

**PERITONEAL DIALYSIS (PD) – INPATIENT MANAGEMENT**

<b>1. Purpose</b>	A clinical business rule to assist with the management of inpatients requiring peritoneal dialysis.
<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 4 – Medication Safety 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 BACKGROUND**

Peritoneal dialysis (PD) patients manage their own treatment at home. There are two forms of PD:

1. Continuous Ambulatory Peritoneal Dialysis (CAPD) which involves the patient performing a manual exchange of dialysis fluid four to five times a day.
2. Automated Peritoneal Dialysis (APD) which is an automated system where patient connects to a machine at night for 8-10 hours and the machine controls the inflow and outflow of the dialysis fluid.

**5.2 PERITONEAL DIALYSIS SUPPORT**

- PD patients admitted to the hospital will require support from the renal healthcare team. Inform the renal team or on - call renal doctor afterhours of patient’s hospital admission
- PD clinical nurse consultant (CNC) page 1091 and PD nurses (X33770) provide inpatient PD support and outpatient care for patients on PD during operating hours – Monday to Friday, 0730 to 1600.
- 4 South (4S) ward (X33458 or X33448) is the primary contact for after-hours PD support, including weekends, public holidays and holiday closure.
- You may also request for PD support from:
  - Clinical nurse educators (CNE), clinical nurse specialists (CNS) and senior registered nurses (RN) from 4South and Emergency Department
  - Baxter Healthcare ph 1800BAXTER or 1800 229 837
    - Option 2 for Homecare Team for dialysis products and supplies during Monday – Friday, 0830 to 1700 except public holidays
    - Option 4 then Option 2 for Technical Services and Support 24 hours a day, 7 days a week for any PD machine related issues
- All Workplace Instructions (WPIs) and Clinical Business Rules (CLBRs) related to the management of PD patients are found on the hospital [Business Rule page](#)

### 5.3 MANAGEMENT OF PD PATIENTS ON PRESENTATION TO EMERGENCY DEPARTMENT

- Attend to patient's COVID – 19 screening and manage COVID – 19 positive patients as per as per most recent [COVID – 19 guidelines and recommendations](#) for SGH
- Perform critical clinical care as indicated
- Request for the “Dialysis Patient Card” to collect renal information from the patient. Return the card to patient once collection is completed.
- Inform the renal team and PD nurses and/or 4South nurses after hours of patient's ED presentation and COVID – 19 status
- Refer to the relevant PD CBR or WPI in the [hospital business rule intranet page](#), inform and seek assistance from the Renal Team and appropriate support nurses as per 5.2 Peritoneal Dialysis Support for the following:
  - To determine and deliver the appropriate PD therapy
  - To assist in ascertaining the appropriate PD catheter exit site dressing i.e. Daily or Post-insertion catheter care and dressing
  - For PD catheter and exit site related concerns
  - For PD catheter manual drain, flush, blockage, contamination and/or damage
  - For PD-related infection management and specimen collection

Note: PD catheter and exit site can be reviewed but should not be accessed or handled by non – accredited staff as per [SGH CLIN 433 Peritoneal Dialysis Catheter \(PDC\) Infection – Exit Site and Tunnel Infection Management and Treatment](#)

- For PD or renal related admission, notify the renal team or on – call renal doctors afterhours and aim to transfer patient to 4South as soon as possible
- For any PD related concerns, notify the renal team and PD nurses or 4 South nurses after hours

### 5.4 MANAGEMENT OF PD PATIENTS DURING HOSPITAL ADMISSION

- Attend to patient's COVID – 19 screening and manage COVID – 19 positive patients as per as per most recent [COVID – 19 guidelines and recommendations](#) for SGH
- Inform the renal team and PD nurses and/or 4South nurses afterhours of patient's admission in your ward and of patient's COVID – 19 status
- Routine care of PD patients on the ward/unit:
  - a. Daily weight
  - b. Fluid balance and recording. Is patient on a fluid restriction?
  - c. Routine clinical observations – Blood Pressure, Pulse, Temperature and Oxygen Saturation
  - d. Strict bowel management and recording
    - Note: Alert Renal Team and PD nurses if patient is constipated
  - e. Order a PD diet for the patient. Confirm with the Renal Dietitian if patient is suitable to continue with PD diet
  - f. Documentation of PD procedures and completion of PD charts
  - g. PD Catheter exit site care and dressing as per [SGH CLIN 402 Peritoneal Dialysis Catheter – Daily Care, dressing and management](#) or [SGH CLIN 414 Peritoneal Dialysis Catheter \(PDC\) – Post insertion Catheter Care, Dressing and Management](#)

Note 1: PD patients should be encouraged and provided with dressing supplies to do their own daily exit site dressing if able whilst inpatient

