

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

<b>1. Purpose</b>	To ensure safe and timely management of unwell patients in the PD Unit.
<b>2. Risk Rating</b>	Medium
<b>3. National Standards</b>	1 – Clinical Governance 2 – Partnering with Consumers 3 – Preventing and Controlling Healthcare Associated Infection 5 – Comprehensive Care 6 – Communicating for Safety 8 – Recognising and Responding to Acute Deterioration
<b>4. Employees it Applies to</b>	All Clinical Staff

**5. PROCESS**

**5.1 SAFEGUARD**

- The Clinical Emergency Response System (CERS) Team is NOT equipped to transport patients from non-inpatient areas.
- The renal doctor onsite 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 (194) for assistance.

5.1.1 Safeguard 1:

Unwell patients transported by ambulance or community transport to the PD unit must be directed to ED for immediate management.

5.1.2 Safeguard 2:

Unwell patients calling from home with acute or COVID-19 symptoms i.e. fever, cough, chest pain, diarrhoea, dizziness, dyspnoea, shortness of breath, hyper/hypoglycaemia, loss of mobility, nausea and vomiting must be advised to present to ED for immediate management.

5.1.3 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)

**5.2 MANAGEMENT OF PATIENTS WHO PRESENT TO THE PD UNIT UNWELL WITH ACUTE SYMPTOMS I.E. DIARRHOEA, DIZZINESS, HYPER/HYPOGLYCAEMIA, NAUSEA, VOMITING AND ETC.**

1. Attend to patient’s COVID – 19 screening and management as per most recent COVID guidelines and recommendation for SGH
2. Check and monitor vital signs
3. Notify renal team to review patient
4. Escalate and manage as per relevant SGH-TSH Policies, Procedures and Business Rules
5. For stable patients needing direct admission, handover patient to the admitting ward
6. If patient remains unstable, transfer to ED via The NSW Ambulance Service (000)

### 5.3 MANAGEMENT OF PATIENTS WHO PRESENT TO THE PD UNIT WITH COVID-19 SYMPTOMS OR SUSPECTED TO HAVE COVID-19

#### 1. For patients with mild respiratory or COVID-19 like symptoms:

- a. Don PPE as per [CEC Infection prevention and control application of PPE during COVID-19 V2.3](#) and [COVID-19 Infection Prevention and Control Manual version 1.4](#)
- b. Attend to patient's COVID – 19 screening, testing (i.e. Rapid Antigen Test [RAT]) and management as per most recent COVID guidelines and recommendation for SGH
- c. Provide patient with N95 mask
- d. Check and monitor vital signs
- e. Notify renal team
- f. Perform PD procedure as needed
- g. If RAT result is positive, attend to RT – PCR swab
- h. If patient remains well with mild COVID-19 symptoms, send patient home and advise to isolate self at home whilst waiting for PCR result
- i. Follow-up PCR result, inform patient and renal team of result
- j. Clean and quarantine the PD procedure room as per [COVID-19 Infection Prevention and Control Manual version 1.4](#)

#### 2. For patients with severe respiratory or COVID-19 symptoms:

- a. Don PPE as per [CEC Infection prevention and control application of PPE during COVID-19 V2.3](#) and [COVID-19 Infection Prevention and Control Manual version 1.4](#)
- b. Perform Rapid Antigen Test (RAT) on patient
- c. Provide patient with N95 mask or O<sup>2</sup> via NP, whichever is suitable
- d. Check and monitor vital signs
- e. Notify renal team
- f. Postpone or perform PD procedure, whichever is safe and suitable based on patient's clinical condition
- g. If RAT result is positive, attend to RT – PCR swab
- h. Follow-up result, inform patient and renal team of result
- i. For stable patients needing direct admission, arrange direct admission as per [SGH CLIN 697 Direct Admission - COVID Confirmed, Suspected And Close Contacts](#)
- j. For unstable patients or patients unable to walk, transfer to ED via The NSW Ambulance Service (000), inform ED and ambulance service of patient's COVID – 19 status and symptoms
- k. Clean and quarantine the PD procedure room as per [COVID-19 Infection Prevention and Control Manual version 1.4](#)

### 5.4 MANAGEMENT OF PATIENTS WHO BECOME UNWELL WHILST IN THE PD UNIT

1. Attend to patient's COVID – 19 screening and management as per most recent COVID guidelines and recommendation for SGH
2. Notify renal team to review patient
3. Check and monitor vital signs
4. Stop dialysis (if not tolerated)
5. Escalate and manage as per relevant SGH-TSH Policies, Procedures and Business Rules
6. Call The NSW Ambulance Service (000) for support with and transfer of deteriorating patients

