



MANITOBA RENAL PROGRAM

SUBJECT <ul style="list-style-type: none"> Care of Patient on Home Peritoneal Dialysis Protocol 	SECTION 70.30 Protocols – Peritoneal Dialysis
	CODE 70.30.04
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 home training for Stage V D (*last stage of renal failure*) patients who are receiving Continuous Cycling Peritoneal Dialysis (CCPD) or Continuous Ambulatory Peritoneal Dialysis (CAPD) or a combination of both.

STATEMENT OF GUIDELINES:

1. Patient Teaching:

Patient teaching is based on the Home Peritoneal Dialysis Patient Education Manual utilized at St. Boniface Hospital and Seven Oaks Hospital.

2. Initiation of Home Peritoneal Dialysis (PD) Orders:

The physician will order the following for CAPD Therapy. (*W 00130a PHYSICIAN'S ORDER SHEET FOR HOME PERITONEAL DIALYSIS (PD) PATIENTS*)

- Target weight
- Type of PD regime (i.e. CAPD, CCPD or a combination of both)
- Fill volume of dialysate solution
- Number of bag exchanges per day
- Type of dialysate solution (i.e. dextrose based, icodextran based, amino acid based, bicarbonate dextrose based)

The physician will order the following for CCPD Therapy: (*W 00130b PHYSICIAN'S ORDER SHEET FOR HOME PERITONEAL DIALYSIS (PD) PATIENTS*)

- Target weight
- Type of PD regime (i.e. CAPD, CCPD or a combination of both)
- Total therapy time
- Total therapy volume
- Fill volume
- Last fill volume
- Fill volume of dialysate solution of CAPD day bag(s) if applicable
- Type of dialysate solution (i.e. dextrose based, icodextran based, amino acid based, bicarbonate dextrose based)

- The date of the PD catheter insertion will be documented in the patient health record.
- Patients may be referred to Peritoneal Dialysis Community Care/Home Care for care as required.
- Prior to initiating home peritoneal dialysis training, the PD nurse will check the patency of the PD catheter by

STATEMENT OF GUIDELINES:

performing a PD catheter flush. See 40.10.05 *Peritoneal Catheter Flush*

6. The training nurse/delegate follows up with the patient during the first post train week to check progress
7. PD catheters that are sluggish or plugged may be irrigated with sterile 0.9% NaCl as per procedure 40.10.10 *Peritoneal Catheter Irrigation*. If the PD catheter remains sluggish or plugged, the Nephrologist may order an abdominal x-ray.
8. If the PD catheter exit site appears infected. Send swab of discharge for bacterial culture, aerobic with sensitivities. See 70.30.05 *Peritoneal Dialysis Contamination Protocol*. Notify Nephrologist.
9. If the PD effluent appears cloudy, send sample for bacterial culture-aerobic and cell count. See 70.30.05 *Contamination protocol*. Notify Nephrologist.
10. Initial bloodwork and clinic bloodwork. See 70.30.06 *Initial and Monthly Tests Protocol for Patients Receiving Chronic Peritoneal Dialysis*. (70.10.03 *MRP HIV Testing Letter*)
11. Patients are given a clinic appointment to return in 4 – 6 weeks post PD training. Subsequent appointments will be approximately every 3-6 months and PRN.
12. Patients will return to the PD Unit in 4 – 6 weeks time after training for the Peritoneal Equilibrium Test (PET). See 40.10.15 *Peritoneal Equilibrium Test*. The PET will determine the solute transport characteristics of the patient's peritoneal membrane. The solute transport characteristics of the peritoneal membrane are used to determine the PD therapy (i.e. CAPD or CCPD) prescribed.
13. Patients will return twice per year and as required for a KT/V test. The peritoneal KT/V (pKT/V) test determines the efficiency of solute clearance across the peritoneal membrane.
14. Telephone communication is documented in the patient health record/telephone consultation record and the Nephrologist is notified of any clinical problems or issues.