Note 2: PD catheter and exit site can be reviewed but should not be accessed or handled by non-accredited staff as per [SGH CLIN 433 Peritoneal Dialysis Catheter \(PDC\) Infection – Exit Site and Tunnel Infection Management and Treatment](#)

- Support the dialysis regimen as per the Renal Team and PD nurse recommendations
- Refer to the relevant PD CBR or WPI in the [hospital business rule intranet page](#), seek assistance from Renal Team and appropriate support nurses as per 5.2 Peritoneal Dialysis Support and for:
  - PD catheter and exit site related concerns
  - PD catheter manual drain, flush, blockage, contamination and/or damage
  - PD-related infection management and specimen collection
- Refer to [SGH CLIN396 Peritoneal dialysis patients – Preparation for invasive procedures or surgery](#) for management of PD patients about to undergo invasive clinical or diagnostic procedures or surgery
- For any PD related concerns, notify the renal team and PD nurses and/or 4South nurses after hours

### **5.5 MANAGEMENT OF PD PATIENTS DURING PERITONEAL DIALYSIS**

Note: PD are managed and performed by or under the supervision of PD accredited staff, hence, renal team, PD nurses and/or 4South nurses after hours must be informed of patient's hospital admission

- For patients on CAPD
  - Ensure correct dialysate strength and volume are used
  - Ensure dialysis lines and PD Catheter are not kinked
  - Ensure dialysis line is not pulling on PD Catheter
  - Refer to [PD SGH WPI 217 Continuous Ambulatory Peritoneal Dialysis \(CAPD\) Freeline Solo Exchange Procedure](#) for CAPD exchanges
- For patients on APD
  - Use the appropriate PD program and Patient Activation Code during APD set-up
  - Ensure correct dialysate strength are used
  - Position the PD machine in a safe area close to the patient bed and ensure power cords are secured from tripping
  - Ensure patient's bed is the same height as the PD machine
  - If the machine alarms during treatment
    - Ensure dialysis lines and PD catheter are not kinked
    - Reposition patient
  - If PD machine alarm continues, seek assistance as per 5.2 Peritoneal Dialysis Support
  - Refer to [PD SGH WPI 216 Automated Peritoneal Dialysis \(APD\) Connection And Disconnection Procedure - Claria Dialysis Machine](#) for APD set – up, connection, end of therapy and disconnection
  - Refer to [PD SGH WPI 218 Automated Peritoneal Dialysis \(APD\) Disconnection With Flexicap \(Previously known as Opticap\) Procedure](#) for disconnection during dialysis
- For patients on intermittent peritoneal dialysis (IPD), refer to [PD SGH WPI 144 Peritoneal Dialysis \(PD\) – Management of patients requiring intermittent peritoneal dialysis](#)
- For patients requiring urgent PD on a brand new PD catheter (< 3 weeks from time of insertion), refer to [PD SGH WPI 141 Peritoneal Dialysis Catheter \(PDC\) – Break-in management for patients requiring urgent peritoneal dialysis with newly inserted PDC](#)
- Discontinue and disconnect patient from dialysis in an emergency i.e. cardiac arrest, respiratory arrest, extreme hypotensive episodes, fire and/or any situations that may require patient to be evacuated

- Discontinue and disconnect patient from dialysis for any signs of dialysate leak, extreme abdominal pain, excessive abdominal bleed, faecal-coloured PD drainage and persistent PD catheter blockage as per [PD SGH WPI 216 Automated Peritoneal Dialysis \(APD\) Connection And Disconnection Procedure – Claria Dialysis Machine](#) or [PD SGH WPI 217 Continuous Ambulatory Peritoneal Dialysis \(CAPD\) Freeline Solo Exchange Procedure](#)
- For any PD related concerns, notify the renal team and PD nurses and/or 4 South nurses afterhours

## 5.6 GENERAL MANAGEMENT

- PD are managed and performed by or under the supervision of PD accredited staff, hence, renal team, PD nurses and/or 4South nurses after hours must be informed of patient's hospital admission
- Document the PD procedure and outcomes in eMR clinical notes and on PD chart
- PD catheter care is paramount in preventing PD related complications and infections, hence:
  - PD set-up and connection can only be performed by or under the supervision of an accredited staff as per [PD SGH WPI 216 Automated Peritoneal Dialysis \(APD\) Connection And Disconnection Procedure – Claria Dialysis Machine](#) or [PD SGH WPI 217 Continuous Ambulatory Peritoneal Dialysis \(CAPD\) Freeline Solo Exchange Procedure](#)
  - PD catheter exit site dressing are to be performed as per [SGH CLIN 402 Peritoneal Dialysis Catheter – Daily Care, dressing and management](#) or [SGH CLIN 414 Peritoneal Dialysis Catheter \(PDC\) – Post insertion Catheter Care, Dressing and Management](#)
  - PD catheter and exit site can only be reviewed but should not be accessed or handled by non-accredited staff as per [SGH CLIN 433 Peritoneal Dialysis Catheter \(PDC\) Infection – Exit Site and Tunnel Infection Management and Treatment](#)
- “Freedom on Peritoneal Dialysis”, “Peritoneal Dialysis and PD Catheter” and “Peritoneal Dialysis and Training” brochures are available from the PD Unit, 4South or the renal website as per 5.9 Appendix A
- For any PD related concerns, notify the renal team and PD nurses and/or 4 South nurses afterhours

