PERITONEAL DIALYSIS (PD) – CHANGING PD CATHETER TITANIUM CONNECTOR AND EXTENSION 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* SGH CLIN 357 *Peritoneal Dialysis Catheter (and Extension set) – Management of Contamination* SGH CLIN 433 *Peritoneal Dialysis (PD) Catheter Infection – Exit Site and Tunnel Infection Management and Treatment* SGH CLIN 442 *Peritoneal Dialysis (PD) – Peritonitis Management and Treatment* SGH CLIN 402 *Peritoneal Dialysis Catheter – Daily Care, dressing and management* SGH CLIN 414 *Peritoneal Dialysis Catheter (PDC) – Post insertion Catheter Care, Dressing and Management* SGH Renal WPI 093 *Peritoneal Dialysis (PD) – Changing PD Catheter Extension Set*
1. Purpose	To ensure the process of changing the PD catheter titanium connector and extension set is performed according to best practice guidelines reducing the risk of infection and ensuring patient safety

2. Process

2.1 RECOMMENDATIONS TO CHANGE THE PERITONEAL DIALYSIS CATHETER (PDC) TITANIUM CONNECTOR AND EXTENSION SET

- When a PDC titanium connector is damaged or faulty
- Immediately after a PDC titanium connector contamination
- In the event of a PDC titanium connector recall
- Whenever a PDC has a split or hole

  Note: Surgical review for reinsertion of new PDC is to be considered if the split or hole is <6cm from the PDC exit site

2.2 DEVICES

2.2.1 Equipment

- Dressing pack
- Sterile scissors
- Sterile gloves
- Blue clamp
- Antiseptic solution (Betadine or Chlorhexidine)

- Blue sheet
- Dressing (ask patient which type of dressing they regularly use)
- Micropore tape

2.2.2 Key parts

- Sterile Gauze
- New titanium connector
- New PD extension/transfer set
- Minicap

2.2.3 Key site

- Abdominal PD catheter

2.3 PROCEDURE

1. Educate the patient and/or carer on the importance of changing the PDC titanium connector and extension set
2. Ascertain the type of exit site dressing the patient requires
3. Ascertain the type of antiseptic solution suitable for the patient
4. Perform hand hygiene
5. Identify and gather equipment and key parts for procedure
6. Check expiry dates on equipment and key parts
7. Clean trolley/work surface with detergent
8. Perform hand hygiene
9. Don gloves
10. Prepare general aseptic field equipment and key parts at the patient's bedside
11. Secure the end part of the PD catheter to the abdomen with a micropore tape
12. Remove old dressing
    Note: If PDC has a split or hole, ascertain location and measure if $\geq$ 6 cm. from exit site
13. Perform hand hygiene
14. Wash the blue clamp and dry thoroughly
15. Wipe the blue clamp with antiseptic solution and dry thoroughly
16. Clamp the PD catheter closest to the skin using the blue clamp
17. Place the PD catheter over a blue sheet
18. Soak sterile gauze in antiseptic solution
19. Perform hand hygiene
20. Don sterile gloves and wear PPE as per NHMRC Australian Guidelines for the prevention and control of Infection in Healthcare and NSW Health PD2017_013 Infection Prevention and Control Policy
21. Change the PDC titanium connector and extension set using aseptic technique ensuring all the key parts/sites are protected:
    a. Soak the length of the PD catheter with antiseptic soaked gauze for 2 minutes;
    b. Clean the exit site twice with antiseptic soaked gauze;

c. Close the valve on the new PDC extension/transfer set;
d. Remove clear plastic cap from new PDC extension/transfer set and replace with new minicap;
e. Place PD catheter over sterile towel;
f. Remove antiseptic soaked gauze from PD catheter and replace with a new set of antiseptic soaked gauze. Soak PDC for another minute;
g. Using dry gauze, undo the old PDC extension//transfer set from titanium connector;
h. Using dry gauze, undo the titanium connector from the PDC;
i. Note: For PDC split or hole, cut the PDC near the hole/split leaving at least > 6cm from exit site
j. Secure the new titanium connector to the PDC tip by sliding PDC into the titanium screw lock (see Figures 1, 2 and 3);

Figure 1

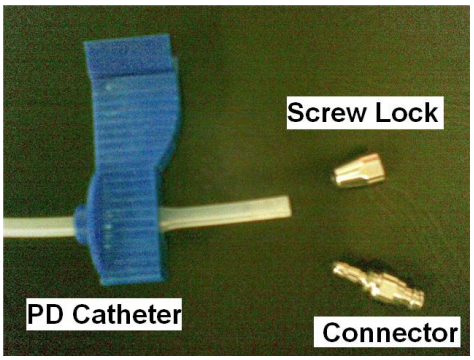


Figure 2

k. Insert the pointed end of the titanium connector into the PDC tip (see Figure 4);

