

**PERITONEAL DIALYSIS UNIT RENAL DEPARTMENT
SGH PD WPI 095 Workplace Instruction**

PERITONEAL DIALYSIS (PD): TRANSITIONING FROM PD

Cross references	SGH CLIN 433 <i>Peritoneal Dialysis (PD) Catheter Infection – Exit Site and Tunnel Infection Management and Treatment</i> SGH CLIN 442 <i>Peritoneal Dialysis (PD) – Peritonitis Management and Treatment</i> SGH Renal WPI 142 <i>Peritoneal Dialysis (PD) – Commencement And Management of PD Patients At Home</i>
1. Purpose	A work place instruction (WPI) to describe the process of transitioning patients from PD to other renal treatment or supportive care options

2. Process

2.1 BACKGROUND

- PD is a transitory renal replacement therapy, hence, PD failure must be anticipated and planned for, through a structured pathway that includes:
 - Early identification of patients at risk
 - Patient education
 - Timely referrals
- Early identification of impending PD failure through Risk Assessment and Management Pathway using established indicators and predictors of PD failure will facilitate timely preparation and smooth transition to other renal treatment options i.e. conservative care or haemodialysis.

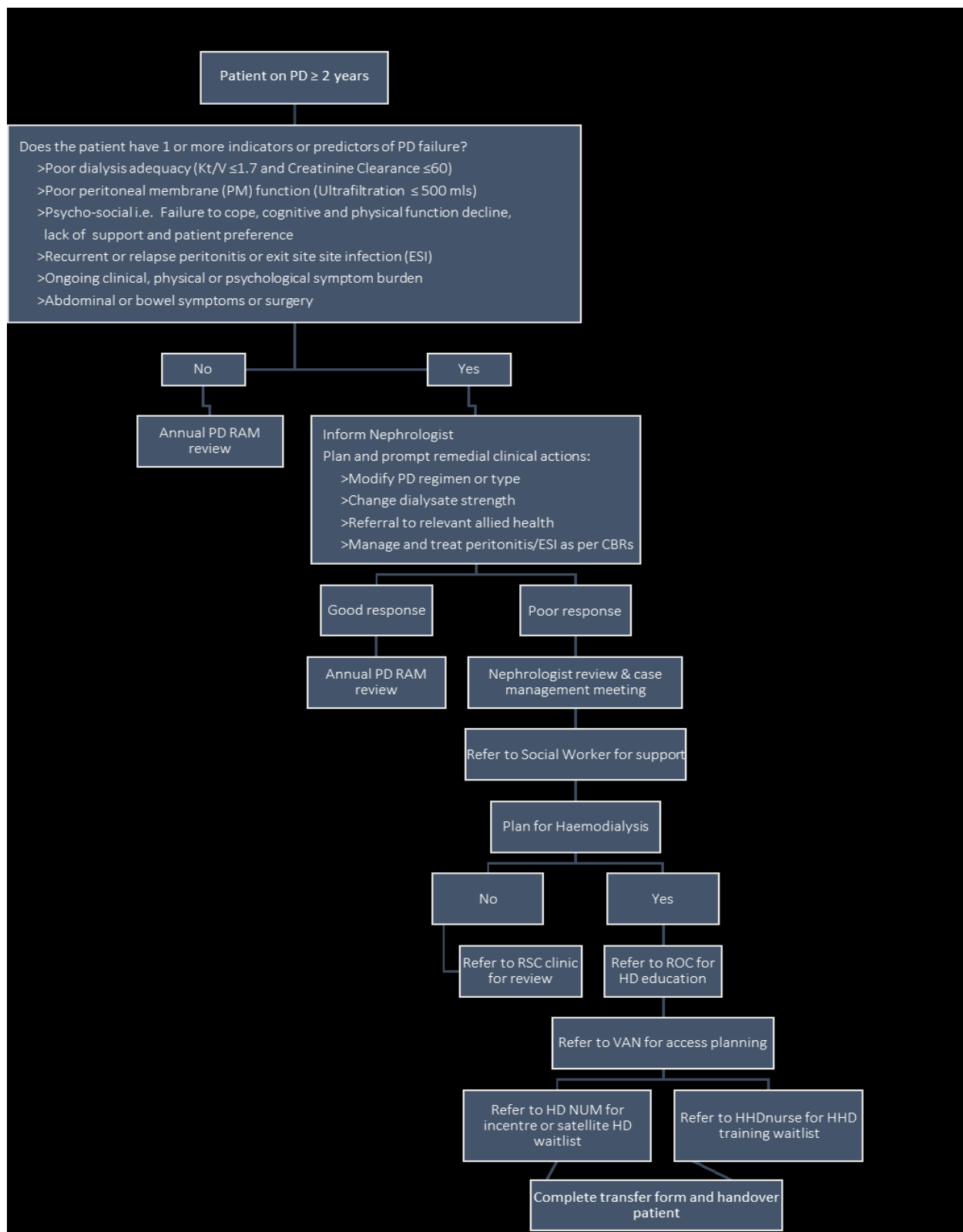
2.1 PD RISK ASSESSMENT AND MANAGEMENT (RAM) PATHWAY

- 1) Ascertain patient's time on PD. Flag patients on PD ≥ 2 years
- 2) Assess for other indicators or predictors of PD failure:
 - Poor dialysis adequacy (Kt/V ≤ 1.7 and Creatinine Clearance ≤ 60)
 - Poor peritoneal membrane (PM) function (Ultrafiltration ≤ 500 mls)
 - Psycho-social factors i.e. Failure to cope, cognitive and physical function decline, lack of support and patient preference
 - Recurrent or relapse peritonitis or exit site site infection (ESI)
 - Ongoing clinical, physical or psychological symptom burden i.e. abdominal or back pain, depression, poor nutritional status, pruritus or uraemia
 - Abdominal or bowel symptoms or surgery (planned) i.e. bowel or liver resection, persistent constipation, colitis, diverticulitis or hernia \pm repair