- For direct admission, escort and handover patient to the admitting ward

### 5.5 IN THE EVENT OF CARDIAC OR RESPIRATORY ARREST IN THE PD UNIT

- Stop dialysis
- Provide Basic Life Support (BLS) as per [Australian Resuscitation Guidelines](#)
- Call The NSW Ambulance Service (000) for support
- Continue BLS until The NSW Ambulance Service arrives
- Inform the renal team
- Transfer to ED via The NSW Ambulance Service (000)

<b>6. Cross References</b>	<a href="#">Australian Resuscitation Guidelines</a> <a href="#">NSW Health PD2020_018 Recognition and management of patients who are deteriorating</a> <a href="#">Clinical Excellence Commissions (CEC) Between the Flags (BTF) Clinical Emergency Response System (CERS) Yellow Zone (Clinical Review) and Red Zone (Rapid Response) criteria</a> <a href="#">CEC Infection prevention and control application of PPE during COVID-19 V2.3</a> <a href="#">COVID-19 Infection Prevention and Control Manual version 1.4</a> <a href="#">SESLHD/679 Management of the Deteriorating ADULT inpatient (excluding maternity)</a> <a href="#">SGH CLIN 301 Clinical Emergency Response Systems (CERS) Management: St George Hospital</a> <a href="#">SGH CLIN718 Deteriorating Patient - Management of the Adult Inpatient Over 16 Years, St George Hospital</a> <a href="#">SGH CLIN 697 Direct Admission - COVID Confirmed, Suspected And Close Contacts</a>
<b>7. Keywords</b>	Peritoneal Dialysis, Deteriorating, Unwell, Outpatient
<b>8. Document Location</b>	<a href="#">SGH-TSH Business Rule Webpage</a>
<b>9. External References</b>	
<b>10. Consumer Advisory Group (CAG) Approval</b>	Not Applicable
<b>11. Aboriginal Health Impact Statement</b>	<p>The Aboriginal Health Impact Statement does not require completion because there is no direct or indirect impact on Aboriginal people. Management of unwell outpatients in PD unit is similar for patients of aboriginal and non-aboriginal background.</p> <p>Approval: T22/</p>
<b>12. Implementation and Evaluation Plan</b>	<p><b>Implementation:</b> 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><b>Evaluation:</b> Incident (IMS+) Monitoring</p>

<b>13. Knowledge Evaluation</b>	<p><b>Q1: What do you advice patients calling from home who are unwell?</b>  <i>A1: Advise to present to ED immediately</i></p> <p><b>Q2: What do you do if the patient becomes unwell whilst in the PD unit</b>  <i>A2: Notify renal team, monitor observations, stop dialysis, escalate and admit to hospital if needed</i></p> <p><b>Q3: What do you do if the patient deteriorates</b>  <i>A3: Call The NSW Ambulance Service (000) for support with and transfer of deteriorating patients</i></p>
<b>14. Who is Responsible</b>	Department Head Renal Services Divisional Director, Medicine and Cancer

<b>Approval for: PERITONEAL DIALYSIS (PD) – MANAGING UNWELL OUTPATIENTS IN THE PD UNIT</b>	
<b>Specialty/Department Committee</b>	Committee: Peritoneal Dialysis Committee Chairperson: Franziska Pettit, Staff Specialist Date: 12.05.2022
<b>Nurse Manager (SGH)</b>	Christine Day, Medicine and Cancer Divisional Director Date: 19.05.2022
<b>Medical Head of Department (SGH)</b>	George Mangos, Department Head Renal Services Date: 12.05.2022
<b>Executive Sponsor</b>	Christine Day, Medicine and Cancer Divisional Director Date: 19.05.2022
<b>Contributors to Business Rule</b>	Anna Claire Cuesta PD CNC Franziska Pettit, Staff Specialist Deteriorating Patients Program Meeting

<b>Revision and Approval History</b>				
Revision Date	Revision number	Reason	Coordinator/Author (Position)	Revision Due
Aug 2014	1	NEW SGH WPI 138	Anna Claire Cuesta PD CNC	Aug 2017
Aug 2017	2	Update – amended to PACE calling criteria	Anna Claire Cuesta PD CNC	Aug 2020
May 2022	3	Major – converted to CBR (previous WPI 138) removal of calling criteria and inclusion of COVID-19 management	Anna Claire Cuesta PD CNC	May 2025

<b>General Manager’s Ratification</b>	
Angela Karooz (SGH)	Date: 25.05.2022