



## MANITOBA RENAL PROGRAM

<b>SUBJECT</b> <ul style="list-style-type: none"> <li>Guideline for Managing Hospitalized Peritoneal Dialysis Patient</li> </ul>	<b>SECTION</b> 80.30 Guidelines – Peritoneal Dialysis
	<b>CODE</b> 80.30.01
<b>AUTHORIZATION</b> <ul style="list-style-type: none"> <li>Professional Advisory Committee, Manitoba Renal Program (pending)</li> <li>Nursing Practice Council, St. Boniface Hospital (pending)</li> </ul>	<b>EFFECTIVE DATE</b> <b>DRAFT</b> December 2017
	<b>REVISION DATE</b>

### PURPOSE:

- To promote optimal PD patient outcomes when admitted to a facility
- To support facility staff to provide best patient care to PD patients
- To support a seamless transition of PD patients from an acute facility to the home/residence setting

### Definitions:

Continuous Ambulatory Peritoneal Dialysis (CAPD) – the manual method of performing PD exchanges.

Continuous Cycling Peritoneal Dialysis (CCPD) – the performance of PD exchanges by an automated machine.

Dialysate – a sterile solution composed of water, an osmotic agent, key electrolytes, and a buffering agent that is infused into the peritoneal cavity for dialysis

Dwell time – the amount of time dialysate stays in the peritoneal space to allow dialysis to occur

Effluent – fluid drained from the peritoneal cavity containing waste products removed by the dialysis process

Exchange – the removal of effluent from the peritoneal cavity followed by the infusion of fresh dialysate into the space. The fluid then dwells for a period of time.

MRP – Manitoba Renal Program.

Peritoneal Dialysis (PD) - a form of renal replacement therapy done independently or with assistance by a family member or the Peritoneal Dialysis Community Care Program (PDCC). A catheter placed in the abdomen is used to move fluid in and out of the peritoneal space. While in the peritoneal cavity, excess water and solutes are removed from the blood by the processes of osmosis and diffusion. Sterile technique is required for all connections/disconnections to the catheter.

Peritoneal Dialysis Community Care Program (PDCC) – an MRP program that provides workers to assist patients with their PD tasks in their residence.

Peritoneal Dialysis Unit (PDU) – an outpatient clinic where PD patients are trained for independent PD and are followed by the interdisciplinary team. The PDUs are sited at St. Boniface Hospital and Seven Oaks General Hospital. Brandon will have a PDU in 2018.

Ultrafiltration (UF) – the volume difference between the amount of dialysate instilled into the peritoneal cavity and the amount of effluent drained out after a period of time. The UF is documented as output for an inpatient. A positive UF indicates net removal of fluid from the body. A negative UF indicates fluid retained by the body.

**GUIDELINES:**

1. Patients are followed by the PDU's at St. Boniface Hospital (SBH), Seven Oaks General Hospital (SOGH), or may have support at home from the Peritoneal Dialysis Community Care Program (PDCC) in Winnipeg.

**\*Contact Numbers:**

	<b>St. Boniface Hospital (SBH)</b>	<b>Seven Oaks General Hospital (SOH)</b>	<b>Peritoneal Dialysis Community Care (PDCC)</b>
<b>Phone:</b>	204-235-3045	204-632-3454	204-787-8513
<b>Fax:</b>	204-237-2829	204-697-4204	204-787-1573
<b>Hours:</b>	<b>M-F: 0730-1530</b>	<b>M-F: 0730-1530</b>	<b>M-F: 0730-1530</b>
	<b>After hours to 23:30:</b>	After hours:	<b>After hours:</b>
	204-237-2053	M-Th 204-632-3467	Leave message
	to page PD nurse	F-Sun 204-632-7133	
	Closed 23:30-07:30	(SOGH paging)	

2. Notify the PDU and PDCC, if applicable, when the patient is admitted. This will allow the PDU to contact the supply company to hold deliveries while the patient is admitted and for the cancellation of nursing visits.
3. PD therapy is done 7 days per week
  - a. Patients and their support person are trained to be independent with the therapy. Patients admitted to a facility may continue with the PD self-care/with assistance from their support person.
  - b. Patients utilizing an automated PD system must use drain bags for collecting effluent rather than a drain line to the toilet. A drain line is a tripping hazard and must not be used in a setting where multiple patients are using the same toilet.
  - c. The clarity of the effluent must be checked with each treatment. Cloudy effluent indicates infection and must be investigated per the peritonitis protocol. See 70.30.05 Peritoneal *Dialysis Contamination Protocol* for further direction.
  - d. Patients who require assistance from the staff of a centre that does not routinely admit PD patients may be converted from an automated PD system to manual exchanges. Please contact the patient's PDU for treatment plan support. Education support is available through the site clinical educator, the PDUs, or from the Manitoba Renal Program (MRP) Education Department (204-787-3317).
4. Fluids may be restricted; consult with the Renal Dietitian. Typically the daily allowance = 1.0 litres per day + urine output volume + PD UF volume.
  - a. IV fluids are to be recorded in the patient's daily intake and output.
  - b. The patient's UF should be recorded as output. Note that a negative UF indicates fluid retained from the treatment.
    - c. Forms for recording the patients treatments are available on-line:
      - i. Manual PD [40.10.08b](#)
      - ii. Automated PD [40.10.09b](#)

5. The dietary intake for renal failure patients is a medical prescription.

- a. Notify the Department of Food Services when a patient is admitted. The patient specific diet order should be available there.
  - b. Consult the Renal Dietitian regarding specific diet and restrictions. i.e. Foods high in potassium may be restricted. Protein may be increased. Please see: <http://www.kidneyhealth.ca/wp/patients-and-caregivers/nutrition/nutrition-peritoneal-dialysis> for additional information
6. Check if the patient has an arteriovenous fistula (AVF), or is saving an arm for a future AVF. Signage should be posted per facility policy indicating the AVF arm. **DO NOT use that arm for venipuncture or blood pressure.**
- a. If using a peripheral IV site, a saline lock should be used to avoid multiple pokes. All IV medications should be diluted or given with minimal amounts of fluid (refer to Parenteral Drug Monographs).
7. Some medications may be given through the INTRA-PERITONEAL (IP) route. Please refer to MRP procedure 40.10.03, *Instillation of medication into peritoneal dialysis solution*.

Verify that the medication is compatible with the dialysis solution before IP medication instillation. [40.10.03a](#)

8. Peritoneal Dialysis Catheter Care:

- a. The PD catheter exit site should not be submerged in a tub bath; showering is permitted if the catheter exit site is intact and a sterile dressing change procedure is followed immediately after.
- b. Patients admitted to a facility require sterile dressing changes per MRP procedure 40.10.06, *Peritoneal Catheter Exit Site Care*

9. Discharge planning and Implementation:

- a. Notify the patient's PDU of the discharge plan.
- b. Verify the patient has supplies at home for the discharge PD prescription. Is the patient aware of the PD prescription changes?
- c. Patient's registered with the PDCC program require 48 hours' notice to reinstate nurse visits and ensure all required documentation is received (discharge summary, discharge medication reconciliation, changes to the patient's PD prescription). Please note that PDCC does not accept discharged patients on weekends due to safety concerns.
- d. The PD equipment supply company requires 24 hours' notice if a delivery is required for the patient to go home.