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

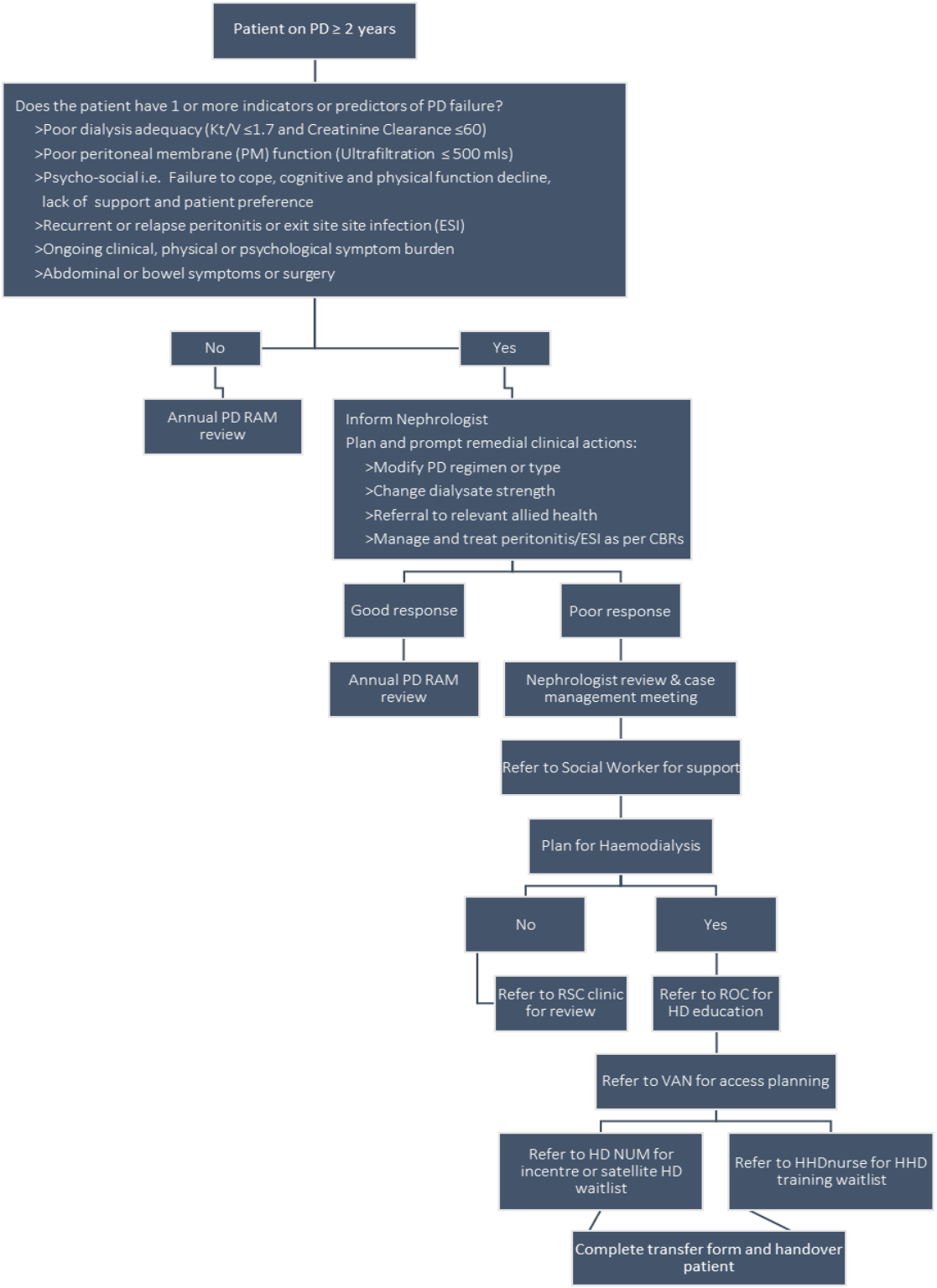
Early identification of impending PD failure through Risk Assessment and Management Pathway using established indicators and predictors of PD failure will facilitate timely preparation and smooth transition to other renal treatment options i.e. conservative care or haemodialysis.

