COMMENCEMENT OF PATIENT ON PERITONEAL DIALYSIS

Preparation
Patients on the PD pathway are to have Pre-PD assessment and education prior to PD catheter insertion as per predialysis flowsheet. Any issues highlighted should be acted on prior to catheter insertion.

Catheter insertion
PD catheter insertion can be done in 2 ways, surgical or percutaneous. Surgical insertion can be performed in the public or private hospital. Percutaneous catheter insertions are done in the public hospital by the interventional nephrologist. Patients with newly inserted PD catheters are to come for weekly flush, assessment of exit site and dressing change whilst catheter is rested for 3 weeks.

Training
Training is situated at 4 West PD clinic. Training sessions last up to 6 hours daily (Monday to Friday) as appropriate to the patients learning needs.

Patients who are clinically unwell prior to commencement of PD training may need haemodialysis to improve health and prevent learning difficulties during the training period.

There may be a clinical need for some patients to have either a haemodialysis session or be admitted to the ward for 24-48 hours IPD during the training period.

Organise delivery of dialysis supplies with Baxter - see unit guide on “How to order Baxter supplies”

A suitable storage area for PD supplies and a suitable area to dialyse are discussed with the patient and a list of requirements is provided. This list includes:

1. 1 spray container (bottle)
2. 1 bottle of Methylated Spirits
3. Paper towel
4. Antibacterial liquid soap with a pump
5. Digital weigh scale
6. 20L Bucket with lid (For APD Patients)
7. Coat hook or hook stand (for CAPD patients)
8. Appropriate table to perform dialysis
9. Work tray

Appropriate phone numbers are provided and patients/carers are advised to call if any dialysis problems occur.

Patients are reviewed by the dietitian during training period.

APD patients are given their dialysis prescription in a PROcard programmed through the Baxter’s PD Link software.

Patients are entered into several databases for monitoring and statistical purposes:
1. RISC - SGH renal database
2. ANZDATA - The Australia and New Zealand Dialysis and Transplant Registry database via Real Time Entry after patients are given the ANZDATA Privacy Information sheet.
3. ANZDATA Acceptance Main Worksheet data
4. SGH Renal spreadsheets:
   a. Patient Flow Sheet
   b. Infection rates,
   c. Biochem Main Workbook
   d. Peritonitis, ESI and admission Main Workbook
   e. Tenckhoff insertions,
   f. Consultant Numbers
   g. PD regimen

Post training

After sufficient training in the unit the patient is ready to commence PD at home. The patient is followed up the next day with a home visit from the PD nurse/s. Phone follow-up and home visits will continue as required.

Patients return to the clinic in 2 weeks and every 8 weeks for follow up visits with their Nephrologist and PD nurses.

Attach the completed PD Training Summary form in RISC and inform the nephrologist.

Peritoneal Equilibration Test (PET) and dialysis adequacy tests (Kt/V and Creatinine Clearance) are performed at 6-8 weeks after commencement of PD at home. The results are measured and stored in the Baxter’s PD Adequest software and transcribed in RISC.

Dialysis adequacy test, RRF and PDC extension set change is performed once a year or as required.

Patients are to have 3 monthly serum biochemistry, iron and full blood screening; and six monthly serology and Troponin T screening.

Review by the dietitian six monthly or as required.