PERITONEAL DIALYSIS (PD) – INTRAPERITONEAL ADDITIVES AND ANTIBIOTICS

1. Purpose	A guideline summarising the responsibilities of registered nurses (RN), medical officers (MO) and pharmacists in relation to intraperitoneal (IP) additives and antibiotics. It also describes the processes which must be complied with for the intraperitoneal administration of additives and antibiotics via the peritoneal dialysis catheter (PDC) route according to best practice guidelines to optimise safety of patients and staff.
2. Risk Rating	Medium
3. National Standards	1 – Clinical Governance 4 – Medication Safety 5 – Comprehensive Care
4. Employees it Applies to	Registered Nurses (RN) Medical Officers (MO) Pharmacists

5. PROCESS

Intraperitoneal (IP) administration of additives and antibiotics is recommended for the localised delivery of some medications for PD patients.

List of medications recommended for IP administration are:

1. Alteplase (Actilyse) according to SGH CLIN379 *Intraperitoneal Actilyse (Alteplase) Administration*
2. Heparin according to SGH CLIN380 *Intraperitoneal Heparin Administration and SGH CLIN364 Peritoneal Dialysis Catheter (PDC) – Heparin lock*
3. Potassium according to SGH CLIN381 *Intraperitoneal Potassium Administration*
4. Lignocaine/Lidocaine according to SGH CLIN415 *Intraperitoneal Lignocaine (lidocaine) Administration*
5. All antibiotics listed in the SGH CLIN442 *Peritoneal Dialysis (PD) – Peritonitis Management and Treatment*, SGH CLIN433 PD *Catheter Infection – Exit Site and Tunnel Infection Management and Treatment* and SGH CLIN357 *Peritoneal Dialysis Catheter (and Extension set) – Management of Contamination*

5.1 RESPONSIBILITIES/LIMITATIONS FOR PRACTICE and ACCREDITATION REQUIREMENTS

- The following accreditation for RNs must be successfully achieved prior to administration of IP additives and antibiotics:
  1. Intra-Peritoneal (IP) Additive Loading and Administration as per assessment form (Appendix A)
  2. Continuous Ambulatory Peritoneal Dialysis (CAPD) Freeline Solo Exchange as per assessment for (Appendix B)
- PD accredited RNs administering IP additives and antibiotics must refer to NSW Health PD2013_043 *Medication Handling in NSW Public Health Facilities* and must ensure the medication is administered according to the specific drug related recommendations in the:
  1. PD Clinical Business Rules (CBR) or renal department protocols approved by the Drug and Therapeutics Committee.
  2. Australian Injectable Drugs Handbook 8th edition or the latest edition
  3. MIMs pharmaceutical product information

4. Product information supplied from the manufacturer with the drug

- All medications for IP administration for inpatients must be prescribed on the eMED power-form. For outpatients seen in the peritoneal dialysis unit (PDU) all IP medications must be prescribed on the National Inpatient Medication Chart (NIMC)
- All medications for IP administration must be double checked and counter signed prior to and/or during the administration
- All dialysis fluid used for the delivery of IP additives and antibiotics must be double checked prior to administration and documented on the designated PD chart and/or clinical notes.
- Accreditation requirements must be complied with for the delivery of IP additives and antibiotics
- IP additives and antibiotics can only be administered by PD accredited RNs or RNs under the supervision of PD accredited RNs

5.2 PRESCRIBING AND DOCUMENTATION OF INTRAPERITONEAL ADDITIVES AND ANTIBIOTICS

- IP additives and antibiotics must be prescribed in writing by the MO on the NIMC for outpatients and eMEDS for inpatients.
- For outpatients in the peritoneal dialysis unit Emergency telephone orders are permitted according to NSW Health PD2013_043 *Medication Handling in NSW Public Health Facilities*
- If prescription varies from these information sources, consult the MO prior to IP administration. It is the responsibility of the MO to clarify the order
- Any variation to medication administration recommended by a pharmacist should be documented by the pharmacist in the patient's clinical notes or RN may transcribe in the clinical notes stating the pharmacist's name.
- Dialysis fluid used for the delivery of IP additives and antibiotics must be documented on the designated PD chart and/or clinical notes.

