

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

PERITONEAL DIALYSIS (PD) – MANAGEMENT OF PATIENTS REQUIRING INTERMITTENT PERITONEAL DIALYSIS

<p>Cross references</p>	<p>SGH Renal Department; https://stgrenal.org.au/dialysis</p> <p>SGH CLIN 345 Peritoneal Dialysis – Inpatient Management</p> <p>Renal SGH WPI PDC – Break-In Management For Patients Requiring Urgent PD with Newly Inserted PD Catheter</p> <p>SGH CLIN381 Intraperitoneal Potassium Administration</p> <p>Renal SGH WPI APD Set-up and Connection Procedure – HomeChoice Dialysis Machine</p> <p>Renal SGH WPI PDC – Break-In Management For Patients Requiring Urgent PD with Newly Inserted PD Catheter</p> <p>SGH CLIN380 Intraperitoneal Heparin Administration</p> <p>SGH CLIN381 Intraperitoneal Potassium Administration</p> <p>Renal SGH WPI APD Disconnection with Opticap Procedure</p> <p>Renal SGH WPI APD End of Therapy and Disconnection Procedure – HomeChoice Dialysis Machine</p> <p>Renal SGH Clin364 PDC – Heparin lock</p>
<p>1. Purpose</p>	<p>To ensure the intermittent peritoneal dialysis procedure is performed according to best practice guidelines reducing the risk of infection and ensuring patient safety</p>

Background

PD patients manage their own treatment at home for Continuous Ambulatory Peritoneal Dialysis (CAPD) and/or Automated Peritoneal Dialysis (APD). However, some patients require longer or more dialysis through intermittent peritoneal dialysis (IPD) due to:

1. Inadequate solute clearance from home PD
2. Inadequate fluid removal from home PD
3. As part of a procedural or surgical preparation

Other indications for IPD are:

1. Whilst waiting for PD training
2. Low volume IPD for newly inserted PD catheters

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IPD is another form of peritoneal dialysis using the dialysis machine for 24 – 48 hours at least twice per week

2. Process

- 2.1 Complete a recommendation for admission form noting patient is to be admitted in 4south and send to the bed manager (fax 32676)
- 2.2 Advice patient to contact the hospital at the time specified to confirm bed availability
- 2.3 Upon hospital admission, ward nurse should attend to and document routine observations and weight
Note: Weight should be attended before every dialysis bag change or replacement
- 2.4 Ward nurse to notify the renal and PD team upon patient’s arrival to the ward
- 2.5 Renal team to complete admission documentation, fluid assessment and predialysis bloods i.e. FBC, UEC including serum potassium
- 2.6 PD nurse and renal team to complete the PD order form specifying dialysis strength, fluid removal and additives required
- 2.7 Ward nurse to attend to inpatient care and dialysis as per [SGH CLIN 345 Peritoneal Dialysis – Inpatient Management](#)
- 2.8 Commence IPD immediately as per [Renal SGH WPI APD Set-up and Connection Procedure – HomeChoice Dialysis Machine](#)
- 2.9 For newly inserted PD catheter, manage IPD as per [Renal SGH WPI PDC – Break-In Management For Patients Requiring Urgent PD with Newly Inserted PD Catheter](#)
- 2.10 Administer intraperitoneal potassium as per [SGH CLIN381 Intraperitoneal Potassium Administration](#)
- 2.11 Administer intraperitoneal heparin as per [SGH CLIN380 Intraperitoneal Heparin Administration](#)
- 2.12 Ward nurse to monitor:
 - 1. Bowel movement. Give laxative or aperients to relieve constipation i.e. lactulose, bisacodyl and/or coloxyl with senna
 - 2. Fluid balance. Ascertain current fluid restriction and target fluid removal
- 2.13 Disconnect patient during IPD therapy as per [Renal SGH WPI APD Disconnection with Opticap Procedure](#)
- 2.14 Upon completion of IPD, disconnect patient from dialysis machine as per [Renal SGH WPI APD End of Therapy and Disconnection Procedure – HomeChoice Dialysis Machine](#)
- 2.15 After disconnection, heparin lock new or resting PD catheter to maintain patency as per [Renal SGH Clin364 PDC – Heparin lock](#) or patient to continue with PD at home as usual or as per renal and/or PD team advice
- 2.16 On discharge, PD nurses will provide ongoing outpatient follow-up and review