## 5.7 MANAGEMENT OF PATIENTS FOR PD CATHETER INSERTION

- Outpatients requiring PD catheter insertion are usually admitted under the vascular surgeons in the vascular ward
- Once the patient is admitted, attend to patient's COVID – 19 screening and manage COVID – 19 positive patients as per as per most recent [COVID – 19 guidelines and recommendations](#) for SGH
- Inform the renal team and PD nurses of patient's admission and COVID – 19 status
- Before the PD catheter insertion procedure, check for the following:
  1. Pathology results: FBC, UEC and Clotting studies if indicated; Hepatitis B and C serology within the past 3 months
  2. Any medication requested by the vascular surgeon to stop before surgery were stopped i.e. anticoagulant or antiplatelet medications or any medications that may cause bleeding (alert the vascular team if medication/s were not stopped)
  3. MRSA and Staphylococcus aureus screening swabs. Patients with positive swabs must be treated with nasal mupirocin ointment as per [SGH CLIN 434 Peritoneal Dialysis Catheter \(PDC\) - Nasal Swab And Mupirocin \(Nasal Staphylococcus Aureus Eradication Treatment\)](#) and decolonised as per [SESLHDPR/681 Staphylococcus aureus \(MSSA and MRSA\) decolonisation](#)

**Note:** If decolonisation and treatment is not completed prior to procedure, these processes must continue postoperatively and/or the surgeon may order prophylactic intravenous antibiotics prior to surgery

- Ensure all pre-operative preparation is completed before procedure [SGH-TSH CLIN079 Pre-operative/Procedure Management of an Adult](#)
- After the PD catheter insertion:
  1. Manage and monitor patient as per [SGH-TSH CLIN 078 Post-operative/Procedure Management of an Adult](#)
  2. Contact the PD nurses to arrange a post insertion review

**Note:** Post insertion review, dressing change and PD catheter flush can only be carried out by PD accredited RN or RN under the supervision of PD accredited RN

**Note:** In critical events, vascular surgeon may request for a review and PD catheter flush whilst patient is in operating theatre or recovery room as per [SGH PD WPI 147 Peritoneal Dialysis Catheter \(PDC\) Flush- Post Insertion in Operating Theatre, Procedure Room or Recovery Room- SGH](#)

3. During the review, PD nurse will:
  - Inspect insertion and exit site wounds. Observe for bleed or leaks. Any concerns must be reported to the vascular surgeon.
  - Attend to post insertion PDC exit site dressing change as per [SGH CLIN 414 Peritoneal Dialysis Catheter \(PDC\) – Post insertion Catheter Care, Dressing and Management](#)
  - Depending on vascular surgeon's order, attend to small flush as per [SGH PD WPI 137 Peritoneal Dialysis Catheter \(PDC\)- Simple/Small flush on Peritoneal Dialysis](#) or 1Litre flush as per [SGH PD WPI 053 Peritoneal Dialysis - 1L Flush on a Peritoneal Dialysis Catheter](#)
  - For heavily blood stained effluent, inform vascular surgeon and renal team as further PD catheter flushes may be required
  - For patients requiring urgent dialysis post PD catheter insertion:
    - a. Confirm with vascular surgeon if and when safe to use the newly inserted PD catheter for dialysis;
    - b. Renal team to take over care and arrange transfer of patient to 4 South ward;
    - c. PD accredited RN must attend to break –in IPD as per [SGH PD WPI 141 Peritoneal Dialysis Catheter \(PDC\) - Break-in management for patients requiring urgent peritoneal dialysis with newly inserted PDC](#)

**Note:** Ideally newly inserted PD catheter must rest for 3 weeks before PD and/or PD training commences to promote healing and sealing of wounds as per [SGH CLIN 414 Peritoneal Dialysis Catheter \(PDC\) – Post insertion Catheter Care, Dressing and Management](#)