5.3 PREPARATION OF IP ADDITIVE AND ANTIBIOTICS

- Infection control and occupational health and safety principles must be followed
- Aseptic non touch technique must be followed in preparation and administration
- Medications may only be given into a compatible dialysis fluid and with other compatible medications at a concentration recommended in the specific PD ClBRs or renal guidelines
- Ensure medication added into the dialysis fluid is not trapped in the port and mixed thoroughly by inverting and shaking the bag several times
- Mandatory requirements related to user-applied labels on injectable medicines, fluids and lines to be complied with as per Australian Commission on Safety and Quality in Health Care National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines.

5.4 CHECKING IP ADDITIVE AND ANTIBIOTICS PRIOR TO ADMINISTRATION

- The following must be checked by two staff. First check must be by an RN and double checked by another RN, EN, MO or Pharmacist (Note: IP additive and antibiotics can only be administered by a PD accredited RN or RN under the supervision of PD accredited RN)
    - *Prescription*
    - *Recommended references (refer to PD Clinical Business Rules or renal guidelines, MIMS, product information sheet and/or Australian Injectable Drugs Handbook)*
    - *Correct drug, diluent, time, expiry date, dose and route*
    - *Correct dialysis fluid strength, volume, expiry date, colour and for leakage*

- *Correct patient – check identification and adverse reaction history*
- *All checks above must be carried out by the bedside with both staff members and must be administered immediately to ensure medication is administered to the correct patient*

5.5 LABELLING IP ADDITIVE AND ANTIBIOTICS PRIOR TO ADMINISTRATION

- An additive label is to be completed and signed by the two people who have checked the IP medication and dialysis fluid.
- The additive label must be affixed to the dialysis bag in a way that the contents label may be inspected.
- As a minimum, the label must include:
  - *Patient's name and ward*
  - *Name of medication and the dose added*
  - *Date and time of preparation*
  - *Signature of person making the addition and the person checking*

5.6 IDENTIFICATION OF ADVERSE MEDICATION REACTION

- The first prescriber must obtain the patient's allergy/drug reaction history from the patient / next of kin (NOK)
- When an adverse reaction is identified the specific nature of the reaction must be electronically documented in Powerchart or the NIMC for outpatients in the peritoneal dialysis unit e.g. nausea and vomiting, erythematous rash, anaphylaxis, laryngeal oedema
- The allergy is NOT to be written on the red patient identification band as these bands are used as a code to identify the presence of an allergy only. Specifics are documented in the clinical notes
- Name of the medication is documented by the prescribing MO
- RN and pharmacists may also document allergies/adverse events

5.7 INFECTION CONTROL

- Hand hygiene MUST be performed before and after preparation of IP additives and antibiotics
- Hand hygiene must be performed before donning and after removal of gloves
- A clean trolley must be used for preparation of IP additives and antibiotics and a clean kidney dish must be used to carry prepared medications
- Sharps must be discarded into a designated sharps container close to point of use
- Aseptic non touch technique must be maintained at all times
- The additive port must be swabbed with alcohol or chlorhexidine swabs and allowed to dry, prior to injecting the medication
- Empty dialysis bags and dispose into general waste if not contaminated with blood. If contaminated, they must be disposed into clinical waste.

