**PERITONEAL DIALYSIS – MANUAL DRAIN WITH A DRAIN BAG (ULTRA SET)**

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| **Cross references** | Infection Control Policy; NSW Health PD2007_036<br>Aseptic Technique; SGSHHS CLIN027 |
| **1. Purpose** | To ensure the manual drainage of PD fluid using Ultra Set drainage bag is performed according to best practice guidelines reducing the risk of infection and ensuring patient safety |

**2. Process**

**2.1 Devices**

2.1.1 Equipment

- Trolley
- Blue clamp
- Micropore tape
- Sterile gloves
- PPE

2.1.2 Key parts

- Minicap
- Ultra Set or Manual Drain Bag

2.1.3 Key site

- Abdominal PD catheter

**2.2 Procedure**

1. Explain procedure to patient
2. Perform hand hygiene
3. Clean trolley/work surface with detergent
4. Identify and gather equipment for procedure
5. Wash the blue clamp and dry thoroughly
6. Perform hand hygiene
7. Prepare general aseptic field with key parts, blue clamp and micropore tape
8. Remove outer pouch of the Ultra Set drain bag and place on top of the clean trolley, ensure the lines are facing up
9. Prepare the patient:
   a) Don non-sterile gloves
   b) Expose the PD catheter
   c) Keep PD catheter away from clothing
10. Remove gloves and perform hand hygiene
11. Don sterile gloves
12. Perform connection procedure ensuring all key parts/sites are protected
    a) Remove the blue cap from the patient line and remove minicap from the catheter;
    b) Use non-touch connection technique to connect catheter to the patient line;
    c) Place the drain bag on the floor, ensure the clear part of the bag is facing up;
    d) Close the blue clamp on the Y-line;
    e) Ensure all lines are not kinked or pulling from the exit site. Ensure catheter dressing remains intact;

13. Twist open the catheter valve to commence drain (drain time is approximately 15 to 20 minutes)
    Note: Compare drain volume to previous fill volume. Drain volume should be more than the previous fill volume
14. When the drain line is cool, close the white clamp and twist close the catheter valve until it clicks
15. Open a new minicap
16. Perform hand hygiene
17. Wear PPE and don sterile gloves
18. Disconnect patient using non-touch disconnection technique
19. Apply a new minicap to catheter using non-touch technique
20. Secure the catheter in place with micropore tape
21. Weigh the drain bag, record the volume and PD effluent quality (i.e. colour, clarity and fibrin status)
22. Empty drain bag in the pan room sluice
23. Discard bag and lines in the clinical waste bin
24. Remove gloves and PPE
25. Perform hand hygiene
26. Clean trolley after use and perform hand hygiene
27. Calculate and document UF and cumulative UF
28. Document the procedure on the PD chart and patient notes
29. Handover to the next shift

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| **3. Network file** | St George Hospital Renal Website: http://stgrenal.med.unsw.edu.au/StGRenalWeb.nsf |
| **4. External references / further reading** | Akoh, J. A. (2012). Peritoneal dialysis associated infections: An update on diagnosis and management. *World Journal of Nephrology, 1*(4), 106-122. doi: 10.5527/wjn.v1.i4.106<br><br>Bannister, K. (2014). The influence of peritoneal dialysis systems and solutions on the incidence of peritonitis and catheter-related infections. *The KHA-CARI Guidelines – Caring for Australasians with Renal Impairment* [cited 2014 June]; Available from: http://www.cari.org.au/Dialysis/dialysis%20peritonitis/dialysis_peritonitis.html<br><br>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. *Peritoneal Dialysis International, 36*(5), 481-508. doi: 10.3747/pdi.2016.00078<br><br>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 |

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| | Infections Recommendations : 2010 Update. *Peritoneal Dialysis International, 30*(4), 393-423. doi: 10.3747/pdi.2010.00049<br><br>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. Peritoneal Dialysis International, 31(6), 614-630. doi: 10.3747/pdi.2011.00057 |
| **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** |
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| 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<br>↓<br>**NOT a WPI** – progress to clinical business rule (CIBR) development | | |