



## MANITOBA RENAL PROGRAM

<b>SUBJECT</b> <ul style="list-style-type: none"> <li>▪ Peritoneal Catheter Exit Site Care</li> </ul>	<b>SECTION</b> 40.10 Peritoneal Dialysis Procedures
	<b>CODE</b> 40.10.06
<b>AUTHORIZATION</b> <ul style="list-style-type: none"> <li>▪ Professional Advisory Committee, Manitoba Renal Program</li> <li>▪ Nursing Practice Council, St. Boniface Hospital</li> </ul>	<b>EFFECTIVE DATE</b> September 2003
	<b>REVISION DATE</b> September 2007 May 2012 December 2014 March 2017 April 2018

### PURPOSE:

1. To promote healthy exit site tissue and reduce colonization at the peritoneal catheter exit site.

### POLICY:

1. The first dressing change is done one week post catheter insertion and weekly thereafter for six weeks. The dressing is changed more often if excessive bleeding or a large quantity of drainage is noted.
2. A sterile exit site procedure must be used in the following situations (only use antibiotic cream if specifically ordered)
  - for a period of six weeks post catheter insertion
  - an unhealed wound
  - an infected exit site
  - any dressing change in hospital or health care facility (may use antibiotic cream if ordered)
3. Once healing has occurred, the dressing is done daily with application of prescribed antibiotic cream.
4. **NO TUB BATHS ALLOWED.** Do not submerge the exit site in water. Patient may shower once exit site completely healed (after six weeks).
5. **DO NOT USE SCISSORS OR SHARP OBJECTS TO REMOVE THE OLD DRESSING.** Damage to the catheter could result in infection or catheter loss.
6. 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
- 0.9% NaCl
- Sterile gloves
- Sterile 5 x 5 cm gauze
- Adhesive dressing
- Tube of antibiotic cream as ordered

### KEY POINTS:

## PROCEDURE:

1. Perform hand hygiene.
2. Gather equipment.
3. **Gently** remove dressing from exit site.
4. **Assess** exit site and sinus. Notify the dialysis unit and Nephrologist immediately if any of following are present:
  - Pink or red skin  $\geq$  13mm in diameter
  - Purulent or bloody exudate
  - Pain or tenderness
  - Hypergranulation (“proud flesh”)
  - Crusting
  - Swelling
5. Perform hand hygiene.
6. Open tray and add 0.9% saline solution and 5 x 5 cm gauze.
7. Apply a pea size amount of antibiotic cream directly from the tube to the 5x5 cm gauze.
8. Perform hand hygiene.
9. Apply sterile gloves.
10. **Gently** clean exit site:
  - Holding catheter with dry 10x10 cm gauze, clean exit site using a cotton applicator dipped in saline solution.
  - With a second moist cotton applicator, remove any loose crusts.
  - Clean abdomen with saline moistened gauze starting at exit site and moving away from exit site.
  - Dry exit site with cotton applicator. Repeat if necessary to ensure exit site is dry.
  - Dry abdomen with 10 x 10 cm gauze starting at the exit site and moving away.
11. Palpate the subcutaneous tunnel.
12. Cover incision with folded 10 x 10 cm gauze (if necessary).

## KEY POINTS:

- Gentle removal prevents exit site and tunnel trauma which can disrupt healing and cause infection.
- **Never use scissors or any sharp object to remove dressing.**
- If incision present, assess at this time.
- **IF exudates present:**
  - Prior to swabbing for C&S (aerobe and anaerobe) and gram stain, cleanse the exit site of crusts and debris with normal saline. Culture the exudates not the surrounding skin and send for C&S (aerobe and anaerobe) and gram stain.
  - If exudate noted in sinus, apply gentle pressure near exit site to express exudate for culture.
  - Refer to 40.10.06a *Appendix A Management of Exit Site Infection* and 70.30.05 *Contamination Protocol Section C Exit site/Tunnel Infection*.
- Maintain sterile field.
- Antibiotic cream is only applied to a healed exit site unless otherwise ordered.
- To prevent trauma and infection, avoid pulling or undue movement of the catheter, vigorous exit site cleaning and forcible removal of crusts.
- Assess for pain and exudate with palpation.
- Omit if within the first week post insertion of catheter.
- Not required once incision healed.

## **PROCEDURE:**

13. Place the gauze with the antibiotic cream over the exit site and gently move around to evenly spread the cream.
14. Cover the 5x5 cm gauze with adhesive dressing. Anchor dressing with second piece of adhesive refer to 40.10.06b *Appendix B Peritoneal Catheter Exit Site Care*.
15. Remove gloves.
16. Confirm that the titanium connection is tight.
17. Immobilize catheter and transfer set.
18. Perform hand hygiene.

## **KEY POINTS:**

- Unless otherwise ordered.
- **Ensure catheter in a natural lying position to prevent tension at the exit site.**
- Transfer set and catheter immobilization prevents trauma and infection to the exit site and promotes healing of the exit site.

## **DOCUMENTATION:**

- Chart in Patient Health Record the condition of the exit site and any incision including:
  - Presence of drainage and type
  - Presence of crust
  - Presence of hypergranulation tissue (proud flesh)
  - Any pain or tenderness on palpation of subcutaneous tunnel
  - Colour (pink or red)
  - Swelling
  - Swab sent if applicable
- Document in the Patient Health Record the application of antibiotic cream if used.
- Note: Images of different stages of healed exit sites are available to see in 40.10.06c *Appendix C Peritoneal Exit Site*

## **REFERENCES:**

- Bender, F.H., Bernardini, J., & Piraino, B. (2006). Prevention of infectious complications in peritoneal dialysis: best demonstrated practices. *International Society of Nephrology*, 70, 544-554.
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