

**AUTOMATED PERITONEAL DIALYSIS (APD) DISCONNECTION WITH 'FLEXICAP'
(PREVIOUSLY KNOWN AS 'OPTICAP') PROCEDURE**

1. Purpose	To ensure APD disconnection with Flexicap procedure is performed according to best practice guidelines reducing the risk of infection and ensuring patient safety
2. Employees it Applies to	Medical and nursing staff

3. PROCESS

3.1 SAFEGUARD

Note: 'Opticap' is a discontinued dialysis product replaced by 'Flexicap'

- Frequent disconnection from APD machine during dialysis is highly discouraged due to increased risk of contamination
- Limit disconnection during dialysis to toilet breaks or urgent medical procedures only to reduce risk of contamination
- Maximum of 2 disconnection episodes only for every 10 hour therapy to reduce risk of contamination
- If >2 disconnection episodes during dialysis is anticipated, convert patient to CAPD to reduce risk of contamination

3.2 DEVICES

3.2.1 Equipment

- Sterile gloves
- Micropore Tape

3.2.2 Key Parts

- Flexicap

3.2.3 Key Site

- PD catheter

3.3 PROCEDURE

1. Place 1 x new Flexicap and 1 x new Minicap packets on the dialysis table. Check expiry dates of both packets.
2. Press the red (STOP) button to pause/stop dialysis
Note: If possible to wait, pause/stop and disconnect whilst on 'DWELL' phase
3. Perform hand hygiene and don PPE as per [NSW Health PD2017_013 Infection Prevention and Control Policy](#) or [COVID-19 Infection Prevention and Control Manual version 1.4](#) (whichever is applicable) and non-sterile gloves
4. Close the clamp on patient line
5. Close the PD catheter valve until it "clicks"
6. Open Flexicap and Minicap packets
7. Perform hand hygiene and don sterile gloves

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8. Perform disconnection procedure ensuring all key parts/sites are protected as per [SESLHDPD/271 Aseptic Technique](#):
 - a. Disconnect patient line using aseptic non-touch connection technique
 - b. Place patient line back on the line organiser
 - c. Cover PD catheter with new Minicap using aseptic non-touch connection technique
 - d. Cover patient line with new Flexicap using aseptic non-touch connection technique
9. Secure the PD catheter on abdomen with micropore tape before patient mobilises
10. Remove PPE, gloves and perform hand hygiene
11. Once patient returns, prepare the PD catheter
 - a. Perform hand hygiene and don PPE as per [NSW Health PD2017_013 Infection Prevention and Control Policy](#) or [COVID-19 Infection Prevention and Control Manual version 1.4](#) (whichever is applicable) and non-sterile gloves
 - b. Keep the PD catheter away from clothing
 - c. Expose the PD catheter
12. Remove gloves and perform hand hygiene
13. Don sterile gloves
14. Perform connection procedure ensuring all key parts/sites are protected as per [SESLHDPD/271 Aseptic Technique](#):
 - a. Remove Flexicap from the patient line
 - b. Remove Minicap from the PD catheter
 - c. Connect PD catheter to the patient line using aseptic non-touch connection technique
15. Open the catheter valve
16. Open the clamp on patient line
17. Press green (GO) button to continue dialysis
18. Discard equipment as per [NSW Health PD2020_049 Clinical and Related Waste Management for Health Services](#)
19. Remove PPE, gloves and perform hand hygiene
20. Document the frequency of and reason for disconnection/s, on APD chart and eMR patient notes
21. Handover to the next shift

4. Cross References	NSW Health PD2017_013 Infection Prevention and Control Policy COVID-19 Infection Prevention and Control Manual version 1.4 NSW Health PD2020_049 Clinical and Related Waste Management for Health Services SESLHDPD/271 Aseptic Technique
5. Keywords	Peritoneal Dialysis, Flexicap, Disconnection
6. Document Location	Peritoneal Dialysis in SGH-TSH Business Rule Webpage
7. External References	<ol style="list-style-type: none"> 1. Automated peritoneal dialysis (2005). Nephrology Dialysis Transplantation, Volume 20, Issue suppl_9, 1 December 2005, Pages ix21– ix23, https://doi.org/10.1093/ndt/gfi1120 2. Bannister, K. (2014). The influence of peritoneal dialysis systems and solutions on the incidence of peritonitis and catheter-related infections.

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	<p>The KHA-CARI Guidelines – Caring for Australasians with Renal Impairment; Available from: http://www.cari.org.au/Dialysis/dialysis%20peritonitis/dialysis_peritonitis.html</p> <ol style="list-style-type: none">3. Dombros, N., Dratwa, M., Feriani, M., Gokal, R., Heimbürger, O., Krediet, R., . . . Verger, C. (2005). European best practice guidelines for peritoneal dialysis. 4 Continuous ambulatory peritoneal dialysis delivery systems. <i>Nephrology Dialysis Transplantation</i>, 20 Suppl 9, ix13-ix15. https://doi.10.1093/ndt/gfi11184. Gowrie Balasubramanian, Khadija McKitty, Stanley L.-S. Fan (2011). Comparing automated peritoneal dialysis with continuous ambulatory peritoneal dialysis: survival and quality of life differences? <i>Nephrology Dialysis Transplantation</i>, Volume 26, Issue 5, 1 May 2011, Pages 1702–1708, https://doi.org/10.1093/ndt/gfq6075. Kannaiyan S. Rabindranath, James Adams, Tariq Z. Ali, Conal Daly, Luke Vale, Alison M. MacLeod (2007). Automated vs continuous ambulatory peritoneal dialysis: a systematic review of randomized controlled trials. <i>Nephrology Dialysis Transplantation</i>, Volume 22, Issue 10, 1 October 2007, Pages 2991–2998, https://doi.org/10.1093/ndt/gfm5156. 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:10.1177/089686082210805867. Masa Knehtl, Eva Jakopin, Martin Hren, Nina Hojs, Sebastjan Bevc, Robert Ekart, Radovan Hojs (2018). SP530 Comparison Of Continuous Ambulatory Peritoneal Dialysis (CAPD) Versus Automated Peritoneal Dialysis (APD) Considering Treatment Adequacy, Anemia, Inflammation And Mineral Bone Disease. <i>Nephrology Dialysis Transplantation</i>, Volume 33, Issue suppl_1, 1 May 2018, Pages i526–i527, https://doi.org/10.1093/ndt/gfy104.SP5308. 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.2016.001209. Woodrow G, Fan SL, Reid C et al. (2017) Renal Association clinical practice guideline on peritoneal dialysis in adults and children. <i>BMC Nephrology</i> 18:333; https://doi.org/10.1186/s12882-017-0687-2
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Approval for: AUTOMATED PERITONEAL DIALYSIS (APD) DISCONNECTION WITH 'FLEXICAP' (PREVIOUSLY KNOWN AS 'OPTICAP') PROCEDURE	
Specialty/Department Committee	Committee: Peritoneal Dialysis Committee Dr Franziska Pettit, Staff Specialist Date: 07.04.2022
Department head approval	Prof George Mangos, Department Head Renal Services Date: 31.03.2022
Executive Sponsor – Nurse Manager	Christine Day, Medicine and Cancer Divisional Director Date: 14.04.2022
Contributors to WPI	

Revision and Approval History				
Revision Date	Revision number	Reason	Coordinator/Author (Position)	Revision Due
Feb 2019	1	New	Anna Claire Cuesta (PD CNC)	Feb 2022
Apr 2022	2	Review - Opticap changed to Flexicap, include COVID – 19 specific PPE	Anna Claire Cuesta (PD CNC)	Apr 2027