PERITONEAL DIALYSIS (PD) – MANAGING UNWELL OUTPATIENTS IN THE PD UNIT

Cross references	PACE - Deteriorating ADULT & MATERNITY Patient - Patient with Acute Condition for Escalation (PACE): Management SESLHDPR/283
	PACE – Management of the Deteriorating Patient at SGH SGH CLIN353
	Renal Department Policies; https://stgrenal.org.au/departmental-policies
	SGSHHS Policies, Procedures and Business Rules; http://seslhnweb/sgshhs/Business_Rules/Clinical/Peritoneal/default.asp
	SGH Clinical Emergency Response Management; Basic Life Support
1. Purpose	To ensure a safe and timely management of unwell patients in the PD Unit.

2. Process
2.1 Safeguard

- The Emergency Response Team is NOT equipped to transport patients from non-inpatient areas.
- The medical emergency team leader or delegate must determine the safest and most expedient means of transferring patients to the ward tower block or Emergency Department (ED) following an emergency call.
- Patients requiring trolley transfer and/or continuous monitoring, phone The NSW Ambulance Service (000).
- Patients safe to be transported by wheelchair, page the orderly (193 or 194) for assistance.

Safeguard 1:
Unwell patients transported by ambulance to the PD unit must be directed to ED for immediate management.
Safeguard 2:
Unwell patients calling from home with acute symptoms i.e. chest pain, diarrhoea, dizziness, dyspnoea, hyper/hypoglycaemia, nausea and vomiting must be advised to present to ED for immediate management.

Safeguard 3:
Unwell patients presenting to the PD unit with cardiac or respiratory symptoms i.e. chest pain or dyspnoea must be transported immediately to ED via The NSW Ambulance Service (000)

2.2 Management of patients who present to the PD unit unwell with acute symptoms i.e. diarrhoea, dizziness, hyper/hypoglycaemia, nausea, vomiting etc.
1. Check and monitor vital signs
2. Notify renal team to review patient
3. Escalate and manage as per relevant SGSHHS Policies, Procedures and Business Rules
4. For stable patients needing direct admission, handover patient to the admitting ward
5. If patient remains unstable, transfer to ED via The NSW Ambulance Service (000)

2.3 Management of patient who becomes unwell whilst in the PD unit:

1. Patients with vital signs outside the PACE response criteria with PD related complaint/issue i.e. blocked PDC or cloudy effluent:
   a. Notify renal team to review patient
   b. Escalate and manage as per relevant renal department policies
   c. For direct admission, escort and handover patient to the admitting ward

2. Patients with vital signs outside the PACE response criteria with minor injury or complaint (non PD related) during dialysis:
   a. Notify renal team to review patient
   b. Check and monitor vital signs
   c. Stop dialysis (if not tolerated)
   d. Escalate and manage as per relevant SGSHHS Policies, Procedures and Business Rules
   e. For direct admission, escort and handover patient to the admitting ward

3. Patients with vital signs meeting the PACE response criteria
   a. Activate PACE (777), state the admitting medical officer's (AMO) name, level of response (1/2/arrest) and your location
   b. Inform the renal team
   c. Stop dialysis
   d. Monitor patient until responders arrive
   e. Transfer to Emergency Department via The NSW Ambulance Service (000) if necessary

4. In the event of cardiac or respiratory arrest
   a. Stop dialysis
   b. Provide Basic Life Support (BLS) according to BLS policy
   c. Activate PACE (777), state the AMO name, level of response (1/2/arrest) and your location
   d. Inform the renal team
   e. Transfer to Emergency Department via The NSW Ambulance Service (000)

3. Network file	Renal, Peritoneal Dialysis
4. External references / further reading	
5. Specialty/department committee approval	Peritoneal Dialysis Committee
6. Department head approval	Prof George Mangos, Acting Department Head Renal Services Date: 08.08.17
7. Executive sponsor approval – Nurse Manager	Christine Day, Nurse Manager Medicine Date:21.08.17

Revision and Approval History

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August 2014	1	Anna Claire Cuesta PD CNC	August 2017
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