- Heparin lock PD catheter after the flush and/or dialysis as per [SGH CLIN 364 Peritoneal Dialysis Catheter \(PDC\) - Heparin lock](#)
- Provide post PD catheter insertion instructions to patient and/or carer and ward nurse/s:
  - a. PD catheter care – provide Micropore tape to patient to secure PD catheter tip to abdomen and prevent from dangling
  - b. Wound management
    - i. To leave dressing intact for 7 days unless bleeding or leaking. Observe wounds for bleed or leaks. Present to PD unit or emergency department (ED) after – hours for excessive bleed or leaks;
    - ii. NO shower for 3 weeks;

- iii. Book for weekly dressing and PDC flush either as an inpatient in the wards or outpatient in the PD unit for minimum of 3 weeks.
  - c. Bowel management – to avoid constipation. Take laxatives if necessary
  - d. Pain management – take analgesia as ordered
  - e. Contact the PD unit or present to ED after – hours for any signs and symptoms of infection, persisting abdominal pain and/or pain on the catheter wound.
  - f. Provide 'PD and PD catheter' brochure (5.9 Appendix A) and PD unit's contact details
- For any PD related concerns, notify the renal team and PD nurses or 4 South nurses after hours
  - Patient must have anterior and posterior abdominal Xray for baseline PD catheter position prior to discharge
  - Notify the renal team and PD nurse upon discharge
  - PD nurse/s to provide outpatient follow – up and to book PD training date

### **5.8 MANAGEMENT OF PD PATIENTS FOR PD CATHETER REMOVAL**

- Once the patient is admitted, attend to patient's COVID – 19 screening and manage COVID – 19 positive patients as per as per most recent [COVID – 19 guidelines and recommendations](#) for SGH
- Inform the renal team and PD nurses of patient's admission and COVID – 19 status
- Seek assistance from appropriate support nurses as per 5.2 Peritoneal Dialysis Support, to drain out all peritoneal dialysis effluent as per [PD SGH WPI 143 Peritoneal Dialysis \(PD\) – Manual drain with a drain bag \(ultra set\)](#) before the procedure
- Ensure all pre – operative preparation is completed before procedure [SGH-TSH CLIN079 Pre-operative/Procedure Management of an Adult](#)
- Manage and monitor patient as per [SGH-TSH CLIN 078 Post-operative/Procedure Management of an Adult](#)
- Notify PD nurses and renal team once PD catheter is removed and when patient is discharged
- Arrange outpatient wound care and dressing change with the vascular surgeon and team prior to discharge

5.9 APPENDIX A – PATIENT BROCHURES FOR PD

Freedom on PD

**PD essentials:**

**Dialysis access**

A tube is inserted in your abdomen and remains there whilst you require PD.

**What you need to do?**

- ⇒ Attend PD education sessions
- ⇒ Attend an assessment and counseling session regarding your PD choice
- ⇒ Complete PD training once dialysis is needed
- ⇒ Be available for an initial home visit after training
- ⇒ Attend clinic appointments as required
- ⇒ Care for yourself once you start PD

**Must have**

- ⇒ Clean storage area for dialysis supplies
- ⇒ Bedroom or clean work area
- ⇒ Telephone



**If you want to know more about PD and how the PD nurses can support you**

**Call us today** to book an education session or for a chat about PD.

**Monday to Friday**  
**7.30 a.m. to 4 p.m.**  
 02 9113 3770

Peritoneal Dialysis Unit  
 St George Hospital  
 Renal Care Centre  
 9 South St. Kogarah NSW 2217

1. My appointment with the PD nurses is on:

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2. My appointment with the PD nurses is on:

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3. My appointment with the PD nurses is on:

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## Freedom on Peritoneal Dialysis

Why this is the best dialysis option for you




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St George Hospital — PD nurses

**A home based dialysis**

Do you want to spend more time at home?

Do you want to maintain your independence?

Do you want to have less hospital visits?

Do you want to manage your own time?

Do you want to be in control of and schedule your own dialysis?

If you do, peritoneal dialysis is the best option for you.

**Why?**

Peritoneal dialysis is dialysis you can do at home.

Choosing home-based dialysis gives you the flexibility and freedom to enjoy the comforts of your own home as you take full control of your dialysis.

**Benefits of home dialysis**

- ⇒ Able to continue working
- ⇒ Independence
- ⇒ Family involvement

**Benefits of Peritoneal Dialysis (PD)**

The main benefit of PD is you can easily fit it in with your current lifestyle, with support from our expert PD nurses. Other advantages of PD are:

- ⇒ No needles involved
- ⇒ Little modification at home
- ⇒ Short training time
- ⇒ Able to travel





**More Information**

PD nurses will provide you with education and training until you are confident to dialyse yourself. At home, PD support is only a phone call away.