5.8 PROCEDURE

5.8.1 Devices

- Equipment
  - *Trolley*
  - *Recommended diluent for IP additives or antibiotics*
  - *Alcohol or chlorhexidine swabs*
  - *Blue clamp*
- Key Parts
  - *Prescribed additive or antibiotic*
  - *Drawing up needle (18G)*
  - *Injection needle (21G)*
  - *Syringe*
  - *Peritoneal dialysis fluid*
- Key Site
  - *Rubber bung or opening of additive or antibiotic vial or ampoule*
  - *Rubber bung on PD fluid*
  - *PD catheter*

5.8.2 Procedure

1. If PD fluid is required to deliver the IP additive or antibiotic, select the appropriate PD fluid strength by conducting a fluid assessment and warm the selected PD fluid using a warmer 30 minutes prior to procedure
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 additives/antibiotics ampoules/vials, recommended diluent and PD fluid
6. Clean trolley/work surface with detergent
7. Perform hand hygiene
8. Wear PPE as required as per NSW Health PD2017_013 *Infection prevention and Control Policy*
9. Don gloves
10. Prepare general aseptic field equipment and key parts at the bedside
11. If PD fluid is required to deliver the IP additives or antibiotics:
    a. Open the outer pouch of the dialysis bag using the sharp edge of the blue clamp. DO NOT USE SCISSORS OR KNIVES
    b. Place the opened bag on top of the clean trolley and ensure the lines are facing up
    c. Recheck the dialysis bag strength, volume, expiry, colour and for leakage
12. Prepare the additive/antibiotic using aseptic technique ensuring all the key parts/sites are protected by:
    a. Swabbing the opening or rubber bung of additives/antibiotics ampoules/vials with alcohol or chlorhexidine swabs
    b. Using a draw up needle to dilute medication and aspirate

c. Swabbing the additive port with alcohol or chlorhexidine swabs and wait to dry prior to injecting medication
d. Use a new needle with smaller bore to carefully inject medication into the dialysis bag

Note: Discard dialysis bag if bag or side of the additive port is accidentally pierced or leaking

13. Administer the correct dosage/volume of IP medication directly or via dialysis bag as per specific PD CBR
14. After completion, discard equipment as per SESLHDPD/140 Waste management
15. Remove gloves and PPE
16. Perform hand hygiene
17. Clean trolley after use and perform hand hygiene
18. Sign and co-sign eMED powerform for inpatients. Outpatient peritoneal dialysis unit to sign/co-sign the NIMC
19. Document procedure on the PD chart and clinical notes
20. Handover to the next shift and inform PD team

6. Cross References	NSW Health PD2014_024 *Patient Identification Bands* Commission on Safety and Quality in Healthcare: *Guidelines for use of the National Inpatient Medication Chart (NIMC) NHMRC Australian Guidelines for the prevention and control of Infection in Healthcare* SESLHDPD/160 *Medication: Administration by Enrolled Nurses* Australian Commission on Safety and Quality in Health Care *National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines* NSW Health *PD2020_049 Clinical and Related Waste Management for Health Services* NSW Health PD2013_043 *Medication Handling in NSW Public Health Facilities* NSW Health PD2017_013 *Infection Prevention and Control Policy* NSW Health PD2016_058 *User applied Labelling of Injectable Medicines, Fluids and Lines* SESLHDPD/271 *Aseptic Technique* SESLHDPR/681 *Staphylococcus aureus (MSSA and MRSA) decolonisation* SGH-TSH CLIN027 *Aseptic Technique - Competency and Education Requirements* SGH CLIN379 *Intraperitoneal Actilyse (Alteplase) Administration* SGH CLIN380 *Intraperitoneal Heparin Administration* SGH CLIN364 *Peritoneal Dialysis Catheter (PDC) – Heparin lock* SGH CLIN381 *Intraperitoneal Potassium Administration* SGH CLIN415 *Intraperitoneal Lignocaine (lidocaine) Administration* SGH CLIN442 *Peritoneal Dialysis (PD) – Peritonitis Management and Treatment* CLIN433 PD *Catheter Infection – Exit Site and Tunnel Infection Management and Treatment* SGH CLIN357 *Peritoneal Dialysis Catheter (and Extension set) –*

