

# 80.30.01a Appendix A: DRAFT Checklist for managing hospitalized PD patient



## On Admission

- Notify patient's Home Peritoneal Dialysis Unit (PDU). Notify Peritoneal Dialysis Community Care (PDCC) if applicable. If after hours, leave a telephone message with a callback number. \*
- Assess who will provide the PD therapy: patient independent \_\_\_ family/friend support \_\_\_ centre staff \_\_\_
- If the patient is not independent with the automated night cyclor, orders may be obtained for manual exchanges.
- Ensure PD orders are in the chart. (For automated night cyclor or manual exchanges). Contact the nephrologist for PD orders if not in the chart
- Ensure order for PD catheter exit site care; sterile dressings due : M \_\_\_ T \_\_\_ W \_\_\_ TH \_\_\_ F \_\_\_ S \_\_\_ Su \_\_\_
- Notify the Department of Food Services. The patient's diet is a prescription.
- Seven Oaks Hospital and St. Boniface Hospital have standing orders for PD inpatients. Ensure these have been signed/initiated according to facility policy by the nephrologist.*
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## While In-Centre

- Weigh patient daily; same time (preferably after morning manual PD exchange or after automated treatment complete)\*\*
- Patients using an automated PD cyclor must use drain bags for collecting effluent rather than drain line to toilet. Contact the patient's home PDU to assist with supplies.
- Effluent is checked for volume, clarity of fluid, evidence of fibrin before discarding. Document same.
- Patient's dialysis ultrafiltrate (UF) is recorded as output. UF is the water removed from a patient during the dialysis process. (ml effluent drained – ml dialysate infused = ml UF)^  
Forms for recording PD treatments can be found at :  
[http://www.kidneyhealth.ca/wp/wp-content/uploads/PP\\_30.80.08B.pdf](http://www.kidneyhealth.ca/wp/wp-content/uploads/PP_30.80.08B.pdf) (manual method)
- [http://www.kidneyhealth.ca/wp/wp-content/uploads/PP\\_30.80.09B.pdf](http://www.kidneyhealth.ca/wp/wp-content/uploads/PP_30.80.09B.pdf) (automated method)
- Report cloudy fluid/abdominal pain immediately to nephrologist/attending physician and PDU. See 40.10.14 *Collection of Effluent for Peritonitis Investigation*; 70.30.03 *Peritonitis Protocol*; 30.70.05 *Contamination Protocol*
- PD catheter exit site care is done per nephrologist/attending physician orders. Notify nephrologist/attending physician and PDU of suspected infection.
- Note some medications are given through the intraperitoneal (IP) route
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## Discharge Planning

- Notify the PDU, and PDCC if applicable, of discharge plans. PDCC requires 48 hours' notice to reinstate services.\*
- Verify patient has supplies at home for the dialysis prescription. Is patient aware of dialysis prescription changes?
- Ensure Renal Pharmacists aware of discharge plan.
- Ensure a follow-up appointment booked with PDU within 4 weeks of discharge date.
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## On Discharge

- PDU, and PDCC if applicable, notified of discharge
- Admission summary, discharge medication reconciliation, and any wound care orders sent to PDU, and PDCC if applicable \*
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**\*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>	M-F 0730-1530	M-F 0800-1600	M-F 0730-1530
	After hours to 23:30: 204-237-2053 to page PD nurse Closed 23:30-07:30	After hours: M-Th 204-632-3467 F-Sun 204-632-7133 (SOGH paging)	After hours: Leave message

**^Example ultrafiltrate (UF) calculation:**

(Patient output)

PD effluent drained = 2200ml

- PD Dialysate infused = 2000ml

Ultrafiltrate = 200ml

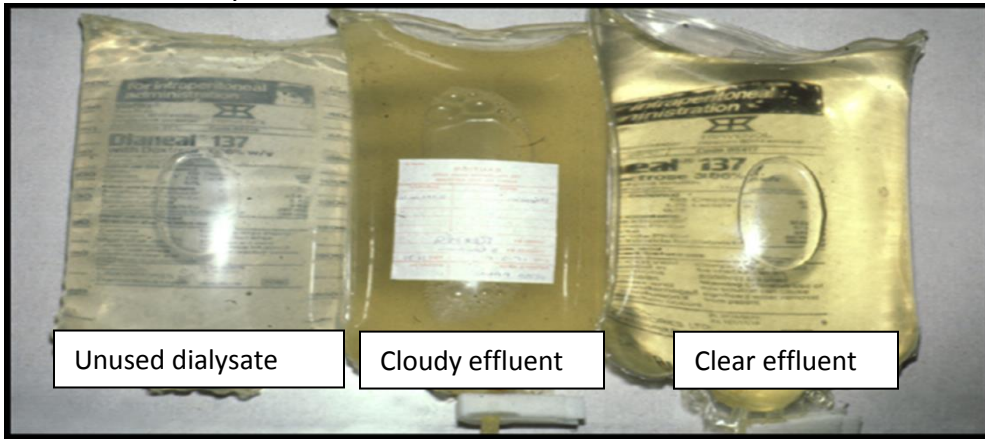
**\*\*Daily weight:**

The patient's daily weight is taken with a full peritoneal space unless on an automated cycler with a "0 ml" last fill.

*Note that a negative UF indicates retained water for that exchange/treatment.*

**Fluid Clarity:**

Can you read writing through the drain bag? Cloudy effluent is indicative of infection. Clear effluent may have fibrin strands; fibrin alone is not indicative of infection.



**Exit site appearance:**

**Perfect exit site (PD)**



**Infected exit site (PD)**

