

UTMB NURSING PRACTICE

Policy	Standard of Care	Clinical Resource Information
<p>Policy 8-2-1</p> <p>Peritoneal Dialysis Procedure</p>		
Replaces Policy # 7.7.50 Initiation of Peritoneal Dialysis #7.7.51 Continuous Ambulatory Peritoneal Dialysis CAPD. #7.7.53 Discontinuation of Peritoneal Dialysis	Revised Date: October 29, 2014; 11/26/19	

Audience	Registered Nurses who have completed peritoneal dialysis competencies.
Definition and Key Words	<p>Peritoneal Dialysis: Treatment that uses the peritoneal membrane for fluid and solute exchange. Solute movement across the membrane is bidirectional by properties of diffusion. Fluid is removed by osmosis.</p> <p>Exchange or Cycle: Drain, fill and dwell of dialysis solution. Exchanges or cycles are repeated throughout the course of dialysis. The dwell time allows for diffusion and osmosis to take place.</p> <p>Continuous Ambulatory Peritoneal Dialysis (CAPD): Manual exchanges, performed 4-6 times per day.</p> <p>Automated Peritoneal Dialysis (APD): also referred to as Automated Peritoneal Dialysis (APD). Use of a cyclor for delivering dialysis exchanges:</p>

Policy	<ul style="list-style-type: none"> Peritoneal Dialysis shall be ordered by a Nephrology Fellow or Faculty Physician.
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Standards of Care

A surgical mask should be worn by all persons in the room when connecting or disconnecting dialysate/drain bag to or from patient and when connecting dialysate to tubing set.

Dialysate is warmed prior to infusion, either by the cyclor or by dry heat method.

Peritoneal dialysis is an aseptic “no touch” procedure and is to be performed in a manner that minimizes contamination.

Effluent is examined for color and clarity.

For an adult patient with newly implanted catheter placed less than 4 weeks (less than 6 weeks Pediatric), prior to initiation of therapy, dialyze in supine position with low volume exchanges and avoid activities that increase intra-abdominal pressure.

CAPD

Supplies:	<ul style="list-style-type: none"> • Mini Cap
	<ul style="list-style-type: none"> • (2) Ultraclamp™ tubing clamp
	<ul style="list-style-type: none"> • Facemasks
	<ul style="list-style-type: none"> • Blue under-pad.
	<ul style="list-style-type: none"> • CAPD Ultrabag with Dianeal • Hand Sanitizer • Electrolytically produced sodium hypochlorite 5,500 ppm (Alcavis) • 4x4 sterile gauze

Procedure:	
1.	<p>Wash hands, don facemasks Note: Sometimes you may need to touch something after hands have been washed, use alcohol-based hand sanitizer to keep hands as clean as possible</p>
2.	Examine and warm dialysate. Hang on IV pole.
3.	Clamp drain line and infusion line.
4	Open package of sterile 4x4's. Saturate gauze pads with ample amount of Alcavis 50 (8-12 ml/gauze pack). Scrub the connection between twist clamp and mini-cap maintaining contact for one minute. Then wrap connection and allow to soak for one minute.
5.	Assure that transfer set is clamped, and cap removed.
6.	Immediately connect dialysate/Ultrabag™ or Y-Set to transfer set.
7.	Open clamp on transfer set and on drain line. Break frangible. Allow to drain for 20 minutes.
8.	Close clamp on transfer set.
9.	Open clamp on infusion line and allow to prime dialysate to drain bag to rid line of air.
10.	Clamp drain bag and open transfer set.
11.	Allow solution to fill peritoneum.
12.	Disconnect tubing set from transfer set and apply Mini-Cap.
13.	Check expiration date on Mini Cap package and open carefully.

CCPD	
Supplies:	<ul style="list-style-type: none"> • Facemasks • Dialysis Cycler Tubing Set • 12-foot drain line or 15-liter drain bag • Blue under-pad. • Hand sanitizer • Electrolytically produced sodium hypochlorite 5,500 ppm (Alcavis) • 4x4 sterile gauze
Procedure:	INITIATION
1.	Wash hands and don facemasks.
2.	Prepare and test equipment per manufacturer’s instructions and set up PD cycler. Follow machine prompts.
	Open package of sterile 4x4’s. Saturate gauze pads with ample amount of Alcavis 50 (8-12 ml/gauze pack). Scrub the connection between twist clamp and Mini-cap maintaining contact for one minute. The wrap connection and allow to soak for one minute.
3.	Assure transfer set is closed and remove cap.
3.	Immediately connect to cycler tubing.
5.	Open transfer set, and cycler tubing line.
6.	Start treatment.
	DISCONNECTION/INTERRUPTION OF TREATMENT
1.	Wash hands don place facemasks.
2.	For disconnection at end of treatment clamp cycler tubing to patient line and twist clamp to “off” on transfer set. Place Mini Cap.
3.	For temporary interruption of treatment, clamp patient line and close transfer set. Place a Flexi-cap™ on patient line on the cycler tubing, Place Mini Cap.

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