

PERITONEAL DIALYSIS (PD) – INPATIENT MANAGEMENT, ST GEORGE HOSPITAL

<p>Cross References (including NSW Health/ SESLHD policy directives)</p>	<p>WPI - Peritoneal Dialysis – <i>Daily catheter care and dressing</i> WPI - Peritoneal Dialysis – <i>Post-insertion catheter care and dressing</i> WPI - Peritoneal Dialysis – <i>APD Set-up and Connection Procedure – HomeChoice Dialysis Machine</i> WPI - Peritoneal Dialysis – <i>APD End of Therapy and Disconnection Procedure – HomeChoice Dialysis Machine</i> WPI - Peritoneal Dialysis – <i>CAPD Freeline Solo Exchange for Nurses</i> WPI - Peritoneal Dialysis – <i>Manual Drain with Drain Bag</i></p>
<p>1. What it is</p>	<p>A clinical business rule to assist with the management of inpatients requiring peritoneal dialysis.</p>
<p>2. Risk Rating</p>	<p>Medium</p>
<p>3. Employees it Applies to</p>	<p>Nurses and medical officers (MO) across St George Hospital</p>

4. Background

Peritoneal dialysis (PD) patients manage their own treatment at home. There are two forms of PD:

- Continuous Ambulatory Peritoneal Dialysis (CAPD) which involves the patient performing a manual exchange of dialysis fluid four to five times a day.
- Automated Peritoneal Dialysis (APD) which is an automated system where patient connects to a machine at night (usually 8-10 hours) and the machine controls the inflow and outflow of the dialysis fluid.

4.1 Peritoneal Dialysis support

- PD patients admitted to the hospital will require support from the Renal Healthcare Team.
- PD Clinical Nurse Consultant (CNC) (pg 1091) and PD nurses (ext 33770) provide inpatient PD support and outpatient care for patients on PD during operating hours – Monday to Friday, 0730 to 1600.
- 4 South (4S) ward (ext 33458) is the primary contact for after-hours PD support, including weekends and public holidays.
- You may also request for PD support from:
 - Clinical Nurse Educators (CNE) and senior Registered Nurses (RN) from 4S and Emergency Department (ED)
 - Baxter Healthcare (ph 1800 063 093) provides technical support 24 hours a day, 7 days a week for any PD machine related issues
- All Work Place Instructions (WPIs) and Clinical Business Rules (CIBR) related to the management of PD patients are found on the hospital intranet page [SGSHHS Clinical Business Rules](#)

4.2 Management of PD patients on presentation to Emergency Department

- Perform critical clinical care as indicated
- Request the “Dialysis Patient Card” to collect renal information from the patient. Return the card to patient once collection is completed.
- Inform and seek assistance from the Renal Team and appropriate support nurses as per *4.1 Peritoneal Dialysis Support* for the following:
 - To determine and deliver the appropriate PD therapy
 - To assist in ascertaining the appropriate PD catheter exit site dressing i.e. Daily catheter care and dressing or Post-insertion catheter care and dressing
 - For PD catheter and exit site related concerns
 - For PD catheter manual drain, flush, blockage, contamination and/or damage
 - For PD-related infection management and specimen collection
- Note: PD catheter and exit site can be reviewed but should not be accessed or handled by non-accredited staff.
- For PD or renal related admission, aim to transfer patient to 4South as soon as possible.

4.3 Management of Peritoneal Dialysis patients during hospital admission

- Routine care of PD patients on the ward/unit:
 - a. Daily weight
 - b. Fluid balance and recording. Is patient on a fluid restriction?
 - c. Routine clinical observations – Blood Pressure, Pulse, Temperature and Oxygen Saturation
 - d. Strict bowel management and recording
Note: Alert Renal Team and PD nurses if patient is constipated
 - e. Order a PD diet for the patient. Confirm with the Renal Dietitian if patient is suitable to continue with PD diet
 - f. PD Catheter exit site care and dressing as per Daily catheter care and dressing or Post-insertion catheter care and dressing; (refer to WPIs)
Note 1: PD patients should be encouraged to do their own daily exit site dressing if able.
Note 2: PD catheter and exit site can be reviewed but should not be accessed or handled by non-accredited staff
- Support the dialysis regimen as per the Renal Team and PD nurse recommendations
- Seek assistance from Renal Team and appropriate support nurses as per *4.1 Peritoneal Dialysis Support*:
 - PD catheter and exit site related concerns
 - PD catheter manual drain, flush, blockage, contamination and/or damage
 - PD-related infection management and specimen collection