3. Network file	Renal, Peritoneal Dialysis http://seslnweb/sgshhs/Business_Rules/Clinical/Peritoneal/default.asp https://stgrenal.org.au/dialysis
4. External references / further reading	Alkathoori, A. M. A., Blake, P. G., Gray, D., & Jain, A. K. (2016). Success of Urgent-Start Peritoneal Dialysis in a Large Canadian Renal Program. <i>Peritoneal Dialysis International</i> , 36(2), 171-176. doi: 10.3747/pdi.2014.00148

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	<p>Amirmokri, P., Morgan, P., & Bastani, B. (2007). Intra-peritoneal administration of potassium and magnesium: a practical method to supplement these electrolytes in peritoneal dialysis patients. <i>Renal Failure</i>, 29(5):603-5. PMID: 17654324</p> <p>Arramreddy, R., Zheng, S., Saxena, A. B., Liebman, S. E., & Wong, L. (2014). Urgent-Start Peritoneal Dialysis: A Chance for a New Beginning. <i>Am J Kidney Dis</i>, 63(3), 390-395. doi: 10.1053/j.ajkd.2013.09.018</p> <p>Bento, C., Fuerbringer, R., Tabisz, A., & Riella, M. (2016). Live or let die: when intermittent peritoneal dialysis is the only plausible solution for survival. <i>Minerva Urol Nefrol</i>, 68(1), 45-46.</p> <p>Casaretto, A., Rosario, R., Kotzker, W. R., Pagan-Rosario, Y., Groenhoff, C., & Guest, S. (2012). Urgent-start peritoneal dialysis: report from a U.S. private nephrology practice. <i>Adv Perit Dial</i>, 28, 102-105.</p> <p>Ghaffari, A. (2012). Urgent-start peritoneal dialysis: a quality improvement report. <i>Am J Kidney Dis</i>, 59(3), 400-408. doi: 10.1053/j.ajkd.2011.08.034</p> <p>Groenhoff, C., Delgado, E., McClernon, M., Davis, A., Malone, L., Majirsky, J., & Guest, S. (2014). Urgent-start peritoneal dialysis: nursing aspects. <i>Nephrology nursing journal : journal of the American Nephrology Nurses' Association</i>, 41(4), 347-352; quiz 353.</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> <p>Wang, C., Fu, X., Yang, Y., Deng, J., Zhang, H., Deng, H., . . . Liu, Y. (2017). A Comparison between Intermittent Peritoneal Dialysis and Automatic Peritoneal Dialysis on Urgent Peritoneal Dialysis. <i>American Journal of Nephrology</i>, 45(6), 540-548.</p> <p>Xu, Q., Xu, F., Fan, L., Xiong, L., Li, H., & et al. (2014) Serum Potassium Levels and Its Variability in Incident Peritoneal Dialysis Patients: Associations with Mortality. <i>PLoS ONE</i> 9(1): e86750. doi:10.1371/journal.pone.0086750</p> <p>Zanger, R. (2010). Hyponatremia and hypokalemia in patients on</p>
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	peritoneal dialysis, <i>Semiars in Dialysis</i> , 23(6):575-580
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 – Nurse Manager	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	Y	
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	Y	
Process is free from complex clinical decision making	Y	
Process is free from medications	Y	
Process is free from high risk invasive procedures	Y	
Document will be located on the ward/unit/department dedicated intranet page	Y	
Document will be listed in a local register by custodian responsible for facilitating WPI review every 3 years	Y	
Department head will approve the document and nursing co-director or clinical group manager will be the executive sponsor	Y	
If NO to any of the criteria ↓ NOT a WPI – progress to clinical business rule (CIBR) development		