**Training sessions will be tailored to your needs.**

**Types of PD**

The best type of PD for you depends on your lifestyle, medical condition and personal choice. Your kidney doctor and the PD nurses will help you choose.

**Automated PD (APD)**— is the exchange or cycle of dialysis fluid using a machine for 8-10 hours overnight.

**Continuous Ambulatory PD (CAPD)**— is the manual exchange of dialysis fluid for 45 minutes four times a day.

• PD and PD Catheter

**Hygiene and care**

Do not shower for three weeks, as the dressing must not get wet. It is important to keep the catheter exit site dry for the wound to heal. You will be advised by the PD nurse when you can shower.

The catheter is an essential part of your body and it is your only access to peritoneal dialysis. You need to keep it clean and dry all the time. Secure the catheter at all times with Micropore tape which is given to you by the PD nurse.

**Your catheter is precious and should not be damaged.**

**Do not use scissors or any other sharp object near your catheter for any reason.**

**When will my catheter be used?**

Sometimes catheter can be used immediately after it has been placed. However, it is ideal to rest the catheter for 2 – 3 weeks for best results. During the rest period, catheter will be flushed weekly in the PD unit until PD training begins. This is to ensure that catheter is functioning well.

**Going home**

You may be able to leave the hospital in 24-48 hours after catheter insertion. You must maintain regular bowel movements. If necessary, you can use coloxyl with senna, movicol or lactulose to avoid constipation.

**Important**

Contact the PD unit (or present yourself to the emergency department after hours) if you notice any signs of excessive wound bleed/leak or signs of infection i.e. fever, chills, feeling sick, abdominal pain or pain on the catheter wound.

**For further information contact:**

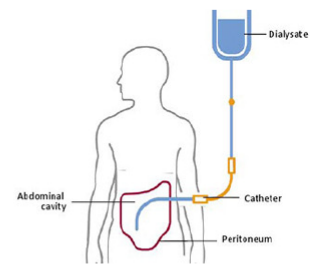
**Peritoneal Dialysis Unit**  
Monday — Friday 7.30 am — 4pm  
**02 9113 3770**

Or

**4 South Medical Ward**  
After Hours, Weekends  
and Public Holidays  
**02 9113 3458**  
(Request to speak to a senior nurse for PD related advice)



# Peritoneal Dialysis and PD Catheter



**What is Peritoneal Dialysis or PD?**

Peritoneal dialysis is one of the treatments used in kidney failure. The patient is taught how to attend to their own treatment at home. Treatment involves running fluid in, and out of the abdomen via a peritoneal dialysis (PD) catheter.

**What is a PD catheter?**

A PD catheter is a plastic tube inserted into your abdomen or peritoneal cavity to allow the inflow and outflow of dialysis fluid. PD catheter is inserted by a surgeon in operating theatre or kidney specialist in procedure room.

• **Insertion of a catheter by a surgeon**

You will be required to attend the Pre Admission Clinic where you will be assessed prior to surgery

OR

• **Insertion of a catheter by kidney specialist**

You will be assessed by the kidney specialist in the renal clinic or pre-PD session

**Before the PD catheter insertion**

You may be required to come in to the hospital the day before the PD catheter insertion to start antiseptic showers, prophylactic antibiotic treatment, bladder and bowel preparation. Instructions about when to fast from food and drink will also be provided. You will need to sign a consent for the procedure.

**On this day, PD nurses may visit you. At this time, take the opportunity to ask any questions you have about peritoneal dialysis.**

**On the day of the PD catheter insertion**

If you are coming to the day surgery unit, you will need to attend early on the day of your operation. You will transfer to the operating theatre from the day surgery unit.

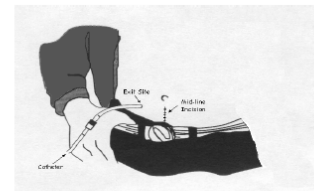
If you are already admitted in the renal ward, you will be transferred to the procedure room from the ward.

**After the PD catheter insertion**

On return to the ward you may feel drowsy and some pain over the area. Do not hesitate to ask for pain relief if you need it. The nurses will monitor closely your blood pressure,

temperature, pulse and your wounds.

Your PD catheter will be flushed with a small volume of fluid. The PD catheter will be on the left or right



This picture shows a person's abdomen with the catheter in it

side of your abdomen. Expect to have a small amount of bleeding or ooze from these areas. Inform the nurses if you notice excessive bleeding, oozing or pain.

**The Dressing**

The catheter exit site will be covered with a dressing to be left for 7 days. It will be redressed weekly for 2 – 3 weeks. This is to allow time for wound healing. After this time, dressing is to be changed daily or after every shower. The PD nurses will teach you on how to inspect your catheter exit site and to change your dressing as part of your daily catheter care routine.



