PERITONEAL DIALYSIS (PD): TRANSITIONING FROM PD

Cross references

1. Purpose

| A work place instruction (WPI) to describe the process of transitioning patients from PD to other renal treatment or supportive care options |

2. Background

PD is a transitory renal replacement therapy; hence, PD failure must be anticipated and planned for, through a structured pathway that includes:

- early identification of patients at risk,
- patient education
- timely referrals:

2.1 Process

Early identification of impending PD failure through Risk Assessment and Management Pathway using established indicators and predictors of PD failure will facilitate timely preparation and smooth transition to other renal treatment options i.e. conservative care or haemodialysis.

2.2 PD Risk Assessment and Management (RAM) Pathway

1. Ascertain patient’s time on PD. Flag patients on PD ≥ 2 years

2. Assess for other indicators or predictors of PD failure:
   - Poor dialysis adequacy (Kt/V ≤ 1.7 and Creatinine Clearance ≤ 60)
   - Poor peritoneal membrane (PM) function (Ultrafiltration ≤ 500 mls)
   - Psycho-social factors i.e. Failure to cope, cognitive and physical function decline, lack of support and patient preference
   - Recurrent or relapse peritonitis or exit site infection (ESI)
   - Ongoing clinical, physical or psychological symptom burden i.e. abdominal or back pain, depression, poor nutritional status, pruritus or uraemia
   - Abdominal or bowel symptoms or surgery (planned) i.e. bowel or liver resection, persistent constipation, colitis, diverticulitis or hernia ± repair

3. Patients with no indications of PD failure are for annual PD RAM review.

4. Patients with one or more indicators or predictors of PD failure will be discussed with the nephrologists to plan and prompt remedial medical and nursing actions as required:
   - Modify PD regimen or type or to improve dialysis outcome;
   - Alter dialysate strength usage to increase ultrafiltration;
   - Referral to relevant allied health for community support or respite;
   - Manage and treat peritonitis/ESI as per clinical business rules
5. Patients with positive response to remedial actions are for annual PD RAM review
6. Patients with negative or poor response to remedial actions are for:
   a. Nephrologist review and case management meeting to determine suitability for HD, home HD or renal supportive care.
   b. Referral to social worker for emotional and/or practical support if needed or requested
7. Once decision is made between nephrologists and (non or poor responding) patients on subsequent renal treatment pathway, send clinic letters and referrals to:
   a. Renal supportive care (RSC) clinic for review on all patients pursuing conservative care;
   b. Renal options clinic (ROC) for haemodialysis (HD) education and vascular access nephrology (VAN) clinical nurse consultant (CNC) for early vascular access planning on all patients pursuing and suitable for haemodialysis;
   c. Home HD (HHD) nurse for all patients pursuing and suitable for home HD;
   d. HD nurse unit manager (NUM) for all patients suitable for incentre or satellite HD
8. Complete dialysis transfer form and verbal hand-over
2.3 PD RAM Flowchart

Patient on PD ≥ 2 years

Does the patient have 1 or more indicators or predictors of PD failure?
- Poor dialysis adequacy (Kt/V ≤1.7 and Creatinine Clearance ≤60)
- Poor peritoneal membrane (PM) function (Ultrafiltration ≤ 500 ml)
- Psycho-social i.e. Failure to cope, cognitive and physical function decline, lack of support and patient preference
- Recurrent or relapse peritonitis or exit site site infection (ESI)
- Ongoing clinical, physical or psychological symptom burden
- Abdominal or bowel symptoms or surgery

No

Annual PD RAM review

Yes

Inform Nephrologist
Plan and prompt remedial clinical actions:
- Modify PD regimen or type
- Change dialysate strength
- Referral to relevant allied health
- Manage and treat peritonitis/ESI as per CBRs

Good response

Annual PD RAM review

Poor response

Nephrologist review & case management meeting

Refer to Social Worker for support

Plan for Haemodialysis

No

Refer to RSC clinic for review

Refer to VAN for access planning

Refer to HD NUM for in-centre or satellite HD waitlist

Complete transfer form and handover patient

Yes

Refer to ROC for HD education

Refer to HHDnurse for HHD training waitlist
### 3. Network file
Renal, Peritoneal Dialysis

### 4. External references / further reading

<table>
<thead>
<tr>
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<th>Details</th>
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<tbody>
<tr>
<td>Perl, J., Wald, R., Bargman, JM., Na, Y., Jassal, SV. Jain, AK. Moist,</td>
<td></td>
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5. Specialty/department committee approval

Committee title: Peritoneal Dialysis Committee

Chairperson name/position: Franziska Pettit, Staff Specialist

Date: 24.01.17

6. Department head approval

Name /position: Mark Brown, Department Head Renal Services

Date: 24.01.17

7. Executive sponsor approval – Nurse Manager

Name/position: Christine Day, Nurse Manager Medicine

Date: 13.02.17

8. Contributors to WPI development

e.g. CNC, Medical Officers (names and position title/specialty)

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Amelia Smith Social Worker

Revision and Approval History

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<th>Date published</th>
<th>Revision number</th>
<th>Author (Position)</th>
<th>Date revision due</th>
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<tr>
<td>February 2017</td>
<td>0</td>
<td>Anna Claire Cuesta (PD CNC)</td>
<td>February 2020</td>
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WPI Criteria

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<td>Process is free from medications</td>
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<td>Process is free from high risk invasive procedures</td>
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<td>Document will be located on the ward/unit/department dedicated intranet page</td>
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<td>Document will be listed in a local register by custodian responsible for facilitating WPI review every 3 years</td>
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<tr>
<td>Department head will approve the document and nursing co-director or clinical group manager will be the executive sponsor</td>
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If NO to any of the criteria
↓
NOT a WPI – progress to clinical business rule (CIBR) development