

SGH CLIN452 Clinical Business Rule

PERITONEAL DIALYSIS (PD) – AFTERHOURS MANAGEMENT OF PLANNED SIMPLE PD PROCEDURE IN 4 SOUTH ST GEORGE HOSPITAL (SGH)

Cross References (including NSW Health/ SESLHD policy directives)	SESLHDPR/283 Patient with Acute Condition for Escalation (PACE) – Management of the Deteriorating ADULT & MATERNITY Inpatient SGH CLIN238 Peritoneal dialysis – Afterhours management of Outpatients
1. What it is	A structured process for the management of simple PD procedures afterhours to ensure patients are well supported even when the PD unit is not operating
2. Risk Rating	Medium
3. Employees it Applies to	Nurses and medical officers (MO) across St George Hospital

4. Process

Background

- After-hours refers to the times that the PD unit is not operating and the PD Clinical Nurse Consultant (CNC) is not on duty.
- Planned simple PD procedures are defined as anticipated PD procedures that require less than 3 hours to perform and are usually carried out in the PD unit during operating hours.
- Some of these planned simple PD procedures may need to be carried out after hours, on the weekends or public holidays in 4 South (4S) due to treatment timing. Some examples are:
 - Patients receiving treatment for peritonitis in the form of daily intraperitoneal (IP) antibiotic administration via CAPD – IP antibiotic treatment will be administered Monday to Friday in the PD unit and in 4S over the weekend and public holidays.
 - Patients requiring a manual drain of PD effluent – IP antibiotics administered with PD fluid are to dwell for 6 – 8 hours only and must be drained out completely to prevent antibiotic toxicity. For IP antibiotics requiring 8 hour dwell time, administration is carried out in the PD unit during operating hours, draining out will have to be booked in 4S after hours.

4.1 BOOKED SIMPLE PD PROCEDURES PROCESS

4.1.1 When a simple PD procedure is booked after-hours, the PD nurse and renal team must attend to the direct admission process:

1. Inform 4S in-charge RN (IC RN) that the patient will be attending the hospital
2. Explain admission process and procedure to patient
3. Instruct patient to present directly to 4S when hospital main door is open. After 2200 or if main entrance is closed, advise patient to present to the Emergency Department (ED), inform ED clerical staff to contact security to escort patient to 4S
4. Complete a direct admission form noting patient is to be admitted in 4S over census (4SM_OVPD01) bed and indicate the length of time required for the PD procedure;
5. Send direct admission form to hotline (fax 33923) and the bed manager (fax 32676);
6. Hand over and deliver the appropriate documentation to the In charge nurse on 4S i.e. original copies of the direct admission form, progress notes and medication chart.

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4.2.2 Once the patient presents to 4S, IC RN must:

1. Inform the After-hours Nurse Manager (AHNM), Bed Manager and afterhours 4th floor resident medical officer (RMO)
2. Hotline patient through switch and generate front sheet and labels from IPM
3. Attend to or delegate a senior RN to attend to the required procedure as per PD [Clinical Business Rules \(CIBRs\)](#) or [Workplace Instructions \(WPIs\)](#) in the 4S PD treatment room
4. Document procedure in the clinical notes
5. If the patient becomes unwell during the procedure
 - Inform the afterhours 4th Floor RMO, renal consultant on call, AHNM and bed manager
 - PACE criteria applies according to [SESLHDPR/283 Patient with Acute Condition for Escalation \(PACE\) – Management of the Deteriorating ADULT & MATERNITY Inpatient](#) and the adult observation chart
 - Notify the PD unit via voicemail on ext 3370 / 33775
6. If the patient remains well until the procedure is completed
 - Discharge patient with post procedure instructions (as per Flowchart – Appendix 1);
 - Inform the AHNM and/ or Bed Manager of the discharge;
 - Notify the PD unit via voicemail ext 33770 / 33775;
 - Keep all relevant documents for return to the PD unit

4.3 Outpatient PD follow-up

- PD nurses will:
 - Follow-up patient the next day and until required;
 - Copy relevant documents and file in patient's PD folder;
 - Send original copy of admission and clinical notes to medical records.