• PD training

**WHAT SHOULD YOU BRING?**

There will be a few things to bring with you for the duration of your PD training:

1. Reading glasses, if you have difficulty reading
2. Hearing aids, if you have difficulty hearing
3. Glucometer and insulin, if you have Diabetes
4. Any regular medications you must take during training
5. During your rest period, you may bring a laptop, portable DVD player, books, magazines or puzzles.
6. Wear comfortable clothing and shoes
7. You may bring a neck pillow
8. If you are on a special diet and/or drinks, please bring it with you at training. Cold lunch of sandwiches and tea/coffee will be provided to you and a family member.

More education materials will be given to you at training. You will receive a PD record book and the PD nurse will teach you to record your dialysis information.

You may request the PD nurses or Social Worker for a voucher to have a discounted parking spot near St George Hospital for the duration of your PD training.

Contact the PD CNC/nurses if you have any questions.

**PREPARATION TO GO HOME**

Before PD training is completed, PD nurses will arrange for the dialysis supplies to be delivered into your home.

After PD training is completed, a follow-up home visit is immediately arranged by the PD nurses to help you set-up at home. More home visits may be scheduled until you are confident to do your own dialysis at home. A list of contact phone numbers is also given for any further advice

**IMPORTANT**

PD support is only a phone call away.

**For further information contact:**

**Peritoneal Dialysis Unit**  
Monday — Friday 7.30 am — 4pm  
**02 9113 3770**  
Or  
**4 South Medical Ward**  
After Hours, Weekends & Public Holidays  
**02 9113 3458**

**For technical support, contact:**  
Baxter Technical Support  
24 hours a day, 7 days a week  
**1800 063 093**

**To order dialysis supplies and for delivery issues, contact:**  
Baxter Customer Support  
Monday—Friday 08.30 am — 5.00 pm  
**1800 229 837**



# Peritoneal Dialysis Training



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**INTRODUCTION**

You have been referred for home dialysis in the form of peritoneal dialysis (PD). This pamphlet informs you about the preparation and training required, including the role of the PD nurses.

**WHERE IS THE PERITONEAL DIALYSIS UNIT?**

St George Hospital's PD unit is located in St. George Renal Care Centre, 9 South St. Kogarah. The cottage next to Mental Health Unit.

**WHEN IS THE PD UNIT OPEN?**

The PD unit is open Monday to Friday, from 07.30am to 4:00pm

For CAPD (manual dialysis) training, you will be required to attend the unit twice a day, come in at 8:00am then again at 2:00pm for 5 days

For APD (machine based dialysis), you will be required to attend the unit from 8:00am to 3:00pm for 10 days

You do not stay here overnight and there is no training on weekends or public holidays

PD training will be provided until you are competent to perform your own dialysis at home.

**ACCOMMODATION OPTIONS**

If you live far from St George Hospital, you can arrange temporary accommodation at Bezzina House. Cancer care patients have first priority so it is best to make arrangements with Bezzina House early or stay with your family/friends for the duration of your training.

**STARTING DIALYSIS**

To start PD, you will need to have a procedure to insert a PD catheter in your abdominal region, specifically the peritoneal cavity. New PD catheter is usually not used for up to 3 weeks. Sometimes patients may need haemodialysis before starting PD training

**WHAT HAPPENS AT TRAINING?**

The PD nurse will demonstrate the PD procedure to you until you learn it. You will have plenty of opportunities to practice the PD procedure under the supervision of a PD nurse. Written instructions will be given to assist your learning. Dialysis and education will be provided to you throughout your stay. You will also learn how to care for your PD catheter and exit site including dressing change.

Training time varies from 5 days to 3 weeks. Everyone is trained at their own pace. You will be sent home to dialyse yourself once PD training is completed. We do not send you home until you can competently and safely attend to your own dialysis, dressing change and manage PD related complications.

**DO YOU NEED A HELPER?**

Patients choose home dialysis like PD because they can maintain their independence and take control of their own treatment. Before making the decision to choose PD, your needs would have been discussed at the renal options clinic and the Pre-PD assessment and education session with the PD nurse. Should you require assistance, your helper may also be trained on PD or stay with you for the duration of your training. If a helper is not necessary, it is still ideal to nominate a close family member (preferably someone who lives with you) to attend PD training for your back-up support. Partners, family members or close friends are welcome to visit you whilst training.

**STORAGE AND WASTE**

Boxes of PD fluid will be delivered to you monthly and must be stored in a clean, cool (away from direct sunlight and properly insulated), dry and pest-free area. There will also be extra waste to dispose of, you will need to contact your council to organize a bigger or an extra rubbish bin. You may also be eligible to be part of the Baxter recycling program.

