PERITONEAL DIALYSIS UNIT RENAL DEPARTMENT SGH PD WPI 143 Workplace Instruction

PERITONEAL DIALYSIS (PD) – MANUAL DRAIN WITH A DRAIN BAG (ULTRA SET)

Cross references	NSW Health PD2017_013 Infection Prevention and Control Policy NSW Health PD2017_026 Clinical and Related Waste Management for Health Services NHMRC Australian Guidelines for the prevention and control of Infection in Healthcare SGH-TSH CLIN027 Aseptic Technique - Competency and Education Requirements	
1. Purpose	To ensure the manual drainage of PD fluid using Ultra Set drainage bag is performed according to best practice guidelines reducing the risk of infection and ensuring patient safety	

2. Process

2.1 DEVICES

2.1.1 Equipment

- Trolley
- Blue clamp
- Micropore tape
- Sterile gloves
- PPE

2.1.2 Key parts

- Minicap
- Ultra-Set or Manual Drain Bag

2.1.3 Key site

- Abdominal PD catheter

2.2 PROCEDURE

- 1. Explain procedure to patient
- 2. Perform hand hygiene
- 3. Clean trolley/work surface with detergent
- 4. Identify and gather equipment for procedure
- 5. Wash the blue clamp and dry thoroughly
- 6. Perform hand hygiene
- 7. Prepare general aseptic field with key parts, blue clamp and micropore tape
- 8. Remove outer pouch of the Ultra Set drain bag and place on top of the clean trolley, ensure the lines are facing up
- 9. Prepare the patient:
 - a) Don non-sterile gloves
 - b) Expose the PD catheter
 - c) Keep PD catheter away from clothing

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- 10. Remove gloves and perform hand hygiene
- 11. Don sterile gloves and wear PPE as per <u>NSW Health PD2017_013 Infection Prevention</u> <u>and Control Policy</u>
- 12. Perform connection procedure ensuring all key parts/sites are protected
 - a) Remove the blue cap from the patient line and remove minicap from the catheter;
 - b) Use non-touch connection technique to connect catheter to the patient line;
 - c) Place the drain bag on the floor, ensure the clear part of the bag is facing up;
 - d) Close the blue clamp on the Y-line;
 - e) Ensure all lines are not kinked or pulling from the exit site. Ensure catheter dressing remains intact;
- 13. Twist open the catheter valve to commence drain (drain time is approximately 15 to 20 minutes)

Note: Compare drain volume to previous fill volume. Drain volume should be more than the previous fill volume

- 14. When the drain line is cool, close the white clamp and twist close the catheter valve until it clicks
- 15. Open a new minicap
- 16. Perform hand hygiene
- 17. Wear PPE and don sterile gloves
- 18. Disconnect patient using non-touch disconnection technique
- 19. Apply a new minicap to catheter using non-touch technique
- 20. Secure the catheter in place with micropore tape
- 21. Weigh the drain bag, record the volume and PD effluent quality (i.e. colour, clarity and fibrin status)
- 22. Empty drain bag in the pan room sluice
- 23. Discard bag and lines in the clinical waste bin as per <u>NSW Health PD2017_013 Infection</u> <u>Prevention and Control Policy</u>
- 24. Remove gloves and PPE
- 25. Perform hand hygiene
- 26. Clean trolley after use and perform hand hygiene
- 27. Calculate and document UF and cumulative UF on the PD chart
- 28. Document the procedure on the PD chart and patient notes
- 29. Handover to the next shift

3. Network file	Renal, Peritoneal Dialysis		
4. External references / further reading	Akoh, J. A. (2012). Peritoneal dialysis associated infections: An update on diagnosis and management. <i>World Journal of Nephrology, 1</i> (4), 106-122. doi: 10.5527/wjn.v1.i4.106		
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5. Specialty / department committee approval	Peritoneal Dialysis Committee Dr Franziska Pettit, Staff Specialist Signature: 20.05.20		
6. Department head approval	Dr George Mangos, Department Head Renal Services Signature: 20.05.20		
7. Executive sponsor approval – Nurse Manager	Christine Day, Nurse Manager Medicine Signature: 28.05.20		

Revision and Approval History

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