

Part 1

Determining Peritonitis in Rural Patients

A full assessment is required to ensure there is no intra-abdominal or other underlying cause for the suspected peritonitis. This should be done by a physician. If a physician is not available, a full assessment should be done by a nurse and reported to the patient's nephrologist (contact information located at bottom of algorithm).

SEND EFFLUENT FOR MICROBIOLOGY AND HEMATOLOGY (effluent must be collected within 2 hours of drainage, or it needs to be recollected):
Gram stain, aerobic and anaerobic bacterial culture, cell count and differential
***Fax all results to PD unit:**
SBH: 204-237-2829
SOGH: 204-697-4204
**see Part 2 Collection of Peritoneal Effluent in Rural Settings*

SEND SERUM TO BIOCHEMISTRY FOR:
CBC, urea, electrolytes, creatinine, LFTs, urea, calcium, total protein, and albumin
***Fax all results to PD unit:**
SBH: 204-237-2829
SOGH: 204-697-4204

IS BAG CLEAR?

(When effluent bag is placed on top of printed material, you should be able to read the printed material through the clear plastic portion of the effluent bag)

YES

Wait for effluent cell count. Is effluent:
WBC count of $> 100 \text{ mm}^3$ **and/or**
Neutrophils (PMN) $> 50\%$

NO

Peritonitis is unlikely, and further investigation is required. Contact Nephrologist at patient's center if needed.

YES

See Part 3 Guideline for Empiric Antibiotic Treatment Guidelines for Rural Patients with Peritonitis

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AT SBH call paging 204-237-2053

- Monday – Friday between 0800-1700 ask for the PD Nephrologist
- If outside of the above hours ask for the Nephrologist on call

AT SOGH call paging 204-632-7133

- Monday – Friday between 0800-1700 ask for the PD Nephrologist
- If outside of the above hours ask for the Nephrologist on call