Peritoneal Dialysis (PD) – Managing Unwell Outpatients in the PD Unit

<table>
<thead>
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<th>Cross References</th>
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<td>Renal Department Protocol; <a href="http://stgrenal.med.unsw.edu.au/StGRenalWeb.nsf">http://stgrenal.med.unsw.edu.au/StGRenalWeb.nsf</a></td>
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1. Purpose
To ensure safe and timely management of unwell patients in the PD Unit.

2. Process

2.1 Safeguard
The Emergency Response Team is NOT equipped to transport patients from non-inpatient areas.

The medical emergency team leader or delegate must determine the safest and most expedient means of transferring patients to the ward tower block or Emergency Department following an emergency call.

Patients requiring trolley transfer and/or continuous monitoring, phone The NSW Ambulance Service (000).

Patients safe to be transported by wheelchair, page the orderly (194) for assistance.

Safeguard 1:
Unwell patients coming via ambulance to the PD unit must be directed to Emergency Department for immediate management.

Safeguard 2:
Unwell patients calling from home with acute symptoms i.e. chest pain, diarrhoea, dizziness, dyspnoea, hyper/hypoglycaemia, nausea and vomiting must be advised to present to the Emergency Department for immediate management.
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Safeguard 3:
Unwell patients presenting to the PD unit with cardiac or respiratory symptoms i.e. chest pain or dyspnoea must be transported immediately to the Emergency Department via The NSW Ambulance Service (000)

2.2 Management of patients who present to the PD unit unwell with acute symptoms i.e. diarrhoea, dizziness, hyper/hypoglycaemia, nausea, vomiting and etc

1. Check and monitor vital signs
2. Notify renal team to review patient
3. Escalate and manage as per hospital protocol
4. For stable patients needing direct admission, escort and handover patient to the admitting ward
5. If patient remains unstable, transfer to Emergency Department via The NSW Ambulance Service (000)

2.3 Management of patients who become unwell whilst in the PD unit:

1. Patients with vital signs outside the PACE response criteria with PD related complaint/issue i.e. blocked PDC or cloudy effluent:
   a. Notify renal team to review patient
   b. Escalate and manage as per Renal Department protocols
   c. For direct admission, escort and handover patient to the admitting ward

2. Patients with vital signs outside the PACE response criteria with minor injury or complaint (non PD related) during dialysis:
   a. Notify renal team to review patient
   b. Check and monitor vital signs
   c. Stop dialysis (if not tolerated)
   d. Escalate and manage as per hospital protocol
   e. For direct admission, escort and handover patient to the admitting ward

3. Patients with vital signs meeting the PACE response criteria
   a. Activate PACE (777), state the admitting medical officer’s (AMO) name, level of response (1/2/arrest) and your location
   b. Stop dialysis
   c. Monitor patient until responders arrive
   d. Transfer to Emergency Department via The NSW Ambulance Service (000) if necessary

4. In the event of cardiac or respiratory arrest
   a. Stop dialysis
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b. Provide Basic Life Support (BLS) according to BLS policy
c. Activate PACE (777), state the AMO name, level of response (1/2/arrest) and your location
d. Transfer to Emergency Department via The NSW Ambulance Service (000)

3. Network file location/reference, if applicable

St George Renal Department Website:
http://stgrenal.med.unsw.edu.au/StGRenalWeb.nsf

4. External References / Further Reading

Revision and Approval History

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<tr>
<th>Date published</th>
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<th>Author/Contact Officer (Position)</th>
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<tbody>
<tr>
<td>August 2014</td>
<td>1</td>
<td>Anna Claire Cuesta PD CNC</td>
<td>August 2017</td>
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