**REQUIREMENTS**

A list of requirements to set-up your home for dialysis will be discussed and provided to you by the PD nurse i.e. digital weigh scale, liquid antibacterial soap, paper towels, methylated spirit, spray bottle & work table or trolley for the PD machine.

<p><b>6. Cross References</b></p>	<p><a href="#"><u>COVID – 19 guidelines and recommendations for SGH</u></a>  <a href="#"><u>SESLH DPR/681 Staphylococcus aureus (MSSA and MRSA) decolonisation</u></a>  <a href="#"><u>SGH-TSH CLIN 078 Post-operative/Procedure Management of an Adult</u></a>  <a href="#"><u>SGH-TSH CLIN079 Pre-operative/Procedure Management of an Adult</u></a>  <a href="#"><u>SGH CLIN 364 Peritoneal Dialysis Catheter (PDC) - Heparin lock</u></a>  <a href="#"><u>SGH CLIN396 Peritoneal dialysis patients – Preparation for invasive procedures or surgery</u></a>  <a href="#"><u>SGH CLIN 402 Peritoneal Dialysis Catheter – Daily Care, dressing and management</u></a>  <a href="#"><u>SGH CLIN 414 Peritoneal Dialysis Catheter (PDC) – Post insertion Catheter Care, Dressing and Management</u></a>  <a href="#"><u>SGH CLIN 433 Peritoneal Dialysis Catheter (PDC) Infection – Exit Site and Tunnel Infection Management and Treatment</u></a>  <a href="#"><u>SGH CLIN 434 Peritoneal Dialysis Catheter (PDC) - Nasal Swab And Mupirocin (Nasal Staphylococcus Aureus Eradication Treatment)</u></a>  <a href="#"><u>SGH PD WPI 053 Peritoneal Dialysis - 1L Flush on a Peritoneal Dialysis Catheter</u></a>  <a href="#"><u>SGH PD WPI 137 Peritoneal Dialysis Catheter (PDC)- Simple/Small flush on Peritoneal Dialysis</u></a>  <a href="#"><u>PD SGH WPI 141 Peritoneal Dialysis Catheter (PDC) – Break-in management for patients requiring urgent peritoneal dialysis with newly inserted PDC</u></a>  <a href="#"><u>SGH PD WPI 143 Peritoneal Dialysis (PD) –Manual drain with a drain bag (ultra set)</u></a>  <a href="#"><u>SGH PD WPI 144 Peritoneal Dialysis (PD) – Management of patients requiring intermittent peritoneal dialysis</u></a>  <a href="#"><u>SGH PD WPI 147 Peritoneal Dialysis Catheter (PDC) Flush- Post Insertion in Operating Theatre, Procedure Room or Recovery Room- SGH</u></a>  <a href="#"><u>SGH PD WPI 216 Automated Peritoneal Dialysis (APD) Connection And Disconnection Procedure – Claria Dialysis Machine</u></a>  <a href="#"><u>SGH PD WPI 217 Continuous Ambulatory Peritoneal Dialysis (CAPD) Freeline Solo Exchange Procedure</u></a>  <a href="#"><u>SGH PD WPI 218 Automated Peritoneal Dialysis (APD) Disconnection With Flexicap (Previously known as Opticap) Procedure</u></a></p>
<p><b>7. Keywords</b></p>	<p>Peritoneal dialysis, Peritoneal dialysis care, Inpatient</p>
<p><b>8. Document Location</b></p>	<p>Peritoneal Dialysis in <a href="#"><u>SGH-TSH Business Rule Webpage</u></a></p>
<p><b>9. External References</b></p>	<ol style="list-style-type: none"> <li>Crabtree, J. H., Shrestha, B. M., Chow, K. M., Figueiredo, A. E., Povlsen, J. V., Wilkie, M., Abdel-Aal, A., Cullis, B., Goh, B. L., Briggs, V. R., Brown, E. A., &amp; Dor, F. (2019). Creating and Maintaining Optimal Peritoneal Dialysis Access in the Adult Patient: 2019 Update. <i>Peritoneal dialysis international : journal of the International Society for Peritoneal Dialysis</i>, 39(5), 414–436. <a href="https://doi.org/10.3747/pdi.2018.00232">https://doi.org/10.3747/pdi.2018.00232</a></li> <li>Cullis, B., Al-Hwiesh, A., Kilonzo, K., McCulloch, M., Niang, A., Nourse, P., Parapiboon, W., Ponce, D., &amp; Finkelstein, F. O. (2021). ISPD</li> </ol>

