

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

PERITONEAL DIALYSIS (PD) – AFTERHOURS MANAGEMENT OF PLANNED SIMPLE PD PROCEDURE

Cross references	SESLHDPR/283 PACE - Deteriorating ADULT & MATERNITY Patient - Patient with Acute Condition for Escalation (PACE): Management SGSHHS CLIN238 Peritoneal dialysis – after hours management of outpatients
1. Purpose	To optimize the after-hours service for PD patients by ensuring a structured process is in place for the management of simple PD procedures.

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 can be managed by 4 South. These procedures are:

- Manual draining of PD effluent (with or without additives)
- Intraperitoneal antibiotic administration via Continuous Ambulatory PD

2. Process

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

1. Inform 4 south In charge that patient will be attending the hospital;
2. Explain admission process and procedure to patient;
3. Instruct patient to present directly to 4South 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;
4. Complete a direct admission form noting patient is to be admitted in 4south 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 4 south i.e. original copies of the direct admission form, progress notes and medication chart.

2.2 When the patient presents to 4 South, registered nurse (RN) in charge must:

1. Inform the after-hours senior nurse manager (AHSNM), bed manager and afterhours 4/F 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 [CBRs](#) or [WPIs](#) in the 4 south PD treatment room;
4. Document procedure in the clinical notes;
5. If the patient becomes unwell during the procedure:
 - Inform the afterhours 4/F RMO, renal consultant on call, AHSNM and bed manager
 - PACE criteria applies according to [SESLHDPR/283](#) and the adult observation chart

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- Notify the PD unit via voicemail X33770/33775.
- 6. If the patient remains well until the procedure is completed:
 - Discharge patient with post procedure instructions (as per 2.4 Flowchart);
 - Inform the AHSNM and/ or Bed Manager of the discharge;
 - Notify the PD unit via voicemail X33770/33775;
 - Keep all relevant documents for return to the PD unit.

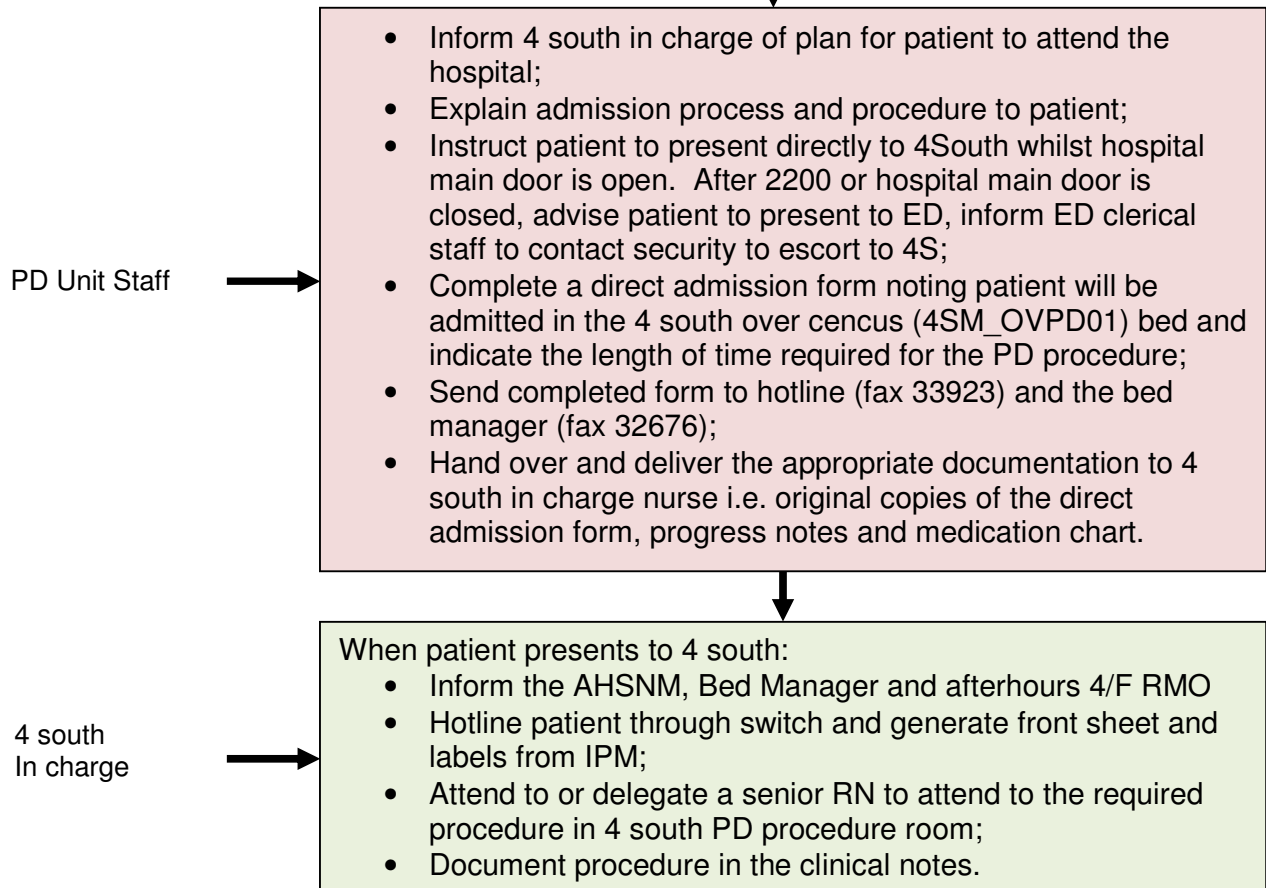
2.3 PD nurses will:

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

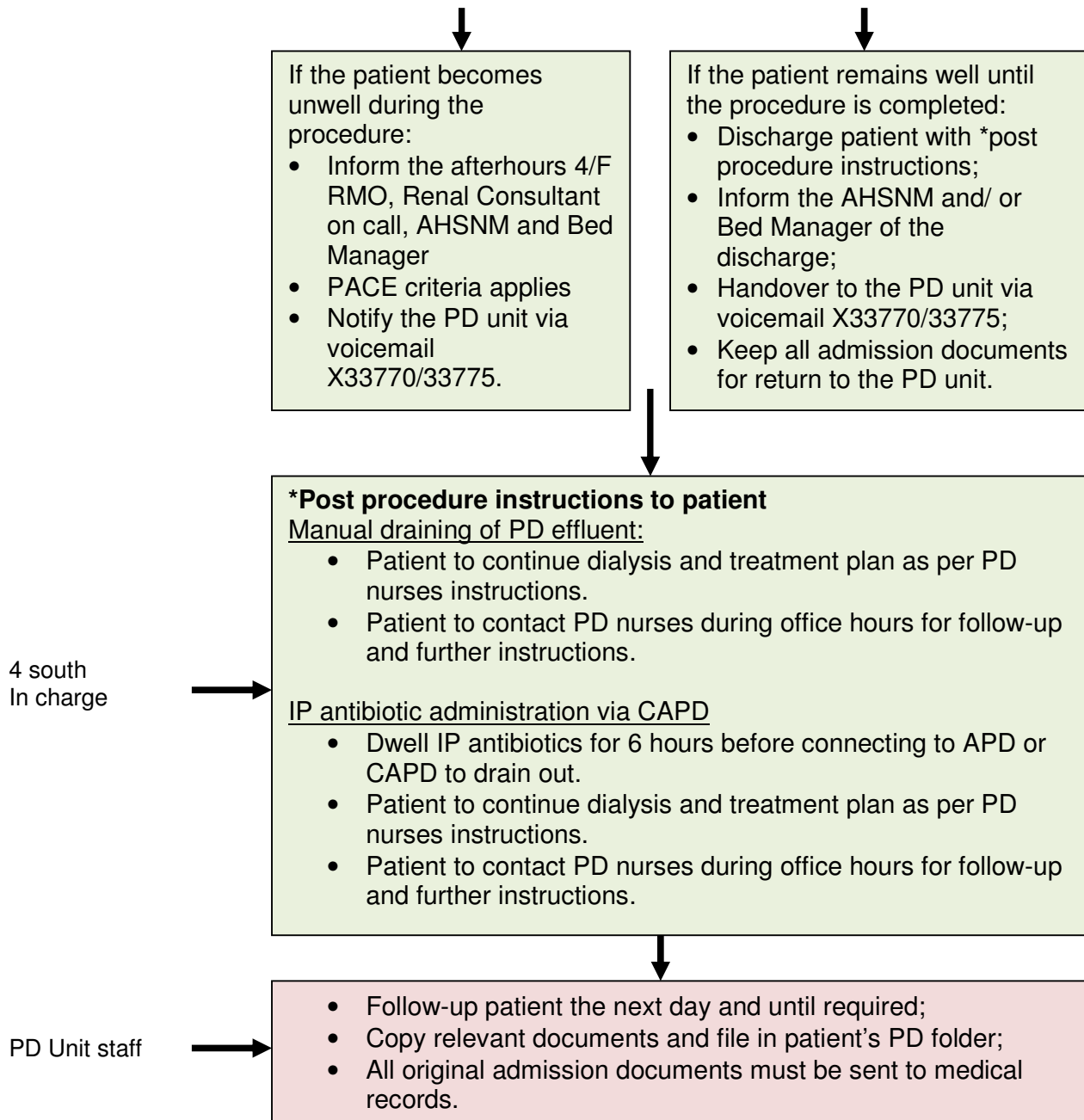
2.4 Flowchart

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

1. Manual draining of PD effluent (with or without additives)
2. Intraperitoneal (IP) antibiotic administration via Continuous Ambulatory APD



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3. Network file	St George Hospital Renal Website: https://stgrenal.org.au/dialysis http://seslnweb/sgshhs/Business_Rules/Clinical/Peritoneal/default.asp
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4. External references / further reading	<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>
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	
<p>If NO to any of the criteria</p> <p>↓</p> <p>NOT a WPI – progress to clinical business rule (CIBR) development</p>		