5. Keywords	Peritoneal dialysis, after hours, procedure
6. Functional Group	Renal Emergency
7. External References	<p>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. <i>Peritoneal Dialysis International</i>, 36(5), 481-508. doi: 10.3747/pdi.2016.00078</p> <p>Li, P. K.-T., Szeto, C. C., Piraino, B., Bernardini, J., Figueiredo, A. E., Gupta, A., Johnson, D.W., Kuijper, E., Lye, W.-C., Salzer, W., Schaefer, F., Struijk, D. G. (2010). Pertioneal Dialysis-Related Infections Recommendations : 2010 Update. <i>Peritoneal Dialysis International</i>, 30(4), 393-423. doi: 10.3747/pdi.2010.00049</p> <p>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.2016.00120</p>

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8. Consumer Advisory Group (CAG) approval of patient information brochure (or related material)	Not applicable
9. Implementation and Evaluation Plan Including education, training, clinical notes audit, knowledge evaluation audit etc	Inservices Publication on SGSHHS CIBR intranet page
10. Knowledge Evaluation	Q1: What PD procedures may need to be booked or planned for afterhours? A: Manual draining of PD effluent and/or intraperitoneal (IP) antibiotic administration via CAPD Q2: Which ward covers the management of simple PD procedures afterhours? A: Ward 4S, X33458 or X32253 Q3: Which 4S bed is the patient admitted under for planned simple PD procedure after hours? And who needs to be notified of patient's arrival to the ward? A: Patient is to be admitted in 4S over census (4SM_OVPD01) bed. 4S RN must inform the AHSNM, bed manager and afterhours 4th Floor RMO when patient arrives to the ward.
11. Who is Responsible	Medical Director Renal Service Nurse Manager, Medicine 1

Approval for Peritoneal Dialysis (PD) – Afterhours Management of Planned Simple PD Procedure	
*Specialty/Department Committee	Committee title: Peritoneal Dialysis Committee Chairperson name/position: Franziska Pettit, Staff Specialist Signature _____ Date _____
*Nurse Manager	Name/position: Christine Day, Nurse Manager Medicine Signature _____ Date _____
*Medical Head of Department	Name /position: George Mangos, Department Head Renal Services Signature _____ Date _____
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Revision and Approval History

Date	Revision number	Author (Position)	Revision due
March 2018	1	Anna Claire Cuesta (PD CNC)	March 2021

General Manager's Ratification

Name Leisa Rathborne Date: 27.04.18

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Appendix 1 - Flowchart

Simple peritoneal dialysis (PD) procedures require less than 3 hours to perform in PD or 4S:

1. Manual draining of PD effluent
2. Intraperitoneal (IP) antibiotic administration via Continuous Ambulatory PD

PD Unit Staff

- Inform 4S in charge of plan for patient to attend the hospital;
- Explain admission process and procedure to patient;
- Instruct patient to present directly to 4S whilst hospital main door is open. After 2200 or hospital main door is closed, advise patient to present to ED, inform ED clerical staff to contact security to escort to 4S;
- Complete a direct admission form noting patient will be admitted in the 4S over census (4SM_OVPD01) bed and indicate the length of time required for the PD procedure;
- Send completed form to hotline (fax 33923) and the bed manager (fax 32676);
- Hand over and deliver the appropriate documentation to 4S in charge nurse i.e. original copies of the direct admission form, progress notes and medication chart.

4S In charge

- When patient presents to 4S:
- Inform the AHNM, Bed Manager and afterhours 4th Floor RMO
 - Hotline patient through switch and generate front sheet and labels from IPM;
 - Attend to or delegate a senior RN to attend to the required procedure in 4S PD procedure room;
 - Document procedure in the clinical notes.

- If the patient becomes unwell during the procedure:
- Inform the afterhours 4th Floor RMO, Renal Consultant on call, AHNM and Bed Manager
 - PACE criteria applies
 - Notify the PD unit via voicemail X33770/33775.

- If the patient remains well until the procedure is completed:
- Discharge patient with *post procedure instructions;
 - Inform the AHNM and/ or Bed Manager of the discharge;
 - Handover to the PD unit via voicemail X33770/33775;
 - Keep all admission documents for return to the PD unit.

4S In charge

***Post procedure instructions to patient**

Manual draining of PD effluent:

- Patient to continue dialysis and treatment plan as per PD nurses instructions.
- Patient to contact PD nurses during office hours for follow-up and further instructions.

IP antibiotic administration via CAPD

- Dwell IP antibiotics for 6 hours before connecting to APD or CAPD to drain out.
- Patient to continue dialysis and treatment plan as per PD nurses instructions.
- Patient to contact PD nurses during office hours for follow-up and further instructions.

PD Unit Staff

- Follow-up patient the next day and until required;
- Copy relevant documents and file in patient's PD folder;
- All original admission documents must be sent to medical records.