PERITONEAL DIALYSIS CATHETER (PDC) FLUSH – POST INSERTION FLUSH IN OPERATING THEATRE, PROCEDURE ROOM OR RECOVERY ROOM – SGH

Cross references	NSW Health PD2017_013 Infection Prevention and Control Policy				
	NSW Health PD2017_026 Clinical and Related Waste Management f				
	Health Services				
	NHMRC Australian Guidelines for the prevention and control of Infection in Healthcare				
	SGH-TSH CLIN027 Aseptic Technique - Competency and Education Requirements				
	SGH CLIN538 Peritoneal dialysis Catheter (PDC): Poor Flow / No Flow Management				
	SGH CLIN364 Peritoneal Dialysis Catheter (PDC) – Heparin Lock				
	<u>SGH PD WPI 217 Continuous Ambulatory Peritoneal Dialysis (CAPD)</u> Freeline Solo Exchange Procedure				
	SGH PD WPI 053 Peritoneal Dialysis – 1L Flush on a PD Catheter				
1. Purpose	To ensure the process of flushing a newly inserted PD catheter is performed according to best practice guidelines reducing the risk of infection and ensuring patient safety				

2. Process

Flushing a new PDC immediately after insertion is recommended to check for flow rate, function and patency. Heparin lock after flushing a new PDC is also recommended to prevent blockages.

2.1 Devices

2.1.1 Equipment

- Trolley
- Portable IV pole
- Blue clamp
- Dialysate warmer
- Micropore tape

2.1.2 Key parts

- Minicap
- Peritoneal dialysis fluid 1.5 % Freeline Solo bag (as per <u>Appendix A</u>)
- Drawing-up needle (18G)
- 20mL syringe
- 0.9% sodium chloride 10mL ampoule
- Heparin 5000Units/5mL (only if indicated)

2.1.3 Key site

Abdominal PD catheter

2.2 PROCEDURE

- Warm the PD fluid (Freeline solo bag) on the warmer Note: PD fluid takes 30 minutes to warm. PD fluid warmer can be requested from the PD unit or 4South ward.
- 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. Use the sharp edge of the blue clamp to open outer pouch of the dialysis bag. DO NOT USE SCISSORS OR KNIVES
- 9. Place the opened bag on top of the clean trolley and ensure the lines are facing up (as per <u>Appendix B</u>)
- 10. Check the bag strength, volume, expiry, colour and for leakage
- 11. Prepare the patient:
 - a. Perform hand hygiene
 - b. Wear PPE and don gloves as per <u>NSW Health PD2017_013</u> Infection Prevention and <u>Control Policy</u>
 - c. Expose the PD catheter
 - d. Keep PD catheter away from clothing
- 12. Remove gloves and perform hand hygiene
- 13. Don sterile gloves
- 14. Perform <u>SGH PD WPI 053 Peritoneal Dialysis 1L Flush on a PD Catheter</u>. Perform
 - connection procedure ensuring all key parts/sites are protected (as per Appendix C)
 - a. Remove the coloured 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. Hang the full bag on an IV pole and place the empty drain bag on the floor
 - d. Ensure all lines are not kinked or pulling from the exit site. Ensure catheter dressing remains intact
 - e. Break the green stick to flush and prime the lines for 5 seconds then close the blue clamp on the outflow line
- 15. Twist open the catheter valve to run 1000mL PD fluid into the patient (fill time is approximately 10-15 minutes)
- 16. When fill is complete, place a blue clamp on the inflow line
- 17. Prepare to immediately drain out the patient:
 - a. Open the blue clamp on the outflow line
 - b. Record PD effluent quality and volume.
 - Note: PD effluent is expected to be light blood-stained on initial flush post PDC insertion procedure
- 18. If PD effluent is heavily blood stained, perform another 1 Litre PD flush by repeating steps 15-17.

Note: 1 Litre PD flushes will need to be repeated until effluent is light blood stained or clear.

- 19. After flushing is completed, clamp the inflow and outflow line and close the PDC valve.
- 20. Prepare heparin lock as per <u>SGH CLIN364 Peritoneal Dialysis Catheter (PDC) Heparin</u> Lock

Note: Heparin lock must be prescribed on eMEDs/medication chart, it is not nurse initiated.

- Disconnect patient from dialysis bag and administer heparin lock on newly inserted PDC as per <u>SGH CLIN364 Peritoneal Dialysis Catheter (PDC) – Heparin Lock</u> using aseptic technique ensuring all the key parts are protected
- 22. After heparin lock is completed, close the PDC valve
- 23. Disconnect syringe from PDC and apply new minicap (as per Appendix D)
- 24. Secure the end part of the PD catheter to the abdomen with a micropore tape
- 25. Discard used equipment in the clinical waste bin as per <u>NSW Health PD2017_013</u> <u>Infection Prevention and Control Policy</u>
- 26. Remove gloves and PPE
- 27. Perform hand hygiene
- 28. Clean trolley after use and perform hand hygiene
- 29. Document the procedure on clinical notes including the:
 - a. Amount of PDC flushes done
 - b. PD effluent colour, clarity and weight
 - c. PDC inflow and outflow rate and volume
- 30. Inform the PD team
- 31. Handover to the ward nurse receiving the patient

3. Network file	Renal, Peritoneal Dialysis		
4. External references / further reading	Brown, E. A., Blake, P. G., Boudville, N., Davies, S., de Arteaga, J., Dong, J., Warady, B. (2020). International Society for Peritoneal Dialysis practice recommendations: Prescribing high-quality goal- directed peritoneal dialysis. <i>Perit Dial Int, 40</i> (3), 244-253. doi:10.1177/0896860819895364		
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5. Specialty/department committee approval	Peritoneal Dialysis Committee Dr Franziska Pettit, Staff Specialist Signature: 20.05.20	
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August 2017	1	Anna Claire Cuesta (PD CNC)	Aug 2010
May 2020	2	Anna Claire Cuesta (PD CNC)	May 2023

2.3 Appendixes Appendix A

Appendix A



Appendix B



Appendix C







Appendix D