- 3) Patients with no indications of PD failure are for annual PD RAM review.
- 4) Patients with one or more indicators or predictors of PD failure will be discussed with the nephrologists to plan and prompt remedial medical and nursing actions as required:
 - a. Modify PD regimen or type or to improve dialysis outcome;
 - b. Alter dialysate strength usage to increase ultrafiltration;
 - c. Referral to relevant allied health for community support or respite;

**PERITONEAL DIALYSIS UNIT RENAL DEPARTMENT
SGH PD WPI 095 Workplace Instruction**

- d. Manage and treat peritonitis/ESI as per SGH CLIN 433 Peritoneal Dialysis (PD) Catheter Infection – Exit Site and Tunnel Infection Management and Treatment and/or SGH CLIN 442 Peritoneal Dialysis (PD) – Peritonitis Management and Treatment
- 5) Patients with positive response to remedial actions are for annual PD RAM review
- 6) Patients with negative or poor response to remedial actions are for:
 - a. Nephrologist review and case management meeting to determine suitability for HD, home HD or renal supportive care.
 - b. Referral to social worker for emotional and/or practical support if needed or requested
- 7) Once decision is made between nephrologists and (non or poor responding) patients on subsequent renal treatment pathway, send clinic letters and referrals to:
 - a. Renal supportive care (RSC) clinic for review on all patients pursuing conservative care;
 - b. Renal options clinic (ROC) for haemodialysis (HD) education and vascular access nephrology (VAN) clinical nurse consultant (CNC) for early vascular access planning on all patients pursuing and suitable for haemodialysis;
 - c. Home HD (HHD) nurse for all patients pursuing and suitable for home HD;
 - d. HD nurse unit managers (NUM) for all patients suitable for incentre or satellite HD
- 8) Complete dialysis transfer form and verbal hand-over