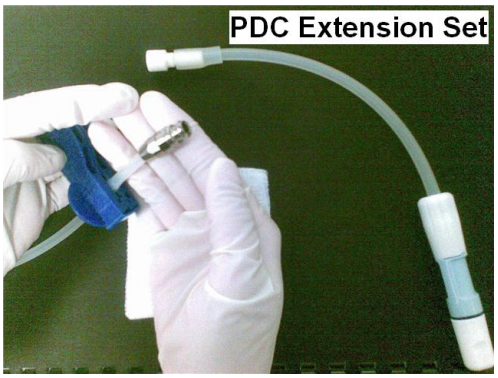
Figure 3

Figure 4

l. Twist clockwise the titanium screw lock to secure to the titanium connector (see Figures 5 and 6);

Figure 5

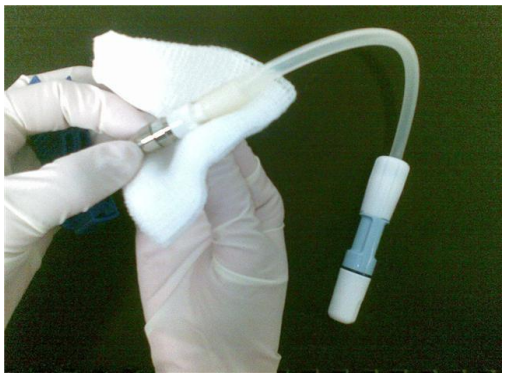
Figure 6



m. Using dry gauze, connect and secure the new PDC extension/transfer set to the new titanium connector (see Figures 7 and 8);

Figure 7

Figure 8



22. Remove blue clamp from the PD catheter
23. Change exit site 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* using aseptic technique ensuring all the key parts/sites are protected
24. For contaminated PDC, administer treatment and manage as per SGH CLIN 433 *Peritoneal Dialysis (PD) Catheter Infection – Exit Site and Tunnel Infection Management and Treatment*
25. Discard used equipment in the clinical waste bin as per NSW Health PD2017_013 *Infection Prevention and Control Policy*
26. Remove gloves
27. Perform hand hygiene
28. Clean trolley after use and perform hand hygiene
29. Document the procedure on patient notes
30. Handover to the next shift and to the PD nurses

3. Network file	Renal, Peritoneal Dialysis
4. External references / further reading	Bender, F. H., Bernardini, J., & Piraino, B. (2006). Prevention of infectious complications in peritoneal dialysis: best demonstrated practices. *Kidney International*, 70(S103), S44-S54. Crabtree, J. H., Shrestha, B. M., Chow, K.-M., Figueiredo, A. E., Povlsen, J. V., Wilkie, M., . . . Dor, F. J. M. F. (2019). Creating and Maintaining Optimal Peritoneal Dialysis Access in the Adult Patient: 2019 Update. *39*(5), 414-436. doi:10.3747/pdi.2018.00232 Figueiredo, A., Goh, B.-L., Jenkins, S., Johnson, D. W., Mactier, R., Ramalakshmi, S., . . . Wilkie, M. (2010). Clinical Practice Guidelines for Peritoneal Access. *Peritoneal Dialysis International*, 30(4), 424-429. doi: 10.3747/pdi.2010.00087 Firanek, C. & Guest, S. (2011). Hand Hygiene in Peritoneal Dialysis. *Peritoneal Dialysis International*. 31(4):399-408 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. *Peritoneal Dialysis International*. 18(1), 11-33. Kim, Y., Song, Y. R., Kim, J.-K., Kim, H. J., Kim, S., & Kim, S. G. (2014). Use of a New Connector Decreases Peritoneal Dialysis-Related Peritonitis. *Peritoneal Dialysis International*, 34(1), 128-130. doi: 10.3747/pdi.2012.00329 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. *36*(5), 481-508. doi:10.3747/pdi.2016.00078 Piraino, B., Bernardini, J., Brown, E., Figueiredo, A., Johnson, D. W., Lye, W.-C., . . . Szeto, C.-C. (2011). ISPD Position Statement on Reducing the Risks of Peritoneal Dialysis–Related Infections. *Peritoneal Dialysis International*, 31(6), 614-630. doi: 10.3747/pdi.2011.00057 Prowant, B. F., & Ryan, L. P. (1989). Peritoneal dialysis transfer set change procedures study. *American Nephrology Nurses Association Journal*, 16(1), 23-26. 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. *Peritoneal Dialysis International, 37*(2), 141-154. doi:10.3747/pdi.2016.00120 Walker, A., Bannister, K., George, C., Mudge, D., Yehia, M., Lonergan, M., & Chow, J. (2014). KHA-CARI Guideline: peritonitis treatment and prophylaxis. *Nephrology (Carlton), 19*(2), 69-71. doi:10.1111/nep.12152
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
Feb 2017	1	Anna Claire Cuesta (PD CNC)	Feb 2020
May 2020	2	Anna Claire Cuesta (PD CNC)	May 2023