	Management of Contamination
7. Keywords	Intraperitoneal, Peritoneal dialysis, Catheter, Peritonitis, Catheter contamination
8. Document Location	Renal, Peritoneal Dialysis
9. External References	1. Amirmokri, P., Morgan, P., & Bastani, B. (2007). Intra-peritoneal administration of potassium and magnesium: a practical method to supplement these electrolytes in peritoneal dialysis patients. *Renal Failure,* 29(5):603-5. PMID: 17654324 2. Ballinger, A. P., Suetonia; Wiggins, Kathryn; Craig, Jonathan; Johnson, David; Cross, Nicholas; Strippoli, Giovanni (2014). Treatment for peritoneal dialysis-associated peritonitis. *Cochrane Database of Systematic Reviews, 4*. doi: 10.1002/14651858.CD005284.pub3 3. Bender F., Bernardini, J., Piraino, B. Prevention of Infectious Complications in Peritoneal Dialysis: Best Demonstrated Practices. Kidney International 70: S44-S54, 2006 4. Campbell, D. J., Johnson, D. W., Mudge, D. W., Gallagher, M. P., & Craig, J. C. (2014). Prevention of peritoneal dialysis-related infections. *Nephrology Dialysis Transplantation*. doi: 10.1093/ndt/gfu313 5. Cho, Y., & Johnson, D. W. (2014). Peritoneal Dialysis–Related Peritonitis: Towards Improving Evidence, Practices, and Outcomes. *American Journal of Kidney Diseases, 64*(2), 278-289. doi: http://dx.doi.org/10.1053/j.ajkd.2014.02.025 6. Dombros, N., Dratwa, M., Feriani, M., Gokal, R., Heimburger, O., Krediet, R., . . . Verger, C. (2005). European best practice guidelines for peritoneal dialysis. 4 Continuous ambulatory peritoneal dialysis delivery systems. *Nephrology Dialysis Transplantation, 20 Suppl 9*, ix13-ix15. doi: 10.1093/ndt/gfi1118 7. 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. *Peritoneal Dialysis International, 36*(5), 481- 508. doi: 10.3747/pdi.2016.00078 8. Li, P. K., Szeto, C., Piraino, B., Bernardini, J., Figueiredo, A., Gupta, A., Johnson, D., Kuijper, E., Lye, W., Salzer, W., Shaefer, F., and Struijk, D. G. (2010). Peritoneal Dialysis – Related Infections Recommendations 2010 Update. *Peritoneal Dialysis International*, 30(4), 393-423. doi: 10.3747/pdi.2010.00049 9. Lo, M. W., Mak, S. K., Wong, Y. Y., Lo, K. C., Chan, S. F., Tong, G. M., . . . Wong, A. K. (2013). Atypical mycobacterial exit-site infection and peritonitis in peritoneal dialysis patients on prophylactic exit-site gentamicin cream. *Perit Dial Int, 33*(3), 267-272. doi: 10.3747/pdi.2011.00184 10. Mahoney, M. V. G. (2015). Clarification of Trimethoprim/Sulfamethoxazole Dose in CAPD. *Peritoneal Dialysis International, 35*(1), 116-118. doi: 10.3747/pdi.2013.00173 11. McGuire, A. L., Bennett, S. C., Lansley, S. M., Popowicz, N. D., Varano della Vergiliana, J. F., Wong, D., Lee, Y., and Chakera, A. (2015). Preclinical Assessment of Adjunctive tPA and DNase for Peritoneal Dialysis Associated Peritonitis. *PLoS ONE, 10*(3), e0119238. doi: 10.1371/journal.pone.0119238 12. MIMS Online [Internet]. St Leonards (NSW): MIMS Australia Pty Ltd.; c2017. Aropax: Available from: https://www.mimsonline.com.au/Search/Search.aspx