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:
   a. Modify PD regimen or type or to improve dialysis outcome;
   b. Alter dialysate strength usage to increase ultrafiltration;
   c. Referral to relevant allied health for community support or respite;
   d. 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



3. Network file	Renal, Peritoneal Dialysis
4. External references / further reading	ANZDATA Registry (2016). 38th Report, Chapter 5: Peritoneal Dialysis. *Australia and New Zealand Dialysis and Transplant Registry*, Adelaide, Australia. Available at: http://www.anzdata.org.au ANZDATA Registry (2015). 37th Report, Chapter 5: Peritoneal Dialysis. *Australia and New Zealand Dialysis and Transplant* *Registry*, Adelaide, Australia. Available at: http://www.anzdata.org.au Boissinot, L., Landru, I., Cardineau, E., Zagdoun, E., et.al (2013) Is transition between Peritoneal dialysis and Haemodialysis really a gradual process? *Peritoneal Dialysis International*, 33:391–397 doi: 10.3747/pdi.2011.00134 Boudville, N., Dent, H., McDonald, S., Clayton, P. and Hurst, K. (2013) ANZDATA Registry 36th Annual Report 2013- Peritoneal Dialysis. Brown, F., Gulyani, A., McDonald, S. and Hurst, K. (2012) ANZDATA Registry 35th Annual Report 2012- Peritoneal Dialysis. Brown, F., Gulyani, A., Dent, H., Hurst, K. and McDonald, S. (2011) ANZDATA Registry 2011 Annual Report - Peritoneal Dialysis. Chidambaram, M., Bargman, J., Quinn, R., Austin, P., Hux, J. and Laupacis, A. (2011). Patient and Physician Predictors of Peritoneal Dialysis Technique Failure: a Population Based, Retrospective Cohort Study. *Peritoneal Dialysis International*, 31: 565–573 doi:10.3747/pdi.2010.00096 Jaar, B., Plantinga, L, Crews, D., Fink, N., Hebah, N., Coresh, J., Kliger, A. and Powe, N. (2009). Timing, Causes, Predictors and Prognosis of Switching from Peritoneal Dialysis to Hemodialysis: a Prospective Study. *Bio Med Central Nephrology*, 10:3 doi:10.1186/1471-2369-10-3 Kolesnyk, I., Dekker, F., Boeschoten, E. and Krediet, R. (2010) Time-Dependent Reasons for Peritoneal Dialysis Techjnique Failure and Mortality. *Peritoneal Dialysis International*, 30:170–177 doi: 10.3747/pdi.2008.00277 Lameire, N., Biesen, WV, Vanholder, R. (2000). The role of peritoneal dialysis as first modality in an integrative approach to patients with end-stage renal disease. *Peritoneal Dialysis International*, 20:Suppl. 2 Lan, P., Clayton, P., Saunders, J., Polkinghorne, K. and Snelling, P. (2013). Predictors and Outcomes of Transfers from Peritoneal Dialysis to Haemodialysis. *Peritoneal Dialysis International*, inPress doi: 10.3747/pdi.2013.00030 Nadeau-Fredette, A.-C., Hawley, C., Pascoe, E., Chan, C. T., Leblanc, M., Clayton, P. A., Johnson, D. W. (2015). Predictors Of Transfer To Home Hemodialysis After Peritoneal Dialysis Completion. *Peritoneal Dialysis International*. doi: 10.3747/pdi.2015.00121 Pajek, J., Hutchison, A., Bhutani, S., Brenchley, P., Hurst, H., Perme, MP. Summer, A. and Vardhan, A. (2014). Outcomes of Peritoneal Dialysis Patients and switching to Haemodialysis: A Competing Risks Analysis. *Peritoneal Dialysis International*, 34: 289–298 doi: 10.3747/pdi.2012.00248 Perl, J., Wald, R., Bargman, JM., Na, Y., Jassal, SV. Jain, AK. Moist,

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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
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Revision and Approval History

Date published	Revision number	Author (Position)	Date revision due
February 2017	0	Anna Claire Cuesta (PD CNC)	February 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 (ClBR) development		