



MANITOBA RENAL PROGRAM

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| SUBJECT <ul style="list-style-type: none"> Changing Titanium Adaptor in a Peritoneal Catheter | SECTION 40.10 Peritoneal Dialysis Procedures |
| | CODE 40.10.02 |
| AUTHORIZATION <ul style="list-style-type: none"> Professional Advisory Committee, Manitoba Renal Program Nursing Practice Council, St. Boniface Hospital | EFFECTIVE DATE September 2003 |
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PURPOSE:

- To apply a titanium adaptor to a peritoneal catheter.

POLICY:

- Sterile technique is used when applying the titanium adaptor (2 pieces).
- The titanium adaptor is changed when the titanium adaptor becomes detached from the catheter or if the catheter develops a crack or tear.

The home Peritoneal Dialysis Unit and Nephrologist must be notified of changing the titanium adaptor on the peritoneal catheter. **Antibiotic prophylaxis will be required. Contact Nephrologist for orders.** Please refer to 70.30.05 *Peritoneal Dialysis Contamination Protocol*.

- All Registered Nurses (RN) and Licensed Practical Nurses (LPN) who have received education and training and who are competent may perform this procedure.

EQUIPMENT:

- Peritoneal dialysis tray
- Sterile 10 x 10 cm gauze (4)
- Sterile package container (jar or basin)
- 10% povidone iodine solution (2 bottles)
- Sterile gloves (2 pair)
- Locking titanium adapter (2 piece)
- Sterile scissors
- Sterile 20 mL syringe
- MiniCap Extended Life Transfer set with clamp (transfer set)
- Mini cap Disconnect cap (2) (MiniCap)

KEY POINTS:

- check expiry date
- Second MiniCap in case of contamination

PROCEDURE:

- Prior to beginning procedure ensure patient's catheter is clamped over gauze as close as possible to the patient's exit site.

KEY POINTS:

- This is a non-sterile clamp.
- Patient should have this in place on presentation.

PROCEDURE:

KEY POINTS:

2. Perform hand hygiene.
 3. Gather equipment.
 4. Open tray. Add:
 - 20 mL syringe,
 - sterile 10 x 10 cm gauze
 - sterile wrapped container
 - sterile scissors
 - titanium adapter
 - titanium luer lock sleeve
 - transfer set
 - MiniCap.
 - Pour Povidone into both compartments of tray.
 5. Perform hand hygiene.
 6. Don sterile gloves.
 7. Fill sterile container with Povidone iodine 10% using 20ml syringe.
 8. Pick up the peritoneal catheter with sterile 10 x 10 cm gauze and place sterile drape under the peritoneal catheter.
 9. Place abdominal pad on drape under the peritoneal catheter.
 10. Clamp catheter using the sterile clamp from the Peritoneal Catheter dressing tray.
 11. Remove unsterile clamp and gauze.
 12. Remove gloves. Perform hand hygiene.
 13. Don second pair of sterile gloves.
 14. Disinfect the damaged area of the catheter:
 - Use a dry sterile gauze to remove the old transfer set and discard.
 - Scrub damaged area for 30 seconds with a 10 x 10 cm gauze moistened in 10 % Povidone iodine solution while holding catheter with the dry gauze.
 - With a new 10 x 10 cm gauze moistened in 10% Povidone iodine solution, wipe catheter from damaged area to the clamp.
 - Immerse the area of the peritoneal catheter that is to be cut in the povidone iodine solution. Soak for 5 minutes.
 - Allow to dry completely.
 15. Once disinfection is complete, cut the silastic tubing of the peritoneal catheter with sterile
- Maintain sterile field.
 - Will require minimum of 60 ml to fill sterile jar plus extra in tray for scrubbing.
 - Important to maintain sterility of gloves.
 - To absorb Povidone that may spill.
 - **Ensure that a portion of the gauze is placed between the clamp and the catheter to protect the catheter from damage.**
 - Maintain sterility of gloves.
 - Soak at least 1 cm proximal to the area to be cut.
 - Drying time is important for antiseptic effect.
 - The cut is always proximal to the damaged area.

PROCEDURE:

scissors as close to the damaged area as possible.

16. Slide the end of the peritoneal catheter through the new titanium luer lock sleeve.
17. Insert the new titanium adaptor male end into the peritoneal catheter.
18. Luer lock the titanium luer lock sleeve onto the titanium adaptor.
19. Attach a new transfer set to the peritoneal catheter and attach MiniCap to transfer set if not already done.
20. Remove clamp.
21. Anchor transfer set to abdomen.
22. Remove gloves and perform hand hygiene.
23. Notify Nephrologist for antibiotic orders.

KEY POINTS:

- If the titanium adaptor has become detached cut only the distal end of the peritoneal catheter.
- Conserve as much functional catheter as possible.
- Narrow end toward the patient.
- It is normal to be difficult to insert.
- The peritoneal catheter should fit securely up to the hub of the titanium and must not come off when pulled gently.
- See Procedure 40.10.01 *Attachment of MiniCap Extended Life PD Transfer Set to Peritoneal Catheter*.
- Transfer set and catheter immobilization prevents trauma and infection to the exit site and promotes healing of the exit site.

DOCUMENTATION:

- Document the reason for the titanium adaptor change in the patient health record.
- Document the date of the transfer set change in patient health record and on kardex.
- Document any medications given.

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