PERITONEAL DIALYSIS CATHETER (PDC) – SIMPLE / SMALL FLUSH ON A PERITONEAL DIALYSIS – SGH

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 CLIN538 *Peritoneal dialysis Catheter (PDC): Poor Flow / No Flow Management* SGH CLIN364 *Peritoneal Dialysis Catheter (PDC) – Heparin Lock*
1. Purpose	To ensure the process of a small flush on a PD catheter is performed according to best practice guidelines reducing the risk of infection and ensuring patient safety

2. Process

2.1 RECOMMENDATIONS TO PERFORM A SIMPLE/SMALL PD CATHETER FLUSH

- To ascertain PDC function
- To ensure PDC patency
- For newly inserted PDC

  Note: Newly inserted PDC is to rest for 2 – 3 weeks
- Weekly for resting PDC prior to commencement of PD and/or due to: return of renal function, transfer to haemodialysis and etc.
- For patients contraindicated to have 1 Litre PDC flush as per surgeon/nephrologist's order or due to:
  - Hernia or post hernia repair
  - Pleural leak
  - Exit site leak
  - Pain
  - Suspected blocked PDC

2.2 DEVICES

2.2.1 Equipment

- Dressing pack
- Trolley
- Micropore Tape

2.2.2 Key parts

- Drawing-up needle (18G)
- 20mL syringe
- 0.9% sodium chloride - 10mL ampoule
- Heparin – 5000units/5mL (only if indicated)
- Minicap
- Sterile gloves

2.2.3 Key site

- Abdominal PD catheter

2.3 PROCEDURE

1. Explain procedure to patient and educate on the importance of PDC flushing
2. Perform hand hygiene
3. Clean trolley/work surface with detergent
4. Identify and gather equipment and key parts for procedure
5. Check expiry dates on all equipment and key parts
6. Perform hand hygiene
7. Prepare general aseptic field with key parts and equipment at the patient's bedside
8. Prepare the patient:
    a. Perform hand hygiene
    b. Wear PPE and don gloves as per NSW Health PD2017_013 *Infection Prevention and Control Policy*
    a. Expose the PD catheter
9. Remove gloves and perform hand hygiene
10. Don sterile gloves
11. Prepare the normal saline flush using aseptic technique ensuring all the key parts are protected:
    a. Attach drawing up needle to 20mL syringe;
    b. Alcohol swab the saline ampoules;
    c. Open normal saline ampoules and aspirate all content into the 20mL syringe
    d. Remove needle from syringe
12. For resting PDC or PDC with patency issue, PDC must be heparin locked. Prepare heparinised saline for lock as per SGH CLIN364 *Peritoneal Dialysis Catheter (PDC) – Heparin Lock* using aseptic technique ensuring all the key parts are protected

    Note: Heparin lock must be prescribed on eMEDs/medication chart, it is not nurse initiated.
13. Place the PD catheter over sterile towel
14. Perform the PDC flush using aseptic and non-touch connection technique ensuring all the key parts and key site are protected:

a. Using the dry gauze, remove minicap from PDC
b. Connect saline syringe to end of PDC
c. Open the PDC valve
d. Push all normal saline solution into PDC and aspirate. Observe the inflow/outflow rate and note the volume of aspirate and presence of fibrin

   Note: For difficult aspiration or suspected blockage, repeat small flushes twice maintaining aseptic field and technique
e. Close the PDC valve

15. If required and charted, heparin lock PDC as per SGH CLIN364 *Peritoneal Dialysis Catheter (PDC) – Heparin Lock* aseptic, non-touch technique ensuring all the key parts are protected
16. After flushing and/or heparin lock is completed, close the PDC valve
17. Disconnect syringe from PDC and cover with a new minicap
18. Secure the end part of the PDC to the abdomen with a micropore tape
19. Discard used equipment as per NSW Health PD2017_013 *Infection Prevention and Control Policy*
20. Remove gloves and PPE
21. Perform hand hygiene
22. Clean trolley after use and perform hand hygiene
23. Document the procedure on patient notes including the:
    a. Amount of small PDC flushes done
    b. Presence of resistance during flushing and aspiration
    c. Presence of fibrin
    d. PDC inflow and outflow rate and volume
24. Inform the PD and renal team
25. Handover to the next shift

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. *Perit Dial Int, 40*(3), 244-253. doi:10.1177/0896860819895364 Corbett, R. W., Goodlet, G., MacLaren, B., Jolliffe, A., Joseph, A., Lu, C., . . . Blake, P. G. (2020). International Society for Peritoneal Dialysis Practice Recommendations: The view of the person who is doing or who has done peritoneal dialysis. *Perit Dial Int, 40*(3), 349-352. doi:10.1177/0896860820918822 Cho, Y., Boudville, N., Palmer, S. C., Chow, J. S. F., Hawley, C. M., Jose,

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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

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