



MANITOBA RENAL PROGRAM

SUBJECT <ul style="list-style-type: none"> Continuous Ambulatory Peritoneal Dialysis Protocol 	SECTION 70.30 Protocols – Peritoneal Dialysis
	CODE 70.30.01
AUTHORIZATION <ul style="list-style-type: none"> Professional Advisory Committee, Manitoba Renal Program Professional Advisory Council, St. Boniface Hospital 	EFFECTIVE DATE March 2005
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COVERAGE:

- This protocol is applicable to those areas providing peritoneal dialysis therapy to Stage V D (last stage of renal failure) patients.
- Peritoneal dialysis (PD) is a therapy that requires instillation of a dialyzing solution into the peritoneal cavity via a peritoneal catheter.

STATEMENT OF GUIDELINES:

- Continuous Ambulatory Peritoneal Dialysis (CAPD) exchanges are done 7 days a week.
- The CAPD exchange is performed using aseptic technique.
- Registered Nurses (RN) and Licensed Practical Nurses (LPN) who have received education and training and who are competent may perform CAPD exchanges.

While in hospital, patients trained for Home PD may perform CAPD independently.

- Each CAPD exchange consists of a drain phase (effluent containing wastes, electrolytes and excess fluid is removed from the cavity), fill phase (i.e. infusion of dialysate solution into the peritoneal cavity), and a dwell phase (i.e. a period of time during which the dialysate solution remains in the cavity to allow for the removal of solutes and fluid across the peritoneal membrane).
- Patients are weighed daily at the same time each day. The goal is to maintain the patient at their target weight which is the weight with no signs and symptoms of fluid overload and no signs and symptoms of dehydration. The target weight is ordered by the Nephrologist. The target weight is assessed on an ongoing basis.
- The CAPD prescription is ordered by the Nephrologist. This includes:
 - Volume of the dialysate exchange solution.
 - Number of daily exchanges.
 - Type of dialysate solution (i.e. dextrose based, icodextrin based, amino acid based, bicarbonate dextrose based).
 - Dextrose concentration if ordering dextrose based solution or a bicarbonate dextrose based solution.

STATEMENT OF GUIDELINES:

7. Peritoneal Dialysis Unit Nurses, Deer Lodge Centre Peritoneal Dialysis Trained Nurses, and Peritoneal Dialysis Community Care Nurses:
 - May adjust the dextrose-based dialysate solution strength based upon patient assessment.
 - Hold Icodextran based on patient assessment x 2 and notify Nephrologist for further assessment
 - All other personnel must have a physician's order signed by the Nephrologist to adjust the dialysate solution strength.

See 70.30.01a *Appendix A, Fluid Management Guidelines.*
8. Registered Nurses/Licensed Practical Nurses who have received education and training may add medications to the dialysate solution as per nephrologist order. See Procedure 40.10.03 *Installation of Medication into Peritoneal Dialysis Solution.* Intraperitoneal (IP) medication administration is documented in the patient health record for all inpatients.
9. CAPD exchanges are documented on 70.30.01b *Appendix B: Continuous Ambulatory Peritoneal Dialysis (CAPD) Record* and include the following:
 - Date and time of exchange
 - Medication added, if applicable
 - Amount of drained effluent
 - Daily weight/Ultrafiltration
 - Fill volume
 - Type of dialysate solution
 - Comments related to the appearance of the effluent
 - Initial of nurse performing therapy
10. A PD catheter that is sluggish or plugged may be irrigated with sterile 0.9% NaCl See Procedure 40.10.10, *Peritoneal Catheter Irrigation.* If the PD catheter remains sluggish or plugged, notify the Nephrologist.