye, W.-C., Salzer, W., Schaefer, F., Struijk, D. G. (2010). Peritoneal Dialysis-Related Infections Recommendations : 2010 Update. <i>Peritoneal Dialysis International</i>, 30(4), 393-423. doi: 10.3747/pdi.2010.00049 4. Szeto, C.-C., Li, P. K.-T., Johnson, D. W., Bernardini, J., Dong, J., Figueiredo, A. E., . . . Brown, E. A. (2017). ISPD Catheter-Related Infection Recommendations: 2017 Update. <i>Peritoneal Dialysis International</i>, 37(2), 141-154. doi: 10.3747/pdi.2016.00120
<p>10. Consumer Advisory Group (CAG) Approval</p>	<p>Not Applicable</p>
<p>11. Aboriginal Health Impact Statement</p>	<p>The Aboriginal Health Impact Statement does not require completion because there is no direct or indirect impact on Aboriginal people. After- hours management of simple PD procedures is similar for patients of aboriginal and non-aboriginal background.</p> <p>Approval: T22/</p>
<p>12. Implementation and Evaluation Plan</p>	<p>Implementation: The document will be published on the SGH-TSH business rule webpage and distributed via the monthly SGH-TSH CGD report. Inservice education</p> <p>Evaluation: Incident (IMS+) Monitoring</p>
<p>13. Knowledge Evaluation</p>	<p>Q1: What PD procedures may need to be booked or planned for afterhours?</p> <p><i>A1: Manual draining of PD effluent and/or intraperitoneal (IP) antibiotic administration via CAPD</i></p> <p>Q2: Which ward covers the management of simple PD procedures afterhours?</p> <p><i>A2: Ward 4S, X33458 or X32253</i></p>

SGH CLIN452 Clinical Business Rule

	<p>Q3: Which 4S bed is the patient admitted under for planned simple PD procedure after hours for short – stay? And who needs to be notified of patient’s arrival to the ward?</p> <p><i>A3: Patient is to be admitted in 4S over census (4SM_OVPD01) bed. 4S RN must inform the AHSNM, bed manager, renal consultant on – call and afterhours 4th Floor RMO when patient arrives to the ward.</i></p>
14. Who is Responsible	Department Head Renal Services Divisional Director, Medicine and Cancer

Approval for: PERITONEAL DIALYSIS (PD) – AFTERHOURS MANAGEMENT OF PLANNED SIMPLE PD PROCEDURE IN 4 SOUTH ST GEORGE HOSPITAL (SGH)	
Specialty/Department Committee	Committee: Peritoneal Dialysis Committee Chairperson: Franziska Pettit, Staff Specialist Date: 24.03.2022
Nurse Manager (SGH)	Christine Day, Medicine and Cancer Divisional Director Date: 14.04.2022
Medical Head of Department (SGH)	George Mangos, Department Head Renal Services Date: 24.03.2022
Executive Sponsor	Christine Day, Medicine and Cancer Divisional Director Date: 14.04.2022
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Revision and Approval History				
Revision Date	Revision number	Reason	Coordinator/Author (Position)	Revision Due
Mar 2018	1	New	Anna Claire Cuesta (PD CNC)	Mar 2021
Apr 2022	2	Review - amended to BTF & CERS calling criteria, inclusion of staffing shortage process and inclusion of COVID-19 screening	Anna Claire Cuesta (PD CNC)	Apr 2025

General Manager’s Ratification	
Angela Karooz (A/GM SGH)	Date: 27.04.2022