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10. Consumer Advisory Group (CAG) approval	Not applicable
11. Implementation and Evaluation Plan	**Implementation:** The document will be published on the SGH-TSH business rule webpage and distributed via the monthly SGH-TSH CGD report, Inservices **Evaluation:** IMS+ Monitoring
12. Knowledge Evaluation	**Q1:** What medications may be administered through the intraperitoneal route? *A1: Actilyse, Heparin, Lignocaine, Potassium and any antibiotic listed in the PD CBRs* **Q2:** Who can administer IP additive/antibiotic? *A2: PD accredited RNs or RNs under the supervision of PD accredited RNs* **Q3:** What checks must take place prior to administering IP additive/antibiotic to a patient? *A3: Correct prescription, patient, drug, dialysis fluid, diluent, expiry date, dose, route, time and adverse reaction history*
13. Who is Responsible	Director of St George and Sutherland Renal Service, Nursing Unit Manager, Dialysis Unit

Approval for: PERITONEAL DIALYSIS (PD) – INTRAPERITONEAL ADDITIVES AND ANTIBIOTICS	
Specialty/Department Committee	Committee title: Peritoneal Dialysis Committee Chairperson: Franziska Pettit, Staff Specialist Date: 09.07.2021
Nurse Manager (SGH)	Christine Day, Nurse Manager Medicine Date: 05.08.2021
Medical Head of Department (SGH)	George Mangos, Department Head Renal Services Date: 01.07.2021
Safe Use of Medicines Committee (SGH)	Chairperson's Name: A/Prof Winston Liauw Date: 05.10.2021
Antimicrobial Stewardship (AMS)	Chairperson's Name: Pam Konecny Date: 20.10.2021
Executive Sponsor	George Mangos, Department Head Renal Services Date: 01.07.2021
Contributors to ClBR	**Contribution**: Suman Adhikari, Pharmacist
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Revision and Approval History				
Revision Date	Revision number	Reason	Coordinator/Author (Position)	Revision Due
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July 2021	1	Review	Anna Claire Cuesta (PD CNC)	July 2024

General Manager's Ratification
Name: Paul Darcy (SGH) Date: 29.09.2021

Appendix A

Intra-Peritoneal (IP) Additive Loading and Administration Assessment Form

Limitations for Practice: Registered Nurse
Clinical Nurse Educator / Nurse Educator
Clinical Nurse Specialist
Clinical Nurse Consultant

Objective:

To ensure IP additive loading and administration is performed according to best practice guidelines reducing the risk of infection and ensuring patient safety.

Background:

1. Competency assessment and training is compulsory for 4 south (4S) and emergency department (ED) nursing staff prior to attending to IP additive loading and administration procedure
2. Nursing staff with no IP additive loading and administration exposure must undergo competency training and practice under the supervision of IP additive loading and administration competent nurse
3. Competency assessment and training is to be carried out by an IP additive loading & administration competent nurse
4. Assessor may determine the number of practice sessions required prior to competency assessment
5. Simulated IP additive loading & administration for practice sessions are acceptable
6. Competency assessment is to be performed on a patient
7. Repeat competency assessment and training every protocol update and/or every 5 years

Note:

1. Keep the original copy of your completed assessment form for your record.
2. Forward a copy of the completed assessment form to the CNE and PD unit.

Intra-Peritoneal (IP) Additive Loading and Administration Assessment Form

Name:_____Pay No:_____
Print. Signature

Please initial appropriate box

Action	P1	P2	P3	P4	P5	C
1. Ascertains type of peritoneal dialysis and regimen						
2. Refers and follows the appropriate PD WPIs (i.e. APD or CAPD) to set-up						
3. Checks medication order for IP additive/s in eMeds or medication chart (Ensures IP additive is administered prior to PD fluid infusion)						
4. Refers to corresponding IP additive or antibiotic PD CBR						
5. Checks necessary blood levels as indicated						
6. Refers to PD CBR for IP additive compatibility (for multiple additives)						
7. Collects equipment and additive						
8. Counterchecks additive in eMeds/medication chart with another RN						
9. Completes additive label						
10. Cleans trolley						
11. Performs small handwash and wears PPE as required						
12. Prepares additive/s as per PD CBR and places on top of cleaned trolley						
13. Disinfects the PD fluid bung/s with alcohol swab for 1 minute						
14. Performs 1 minute handwash						
15. Uses smaller gauge needle (21 G) to inject additive to the PD fluid bung/s						
16. Applies additive label to PD fluid bag/s						
17. Continues with appropriate PD infusion procedure as per PD WPI						
18. Signs for additive in eMeds/medication chart with another RN						
19. Discards used equipment and PPE appropriately. Performs hand hygiene						
20. Documents procedure done and hands over to the next shift						