**PERITONEAL DIALYSIS UNIT RENAL DEPARTMENT
SGH PD WPI 095 Workplace Instruction**



**PERITONEAL DIALYSIS UNIT RENAL DEPARTMENT
SGH PD WPI 095 Workplace Instruction**

3. Network file	Renal, Peritoneal Dialysis
4. External references / further reading	<p>ANZDATA Registry (2019). ANZDATA 42nd Annual Report 2019, Chapter 5: Peritoneal Dialysis. <i>Australia and New Zealand Dialysis and Transplant Registry</i>, Adelaide, Australia. Available at: https://www.anzdata.org.au/report/anzdata-42nd-annual-report-2019/</p> <p>ANZDATA Registry (2018). ANZDATA 41st Annual Report 2018, Chapter 5: Peritoneal Dialysis. <i>Australia and New Zealand Dialysis and Transplant Registry</i>, Adelaide, Australia. Available at: https://www.anzdata.org.au/report/anzdata-41st-annual-report-2018-anzdata/</p> <p>Boissinot, L., Landru, I., Cardineau, E., Zagdoun, E., et.al (2013) Is transition between Peritoneal dialysis and Haemodialysis really a gradual process? <i>Peritoneal Dialysis International</i>, 33:391–397 doi: 10.3747/pdi.2011.00134</p> <p>Boudville, N., & de Moraes, T. P. (2020). 2005 Guidelines on targets for solute and fluid removal in adults being treated with chronic peritoneal dialysis: 2019 Update of the literature and revision of recommendations. <i>Perit Dial Int</i>, 40(3), 254-260. doi:10.1177/0896860819898307</p> <p>Brown, E. A., Blake, P. G., Boudville, N., Davies, S., de Arteaga, J., Dong, J., . . . Warady, B. (2020). International Society for Peritoneal Dialysis practice recommendations: Prescribing high-quality goal-directed peritoneal dialysis. <i>Perit Dial Int</i>, 40(3), 244-253. doi:10.1177/0896860819895364</p> <p>Chidambaram, M., Bargman, J., Quinn, R., Austin, P., Hux, J. and Laupacis, A. (2011). Patient and Physician Predictors of Peritoneal Dialysis Technique Failure: a Population Based, Retrospective Cohort Study. <i>Peritoneal Dialysis International</i>, 31: 565–573 doi:10.3747/pdi.2010.00096</p> <p>Jaar, B., Plantinga, L., Crews, D., Fink, N., Hebah, N., Coresh, J., Klinger, A. and Powe, N. (2009). Timing, Causes, Predictors and Prognosis of Switching from Peritoneal Dialysis to Hemodialysis: a Prospective Study. <i>Bio Med Central Nephrology</i>, 10:3 doi:10.1186/1471-2369-10-3</p> <p>Kolesnyk, I., Dekker, F., Boeschoten, E. and Krediet, R. (2010) Time-Dependent Reasons for Peritoneal Dialysis Technique Failure and Mortality. <i>Peritoneal Dialysis International</i>, 30:170–177 doi: 10.3747/pdi.2008.00277</p> <p>Lan, P. G., Clayton, P. A., Saunders, J., Polkinghorne, K. R., & Snelling, P. L. (2015). Predictors and outcomes of transfers from peritoneal dialysis to hemodialysis. <i>Perit Dial Int</i>, 35(3), 306-315. doi:10.3747/pdi.2013.00030</p> <p>Nadeau-Fredette, A. C., Hawley, C., Pascoe, E., Chan, C. T., Leblanc, M., Clayton, P. A., . . . Johnson, D. W. (2016). Predictors of Transfer to Home Hemodialysis after Peritoneal Dialysis Completion. <i>Perit Dial Int</i>, 36(5), 547-554. doi:10.3747/pdi.2015.00121</p> <p>Nguyen, A. N. L., Prasad Kafle, M., Sud, K., & Lee, V. W. (2019). Predictors and outcomes of patients switching from maintenance haemodialysis to peritoneal dialysis in Australia and New Zealand: Strengthening the argument for 'peritoneal dialysis first' policy. <i>Nephrology (Carlton)</i>, 24(9), 958-966. doi:10.1111/nep.13512</p> <p>Pajek, J., Hutchison, A., Bhutani, S., Brenchley, P., Hurst, H., Perme, MP., Summer, A. and Vardhan, A. (2014). Outcomes of Peritoneal Dialysis</p>

**PERITONEAL DIALYSIS UNIT RENAL DEPARTMENT
SGH PD WPI 095 Workplace Instruction**

	<p>Patients and switching to Haemodialysis: A Competing Risks Analysis. <i>Peritoneal Dialysis International</i>, 34: 289–298 doi: 10.3747/pdi.2012.00248</p> <p>Perl ,J., Wald, R., Bargman, JM., Na, Y., Jassal, SV., Jain, AK., Moist, L., Nessim, SJ. (2012). Changes in patient and technique survival over time among incident peritoneal dialysis patients in Canada. <i>Clinical Journal of the American Society of Nephrology</i>, 7(7): 1145-54 doi: 10.2215/CJN.01480212</p> <p>Ramirez, M. E., & Bargman, J. (2015). Predicting Risk in Peritoneal Dialysis: Is Membrane Biology Destiny? <i>Clin J Am Soc Nephrol</i>, 10(11), 1895-1896. doi:10.2215/CJN.10100915</p> <p>Williams, J., Craig, K., Ruhland, CV., Topley, N. (2003) The natural course of peritoneal membrane biology during peritoneal dialysis. <i>Kidney International</i>, 64: Suppl. 88, S43–S49</p> <p>See, E. J., Johnson, D. W., Hawley, C. M., Pascoe, E. M., Badve, S. V., Boudville, N., . . . Cho, Y. (2018). Risk Predictors and Causes of Technique Failure Within the First Year of Peritoneal Dialysis: An Australia and New Zealand Dialysis and Transplant Registry (ANZDATA) Study. <i>Am J Kidney Dis</i>, 72(2), 188-197. doi:10.1053/j.ajkd.2017.10.019</p>
5. Specialty/department committee approval	<p>Committee title: Peritoneal Dialysis Committee</p> <p>Chairperson name/position: Franziska Pettit, Staff Specialist</p> <p>Date: 01.06.20</p>
6. Department head approval	<p>Name /position: George Mangos, Department Head Renal Services</p> <p>Date: 29.06.20</p>
7. Executive sponsor approval – Nurse Manager	<p>Name/position: Christine Day, Nurse Manager Medicine</p> <p>Date: 02.07.20</p>
8. Contributors to WPI development e.g. CNC, Medical Officers (names and position title/specialty)	

Revision and Approval History

Date published	Revision number	Author (Position)	Date revision due
Feb 2017	1	Anna Claire Cuesta (PD CNC)	Feb 2020
Jun 2020	2	Anna Claire Cuesta (PD CNC)	Jun 2023