

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 _____