PERITONEAL DIALYSIS (PD) – INTRAPERITONEAL HEPARIN ADMINISTRATION

	SIS(FD) = INTRAFERITONEAL TIEFARIN ADMINISTRATION
Cross References (including NSW Health/ SESLHD policy directives)	NSW Health PD2013 043 Medication Handling in NSW Public Health Facilities
	NSW Health PD2019 058 High-Risk Medicines Management Policy
	NSW Health PD2017 013 Infection Prevention and Control Policy
	NSW Health PD2017 026 Clinical and Related Waste Management for
	Health Services
	Australian Commission on Safety and Quality in Health Care National
	Standard for User Applied labelling of Injectable Medicines, Fluids and Lines
	NHMRC Australian Guidelines for the prevention and control of Infection
	<u>in Healthcare</u>
	SGH-TSH CLIN027 Aseptic Technique - Competency and Education
	<u>Requirements</u>
	SGH CLIN442 Peritoneal Dialysis - Peritonitis Management and
	<u>Treatment</u>
	SGH CLIN538 Peritoneal dialysis Catheter (PDC): Poor Flow/No Flow
	<u>Management</u>
	SGH CLIN443 Peritoneal Dialysis (PD) – Intraperitoneal Additives and
	Antibiotics
	<u>SGH Renal WPI 063 Peritoneal Dialysis – Fluid Specimen Collection via</u> CAPD Freeline Solo Exchange
	SGH Renal WPI 217 Continuous Ambulatory Peritoneal Dialysis (CAPD) Freeline Solo Exchange Procedure
	SGH Renal WPI 216 Automated Peritoneal Dialysis (APD) Connection
	And Disconnection Procedure – Claria Dialysis Machine
1. What it is	A clinical business rule to ensure the administration of intraperitoneal Heparin is performed according to best practice guidelines reducing the risk of infection and ensuring patient safety
2. Risk Rating	Medium
3. Employees it	Registered Nurses (RN) trained in peritoneal dialysis
Applies to	Medical Officers (MO) trained in peritoneal dialysis
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4. Process

Refer to SGH CLIN443 Peritoneal Dialysis (PD) - Intraperitoneal Additives and Antibiotics

4.1 RECOMMENDED INTRAPERITONEAL DOSE AND USAGE

- Heparin is recommended to be added to the dialysate to:
 - Maintain the patency of a new PD catheter (< 3 weeks from time of insertion)
 - o Resolve a blocked PD catheter
 - o Dissolve fibrin formation on PD effluent
- Note: Monitor patient for bleed or bloody PD effluent as an adverse effect from the use of Heparin

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• Intraperitoneal Heparin dose is: 500 units in every 1 Litre PD fluid

• Intraperitoneal Heparin must be prescribed on eMEDs/medication chart, it is not nurse initiated.

4.2 DEVICES

4.2.1 Equipment

- Trolley
- Alcohol swabs
- Blue clamp

4.2.2 Key parts

- Heparin 5000units in 5 mL ampoule
- Drawing-up needle (18G)
- 21 G needle
- 5 mL syringe
- Minicap
- PD fluid

4.2.3 Key site

- Rubber bung on PD fluid
- Abdominal PD catheter

4.3 Procedure

- 1. Warm the selected PD fluid on the warmer or PD machine
 - a. Select appropriate PD fluid strength by conducting a fluid assessment on patient 30 minutes prior to PD procedure
 - b. Note: PD fluid takes 30 minutes to warm.
- 2. Ensure the "5 Rights" of Principles for Safe Medication Administration is observed with second person check
- 3. Perform hand hygiene
- 4. Identify and gather equipment and key parts for procedure
- 5. Check expiry dates on Heparin ampoule and PD fluid
- 6. Clean trolley/work surface with detergent
- 7. Perform hand hygiene
- 8. Don gloves
- 9. Prepare general aseptic field equipment and key parts near the patient's bedside
- 10. Use the sharp edge of the blue clamp to open outer pouch of the dialysis bag. DO NOT USE SCISSORS OR KNIVES
- 11. Place the opened bag on top of the clean trolley and ensure the lines are facing up
- 12. Recheck the dialysis bag strength, volume, expiry, colour and for leakage
- 13. Prepare Heparin using aseptic technique ensuring all the key parts/sites are protected
 - a. Alcohol swab the Heparin ampoule/s and break top to open;
 - b. Attach drawing up needle to 5 mL syringe;
 - c. Aspirate all content from Heparin ampoule into the 5 mL syringe;
- d. Replace drawing-up needle with 21G needle.