	<p>guidelines for peritoneal dialysis in acute kidney injury: 2020 update (adults). <i>Peritoneal dialysis international : journal of the International Society for Peritoneal Dialysis</i>, 41(1), 15–31. <a href="https://doi.org/10.1177/0896860820970834">https://doi.org/10.1177/0896860820970834</a></p> <ol style="list-style-type: none"> <li>3. Gokal, R., Alexander, S., Ash, S., Chen, T.W., Danielson, A., Holmes, C., Joffe, P., Moncrief, J., Nichols, K., Piraino, B., Prowant, B., Slingeneyer, A., Stegmayr, B., Twardowski, Z., and Vas, S. (1998). Peritoneal catheters and exit-site practices toward optimum peritoneal access: 1998 update. <i>Peritoneal Dialysis International</i>. 18(1), 11-33</li> <li>4. Li PK-T, Chow KM, Cho Y, et al. (2022) ISPD peritonitis guideline recommendations: 2022 update on prevention and treatment. <i>Peritoneal Dialysis International</i>, 42(2):110-153. doi:<a href="https://doi.org/10.1177/08968608221080586">10.1177/08968608221080586</a></li> <li>5. 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. <i>Peritoneal Dialysis International</i>, 36(5), 481-508. doi: 10.3747/pdi.2016.00078</li> <li>6. Piraino, B., Bernardini, J., Brown, E., Figueiredo, A., Johnson, D. W., Lye, W.-C., et al. (2011). ISPD Position Statement on Reducing the Risks of Peritoneal Dialysis-Related Infections. <i>Peritoneal Dialysis International</i>, 31:614-630.</li> <li>7. Szeto, C.-C., Li, P. K.-T., Johnson, D. W., Bernardini, J., Dong, J., Figueiredo, A. E., . . . Brown, E. A. (2017). ISPD Catheter-Related Infection Recommendations: 2017 Update. <i>Peritoneal Dialysis International</i>, 37(2), 141-154. doi: 10.3747/pdi.2016.00120</li> </ol>
<p><b>10. Consumer Advisory Group (CAG) Approval</b></p>	<p>Approval date: 27<sup>th</sup> October 2016</p>
<p><b>11. Aboriginal Health Impact Statement</b></p>	<p>The Aboriginal Health Impact Statement does not require completion because there is no direct or indirect impact on Aboriginal people. PD Inpatient management and treatment is similar for patients of aboriginal and non-aboriginal background. Approved: T22/</p>
<p><b>12. Implementation and Evaluation Plan</b></p>	<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 <b>Evaluation:</b> Incident (IMS+) Monitoring</p>
<p><b>13. Knowledge Evaluation</b></p>	<p><b>Q1: Who are to be notified if a PD patient presents for hospital admission?</b> <i>A1: Renal Team, PD nurses and 4South.</i></p> <p><b>Q2: Who can access a PD catheter or attend to PD treatment?</b> <i>A2: Only the staff accredited to perform PD and PD dressing or staff working towards PD accreditation under the supervision of PD accredited staff.</i></p> <p><b>Q3: Who is to be notified for any PD related issues?</b> <i>A3: Renal team, PD nurses and/or 4South nurses after – hours</i></p>
<p><b>14. Who is Responsible</b></p>	<p>Department Head Renal Services Divisional Director, Medicine and Cancer</p>

<b>Approval for: PERITONEAL DIALYSIS (PD) – INPATIENT MANAGEMENT</b>	
<b>Specialty/Department Committee</b>	Committee: Peritoneal Dialysis Committee Chairperson: Franziska Pettit, Staff Specialist Date: 07.04.2022
<b>Nurse Manager (SGH)</b>	Christine Day, Medicine and Cancer Divisional Director Date: 14.04.2022
<b>Medical Head of Department (SGH)</b>	George Mangos, Department Head Renal Services Date: 07.04.2022
<b>Executive Sponsor</b>	Christine Day, Medicine and Cancer Divisional Director Date: 14.04.2022
<b>Contributors to CIBR</b>	4 South Nursing Team Andrea Matisan, 4S Clinical Nurse Educator

<b>Revision and Approval History</b>				
Revision Date	Revision number	Reason	Coordinator/Author (Position)	Revision Due
May 2016	0	New	Anna Claire Cuesta (PD CNC)	May 2019
May 2019	1	Update – inclusion of PD catheter removal management	Anna Claire Cuesta (PD CNC)	May 2022
Apr 2022	2	Review – inclusion of COVID – 19 screening and management, inclusion of PD catheter insertion management and inclusion of PD brochures for patient	Anna Claire Cuesta (PD CNC)	Apr 2025

<b>General Manager’s Ratification</b>	
Angela Karooz (A/GM SGH)	Date: 27.04.2022