4.4 Management of Peritoneal Dialysis patients during peritoneal dialysis

- For patients on CAPD
 - Ensure dialysis lines and PD Catheter are not kinked
 - Ensure dialysis line is not pulling on PD Catheter
- For patients on APD
 - Position the PD machine in a safe area close to the patient bed and ensure power cords are secured from tripping
 - Ensure patient's bed is the same height as the PD machine
 - If the machine alarms during treatment
 - Ensure dialysis lines and PD catheter are not kinked
 - Reposition patient
 - If PD machine alarm continues, seek assistance as per *4.1 Peritoneal Dialysis Support*
- Discontinue and disconnect patient from dialysis in an emergency i.e. cardiac arrest, respiratory arrest, extreme hypotensive episodes, fire and/or any situations that may require patient to be evacuated
- Discontinue and disconnect patient from dialysis for any signs of dialysate leak, extreme abdominal pain, excessive abdominal bleed, faecal-coloured PD drainage and persistent PD catheter blockage
- For any PD related concerns, notify the Renal Team and PD nurses

4.5 General Management

- Document the PD procedure and outcomes in patient notes and on PD chart
- PD catheter care is paramount in preventing PD related complications and infections, hence:
 - PD set-up and connection can only be performed by or under the supervision of an accredited staff
 - PD catheter and exit site can be reviewed but should not be accessed or handled by non-accredited staff
- “Peritoneal Dialysis and PD Catheter” and “Peritoneal Dialysis and Training” brochures are available from the PD Unit, 4South or the hospital intranet page [SGSHHS Clinical Business Rules](#).

4.6 Management of Peritoneal Dialysis patients for PD catheter removal

- Seek assistance from appropriate support nurses, as per *4.1 Peritoneal Dialysis Support*, to drain out all PD effluent as per WPI - Manual Drain with Drain Bag
- Ensure all pre-operative preparation is completed before procedure

5. Keywords	Peritoneal dialysis, Peritoneal dialysis catheter, Peritoneal dialysis care
6. Functional Group	Renal, Peritoneal Dialysis
7. External References	Gokal, R., Alexander, S., Ash, S., Chen, T.W., Danielson, A., Holmes, C., Joffe, P., Moncrief, J., Nichols, K., Piraino, B., Prowant, B., Slingeneyer, A., Stegmayr, B., Twardowski, Z., and Vas, S. (1998). Peritoneal catheters and exit-site practices toward optimum peritoneal access: 1998 update. <i>Peritoneal Dialysis International</i> . 18(1), 11-33
8. Consumer Advisory Group (CAG) approval of patient information brochure (or related material)	N/A
9. Implementation and Evaluation Plan Including education, training, clinical notes audit, knowledge evaluation audit etc	<ul style="list-style-type: none"> - Included in the education tools developed to assist nurses in increasing their knowledge on the care of patients on peritoneal dialysis i.e. Renal care flip chart, advance and basic PD learning package and PD orientation package - Inservice education by PD CNC/nurses to 4South and Emergency Department - PD tutorial to Junior Medical Officers by the PD CNC at the beginning of renal rotation
10. Knowledge Evaluation	<p>Q1: Who is to be notified if a PD patient presents for hospital admission? A: Renal Team, PD nurses and 4South.</p> <p>Q2: Who can access a PD catheter? A: Only the staff accredited to perform PD and PD dressing or staff working towards PD accreditation under the supervision of an accredited staff.</p> <p>Q3: Who is to be notified for any PD related issues? A: Renal team, PD CNC and nurses</p> <p>Q4: When is a patient to be disconnected from PD? A: At the end of a PD therapy. Sometimes PD therapy may be aborted prematurely in the event of crisis or emergency situations i.e. dialysate leak, extreme abdominal pain, excessive abdominal bleed, faecal-coloured PD drainage, persistent PD catheter blockage, cardiac arrest, respiratory arrest, extreme hypotensive episodes, fire and/or any situations that may require patient to be evacuated.</p>
11. Who is Responsible	Director of St George and Sutherland Renal Service. Nursing Unit Manager, Dialysis Unit

Approval for Peritoneal Dialysis (PD) – Inpatient Management	
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Revision and Approval History

Date	Revision number	Author (Position)	Revision due
May 2016	0	Anna Claire Cuesta (PD CNC)	May 2019

General Manager's Ratification	
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