Practice 1 (P1) Assessor's name & initial_____Date_____

Practice 2 (P2) Assessor's name & initial_____Date_____

Practice 3 (P3) Assessor's name & initial_____Date_____

Practice 4 (P4) Assessor's name & initial_____Date_____

Practice 5 (P5) Assessor's name & initial_____Date_____

Competent (C) Assessor's name & initial_____Date_____

Appendix B

Continuous Ambulatory Peritoneal Dialysis (CAPD)
Freeline Solo Exchange Assessment form

Limitations for Practice:

Enrolled Nurse	Clinical Nurse Educator
Registered Nurse	Nurse Educator
Clinical Nurse Specialist	Clinical Nurse Consultant

Objective:

To ensure CAPD Freeline Solo exchange procedure is performed according to best practice guidelines reducing the risk of infection and ensuring patient safety.

Background:

1. Competency assessment and training is compulsory for 4 south (4S) and emergency department (ED) nursing staff prior to attending to CAPD procedure
2. Nursing staff with no CAPD exposure must undergo competency training and practice under the supervision of CAPD competent nurse
3. Competency assessment and training is to be carried out by a CAPD competent nurse
4. Assessor may determine the number of practice sessions required prior to competency assessment
5. Simulated CAPD for practice sessions are acceptable
6. Competency assessment is to be performed on a patient
7. Repeat competency assessment and training every protocol update and/or every 5 years

Note:

1. Keep the original copy of your completed assessment form for your record.
2. Forward a copy of the completed assessment form to the CNE and PD unit.

Continuous Ambulatory Peritoneal Dialysis (CAPD)
Freeline Solo Exchange Assessment form

Name:_____ Pay No:_____
Print. Signature

Please initial appropriate box

Action	P1	P2	P3	P4	P5	C
1. Selects appropriate fluid, checking for expiry date, volume and colour						
2. Warms fluid on warmer						
3. Cleans trolley and prepares equipment						
4. Washes and dries blue clamp. Performs small handwash						
5. Wears PPE as required. Removes bag from outer pouch and places on trolley with lines facing upward – Checks bags						
6. Prepares the patient and positions the PD catheter away from clothing						
7. Performs 1 minute handwash and uses sterile gloves						
8. Connects line to catheter without contamination Note: non-touch connection technique						
9. Hangs fluid bag on pole and places empty bag on floor						
10. Breaks the green stick to flush and prime the lines for 5 seconds						
11. Clamps the inflow line with blue clamp						
12. Twists the catheter valve to open and commence drain						
13. Knows that drain volume should be more than previous fill volume						
14. When drain is complete, clamps drain line and releases the blue clamp on inflow line						
15. When fill is complete, twists the catheter valve to close, Opens new minicap						
16. Performs 1 minute handwash, wears PPE as required and uses sterile gloves						
17. Disconnects without contamination-Note:non-touch disconnection technique						
18. Applies new minicap Note: non-touch technique						
19. Secures catheter in place with tape						
20. Weighs drain bag and records volume and quality of effluent						
21. Discards PPE, bag and lines appropriately						
22. Calculate and records UF and cumulative UF						
23. Documents procedure on CAPD chart and clinical notes						
24. Hands over to next shift						

Practice 1 (P1) Assessor's name & initial_____Date_____
Practice 2 (P2) Assessor's name & initial_____Date_____
Practice 3 (P3) Assessor's name & initial_____Date_____
Practice 4 (P4) Assessor's name & initial_____Date_____
Practice 5 (P5) Assessor's name & initial_____Date_____
Competent (C) Assessor's name & initial_____Date_____