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- 14. Administer Heparin into the dialysis fluid using aseptic technique ensuring all the key parts/sites are protected
 - a. Alcohol swab the rubber bung on dialysis fluid;
 - b. Push needle into the centre of the dialysis fluid bung and inject appropriate Heparin dosage into PD fluid (i.e. Heparin 1000 units / 1mL / 2 Litre PD fluid or Heparin 3000 units / 3 mL / 6 Litre PD fluid).
 - c. Note: For accidental piercing of the bag or the side of the bung, discard the bag and use a new PD fluid bag
- 15. Repeat procedure 13 and 14 to subsequent PD fluid bags
- 16. Administer Heparin intraperitoneally through APD or CAPD as per Renal SGH WPI 217 Continuous Ambulatory Peritoneal Dialysis (CAPD) Freeline Solo Exchange Procedure or Renal SGH WPI 216 Automated Peritoneal Dialysis (APD) Connection And Disconnection Procedure – Claria Dialysis Machine
- 17. Wear PPE as per NSW Health PD2017_013 Infection Prevention and Control Policy
- 18. Discard bag and lines in the clinical waste bin, discard needles in sharps bin
- 19. Remove gloves and PPE
- 20. Perform hand hygiene
- 21. Clean trolley after use and perform hand hygiene
- 22. Sign and co-sign the medication chart
- 23. Document the procedure on the PD chart and patient notes
- 24. Handover to the next shift

5. Keywords	Peritoneal Dialysis, Heparin, PD catheter, Blocked PD catheter, Fibrin, Peritonitis	
6. Functional Group	Renal, Peritoneal Dialysis	
7. External References	Ansari, N. (2011). Peritoneal Dialysis in Renal Replacement Therapy for Patients with Acute Kidney Injury. International Journal of Nephrology [cited 2015 March]; Article ID 739794, 10 pages; Available from http://dx.doi.org/10.4061/2011/739794	
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	PubMed PMID: 14763030	

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8. Consumer Advisory Group (CAG) approval of patient information brochure (or related material)	Not applicable
9. Implementation and Evaluation Plan	Inservices Publication on SGSHHS CIBR intranet page
Including education, training, clinical notes audit, knowledge evaluation audit etc	
10. Knowledge Evaluation	 Q1: When is intraperitoneal Heparin required? A: To dissolve fibrin in PD effluent, unblock PD catheter and maintain a new PD catheter's patency. Q2: What is the adverse effect of Heparin? A: Peritoneal bleed Q3: Is IP Heparin nurse-initiated? A: No. IP heparin must be prescribed on eMeds/medication chart by a medical officer
11. Who is Responsible	Director of St George and Sutherland Renal Service. Nursing Unit Manager, Dialysis Unit

Approval for Peritoneal Dialysis (PD) – Intraperitoneal Heparin Administration		
Specialty/Department Committee	Committee title: Peritoneal Dialysis Committee Chairperson name/position Franziska Pettit, Staff Specialist Date 15.05.20	
Nurse Manager	Name/position: Christine Day, Nurse Manager Medicine Date: 21.05.20	
Medical Head of Department	Name /position: George Mangos, Department Head Renal Services Date: 20.05.20	
Safe Use of Medicines Committee (SGH)	Chairperson's Name: A/Prof Winston Liauw Date: 03.08.20	
Contributors to CIBR development	Franziska Pettit, Staff Specialist	
e.g. CNC, Medical Officers (names and position title/specialty)		

Revision and Approval History

Date	Revision number	Author (Position)	Revision due
Approved by: SGH & TSH Clinical Governance Documents Committee			Date: June 2020
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Feb 2017	0	Anna Claire Cuesta (PD CNC)	Feb 2020
May 2020	1	Anna Claire Cuesta (PD CNC)	May 2023

General Manager's Ratification	
Name: Paul Darcy (SGH)	Date: 29.07.20