

**PERITONEAL DIALYSIS UNIT  
RENAL DEPARTMENT  
Workplace Instruction (WPI)**

<b>WPI Criteria</b>	<b>Yes</b>	<b>No</b>
Contains ward/unit/department specific instructions only	✓	
Description of process is straight forward and without variables. <b>NOT a WPI</b> if dependent on various decision making pathways <b>e.g.</b> 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 <b>NO</b> to any of the criteria ↓ <b>NOT a WPI</b> – progress to clinical business rule (CIBR) development		

**PERITONEAL DIALYSIS (PD) – SIMPLE/SMALL FLUSH ON A PERITONEAL DIALYSIS CATHETER**

<b>Cross references</b>	Infection Control Policy; NSW Health PD2007_036  Aseptic Technique; SGSHHS CLIN027  Continuous Ambulatory Peritoneal Dialysis (CAPD) Freeline Solo Exchange Procedure; Renal Department Protocol  Management of Poor Flow - No Flow Catheter; Renal Department Protocol  PD catheter Heparin Lock; Renal Department Protocol
<b>1. Purpose</b>	To ensure the process of flushing a PD catheter is performed according to best practice guidelines reducing the risk of infection and ensuring patient safety

**2. Process**

- 2.1 Recommendations to perform a simple/small PD catheter flush
  - 2.1.1 To ascertain peritoneal dialysis catheter (PDC) function
  - 2.1.2 To ensure PDC patency
  - 2.1.3 For newly inserted PDC
  - 2.1.4 For resting PDC
  - 2.1.5 For patients contraindicated to have a 1 Litre PDC flush as per surgeon/nephrologist's order or due to:
    - a. Hernia or post hernia repair

- b. Pleural leak
- c. Exit site leak
- d. Pain

## 2.2 Devices

### 2.2.1 Equipment

- Dressing pack
- Sterile gloves

### 2.2.2 Key parts

- Drawing-up needle (18G)
- 20ml syringe
- Normal saline - 10 ml ampoule
- Heparin – 5000 Units/5 ml (only if indicated)
- Minicap

### 2.2.3 Key site

- Abdominal PD catheter

## 2.3 Procedure

1. Educate the patient and/or carer on the importance of PDC flushing
2. Perform hand hygiene
3. Identify and gather equipment and key parts for procedure
4. Check expiry dates on all equipment and key parts
5. Clean trolley/work surface with detergent
6. Perform hand hygiene
7. Don gloves
8. Prepare general aseptic field equipment and key parts at the patient's bedside
9. Prepare the normal saline flush using aseptic technique ensuring all the key parts are protected:
  - a. Attach drawing up needle to 20 ml syringe;
  - b. Alcohol swab the saline ampoules;
  - c. Open normal saline ampoules and aspirate all content into the 20 ml syringe.
10. Place the PD catheter over sterile towel
11. Perform the PDC flush using aseptic and non-touch connection technique ensuring all the key parts and key site are protected:
  - a. Using the dry gauze, remove minicap from PDC
  - b. Connect saline syringe to end of PDC
  - c. Open the PDC valve
  - d. Push all normal saline solution into PDC and aspirate. Observe the inflow/outflow rate and presence of fibrin

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Note: For resistant outflow or suspected blocked PDC, repeat the PDC flush up to 2 times

- e. Close the PDC valve
- 12. For resting PDCs or PDCs with patency issues, perform the PDC heparin lock using aseptic technique ensuring all the key parts are protected:
  - a. Attach drawing up needle to 20 ml syringe;
  - b. Alcohol swab the Heparin and saline ampoules;
  - c. Open the Heparin ampoules and aspirate all content into the 20 ml syringe;
  - d. Open normal saline ampoules and aspirate 15 mls into the 20 ml syringe;
  - e. Connect the Heparinised saline syringe to end of PDC
  - f. Open the PDC valve
  - g. Push all the Heparinised saline solution into the PD catheter
  - h. Close the PDC valve
- 13. Disconnect syringe from PDC and apply new minicap
- 14. Secure the end part of the PD catheter to the abdomen with a micropore tape
- 15. Discard used equipment in the clinical waste bin
- 16. Remove gloves
- 17. Perform hand hygiene
- 18. Clean trolley after use and perform hand hygiene
- 19. Document the procedure on patient notes
- 20. Handover to the next shift

<p><b>3. Network file</b></p>	<p>St George Hospital Renal Website: <a href="http://stgrenal.org.au/">http://stgrenal.org.au/</a></p>
<p><b>4. External references / further reading</b></p>	<p>Firaneq, C. &amp; Guest, S. (2011). Hand Hygiene in Peritoneal Dialysis. <i>Peritoneal Dialysis International</i>. 31(4):399-408</p> <p>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.</p> <p>Margetts, P. (2009). Heparin And The Peritoneal Membrane. <i>Peritoneal Dialysis International</i>, 29(1), 16-19.</p> <p>Ross, L. A., &amp; Labato, M. A. (2013). Current techniques in peritoneal dialysis. <i>Journal of Veterinary Emergency and Critical Care</i>, 23(2), 230-240. doi: 10.1111/vec.12035</p>

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	Yap, D. Y. H., Chu, W. L., Ng, F., Yip, T. P. S., Lui, S. L., & Lo, W. K. (2012). Risk Factors and Outcome of Contamination in Patients on Peritoneal Dialysis—A Single-Center Experience of 15 Years. <i>Peritoneal Dialysis International</i> , 32(6), 612-616. doi: 10.3747/pdi.2011.00268
<b>5. Specialty/department committee approval</b>	Peritoneal Dialysis Committee
<b>6. Department head approval</b>	Dr Sharon Ong and/or Prof Mark Brown
<b>7. Executive sponsor approval – NCD or CGM</b>	Ms Christine Day (NCD)

**Revision and Approval History**

Date published	Revision number	Author (Position)	Date revision due
May 2015	1	Anna Claire Cuesta (PD CNC)	May 2018