

Peritoneal Dialysis Catheter Exit Site Dressing SKILLS ATTAINMENT FORM

Objective: To competently perform a peritoneal dialysis catheter (PDC) exit site assessment and dressing change.

Notes:

1. New and novice staff are required to practice two or more times prior to mastery assessment (simulation set up can be used).
2. The 4S CNE will determine the number of practice sessions required prior to assessment.
3. Experienced 4S staff can assist practice sessions by observing technique and can move straight to assessment if indicated.
4. Keep the original copy of your completed PD competency assessment for your record.
5. Forward a copy to the 4S CNE.
6. Actual assessment should be completed on a patient and observed by the 4S CNE, CNS, PD champion or PD unit staff.
7. Reassessment may occur in the event of protocol changes.

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Name: _____ Pay No: _____
Print Signature

Please initial appropriate box

Action	P1	P2	P3	P4	P5	A
1. Ascertains type of PDC exit site dressing required: Post-op or daily						
2. Refers and follows the appropriate exit site care PD protocol						
3. Cleans trolley and collects equipments						
4. Performs handwash						
5. Prepares equipment and sets-up sterile field						
6. Secures end of catheter with tape						
7. Performs handwash						
8. Removes old dressing						
9. Reviews condition of exit site. Swabs as necessary						
10. Performs surgical handwash						
11. Dons sterile gloves						
12. Cleans exit site as per appropriate PD protocol						
13. Waits for exit site to dry. Applies topical antibiotics if necessary						
14. Applies appropriate dressing. Ensures exit site and titanium are covered						
15. Secures PD catheter with tape						
16. Discards all equipments						
17. Documents the procedure						
18. Hands over to the next shift						

Practice 1 Assessor's name & initial _____ Date _____

Practice 2 Assessor's name & initial _____ Date _____

Practice 3 Assessor's name & initial _____ Date _____

Practice 4 Assessor's name & initial _____ Date _____

Practice 5 Assessor's name & initial _____ Date _____

Assessment Assessor's name & initial _____ Date _____