

**WARD/UNIT/DEPARTMENT TITLE
Workplace Instruction (WPI)**

PERITONEAL DIALYSIS (PD) - FLUID SPECIMEN COLLECTION VIA AUTOMATED PD

Cross references	Infection Control Policy; NSW Health PD2007_036 Aseptic Technique; SGSHHS CLIN027 Automated Peritoneal Dialysis (APD) Set-up and Connection Procedure – Peritoneal Dialysis Machine; Renal SGH WPI Automated Peritoneal Dialysis (APD) End of Therapy and Disconnection Procedure – Peritoneal Dialysis Machine; Renal SGH WPI Peritoneal Dialysis – Manual Drain with a Drain Bag (Ultra Set); Renal SGH WPI
1. Purpose	To ensure the collection of PD fluid specimen via Automated PD is performed according to best practice guidelines, ensuring patient safety and a clean specimen collection

2. Process

2.1 Devices

2.1.1 Equipment

- Trolley
- Peritoneal Dialysis Machine
- 15 L Cyclor Drainage Bag
- Blue clamp
- Micropore tape
- Sterile gloves
- PPE
- Patient label
- Pathology form indicating test/s required

2.1.2 Key parts

- Opticap (with Minicap)
- Peritoneal dialysis fluid
- Casette/lines
- Ultra Set or Manual Drain Bag

2.1.3 Key site

- Abdominal PD catheter

2.2 Procedure

1. Explain procedure to patient
2. Modify PD program or therapy to add 1 Litre “Last Fill”
3. Connect patient to PD machine as per Automated Peritoneal Dialysis (APD) Set-up and Connection Procedure – HomeChoice Dialysis Machine; Renal SGH WPI
4. Once PD therapy is completed, disconnect patient from dialysis machine as per Automated Peritoneal Dialysis (APD) End of Therapy and Disconnection Procedure – HomeChoice Dialysis Machine; Renal SGH WPI

Note: Do not perform a manual drain prior to disconnection

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5. Dwell 1 Litre last fill for 2-3 hours
6. When PD fluid dwell is complete, drain the patient as per Peritoneal Dialysis – Manual Drain with a Drain Bag (Ultra Set); Renal SGH WPI
7. When the drain line is cool, close the blue clamp on the outflow line and twist close the catheter valve until it clicks
8. Open a new minicap (with minicap)
9. Perform hand hygiene
10. Wear PPE and don sterile gloves
11. Disconnect patient using non-touch disconnection technique
12. Apply the new minicap to catheter using non-touch technique
13. Apply the opticap to the line of the drain bag to prevent contamination & leaking of PD effluent
14. Secure the catheter in place with micropore tape
15. Weigh the drain bag, record the volume and PD effluent quality (i.e. colour, clarity and fibrin status)
16. Write “PD fluid” on the patient label for the drain bag ensuring patient details is not covered.
17. Attach a patient label onto the drain bag and pathology request form.
18. Send labelled PD fluid specimen to pathology with the completed and labelled pathology request form.
Note: If patient was given antibiotic/s prior to PD fluid specimen collection, note down all the antibiotics patient received on the pathology request form
19. Remove gloves and PPE
20. Perform hand hygiene
21. Clean trolley after use and perform hand hygiene
22. Document the procedure on the patient notes
23. Inform the PD CNC (page 1091) or PD nurses (X33770)
24. Inform the renal team
25. Handover to the next shift

3. Network file	St George Hospital Renal Website: http://stgrenal.med.unsw.edu.au/StGRenalWeb.nsf
4. External references / further reading	<p>Akoh, J. A. (2012). Peritoneal dialysis associated infections: An update on diagnosis and management. <i>World Journal of Nephrology</i>, 1(4), 106-122. doi: 10.5527/wjn.v1.i4.106</p> <p>Bannister, K. (2014). The influence of peritoneal dialysis systems and solutions on the incidence of peritonitis and catheter-related infections. <i>The KHA-CARI Guidelines – Caring for Australasians with Renal Impairment</i> [cited 2014 June]; Available from: http://www.cari.org.au/Dialysis/dialysis%20peritonitis/dialysis_peritonitis.html</p> <p>Li, P. K.-T., Szeto, C. C., Piraino, B., de Arteaga, J., Fan, S., Figueiredo, A. E., . . . Johnson, D. W. (2016). ISPD Peritonitis</p>

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	<p>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). Peritoneal Dialysis-Related Infections Recommendations : 2010 Update. <i>Peritoneal Dialysis International</i>, 30(4), 393-423. doi: 10.3747/pdi.2010.00049</p> <p>Piraino, B., Bernardini, J., Brown, E., Figueiredo, A., Johnson, D. W., Lye, W.-C. Price, V., Ramalakshmi, S., Szeto, C.-C. (2011). ISPD Position Statement on Reducing the Risks of Peritoneal Dialysis-Related Infections. <i>Peritoneal Dialysis International</i>, 31(6), 614-630. doi: 10.3747/pdi.2011.00057</p>
5. Specialty/department committee approval	Peritoneal Dialysis Committee
6. Department head approval	Mark Brown or Franziska Pettit, Department Head Renal Services
7. Executive sponsor approval – NCD or CGM	Christine Day, Nurse Manager Medicine

Revision and Approval History

Date published	Revision number	Author (Position)	Date revision due
June 2017	1	Anna Claire Cuesta (PD CNC)	June 2020

WPI Criteria	Yes	No
Contains ward/unit/department specific instructions only	✓	
Description of process is straight forward and without variables. NOT a WPI if dependent on various decision making pathways e.g. if something is A do B and if C do D	✓	
Process is free from complex clinical decision making	✓	
Process is free from medications	✓	
Process is free from high risk invasive procedures	✓	
Document will be located on the ward/unit/department dedicated intranet page	✓	
Document will be listed in a local register by custodian responsible for facilitating WPI review every 3 years	✓	
Department head will approve the document and nursing co-director or clinical group manager will be the executive sponsor	✓	
If NO to any of the criteria ↓ NOT a WPI – progress to clinical business rule (CIBR) development		