### Purpose

The purpose of this procedure is to provide continuous ambulatory peritoneal dialysis that is safe and consistent with physician orders and instructions from the contracted dialysis facility.

### Preparation

1. This procedure must be performed by a nurse who has been specifically trained in peritoneal dialysis procedures, complications, and infection control for dialysis.
2. Review all existing orders and instructions for care pertaining to the resident’s dialysis. Verify the following:
   - Dialysate solution/concentration;
   - Medication(s) to be added;
   - Number of exchanges and infusion, dwell, and drain times;
   - Monitoring parameters; and
   - Lab Orders.

### General Guidelines

1. Monitor the resident for the following problems associated with renal failure and/or dialysis:
   - Fluid and electrolyte imbalance;
   - Cardiovascular/hemodynamic instability;
   - Pain;
   - Infection;
   - Altered nutrition; and
   - Immobility.
2. Maintain strict asepsis when adding medications to the dialysate.
3. Use sterile technique when connecting the dialysis catheter to the Y tubing/dialysate.
4. Do not administer dialysate that is too cold. Do not warm dialysate by immersing in warm water. Use a warmer per dialysis center instructions.
5. CAPD dwell times generally are 3-6 hours during the day and 8-12 hours at night.

### Equipment and Supplies

1. Dialysate;
2. Warmer (per dialysis center instructions);
3. Medication(s);
4. Syringe (if applicable);
5. Personal protective equipment:
   - Face masks (3);
   - Sterile gloves (1);
   - Clean gloves (2); and
   - Gown (1).
6. Sterile drape;
7. IV pole;
8. Connective (Y) tubing with clamps;
9. Sterile drainage bag;
10. Sterile 4 x 4 gauze (6-8);
11. Povidone-iodine sponges or solution;
12. Povidone-iodine ointment; and
13. Alcohol.

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Steps in the Procedure

Assessment:

1. Introduce yourself to the resident.
2. Provide for the resident’s privacy.
3. Explain the procedure.
4. Wash your hands.
5. Obtain the resident’s baseline weight and vital signs.
6. Measure the abdominal girth.
7. Observe for signs and symptoms of fluid volume overload (hypervolemia) including, labored breathing, increased blood pressure, edema, and neck vein distension.
8. Observe for signs and symptoms of hypovolemia including poor skin turgor, tachycardia and hypotension.

Prepare Supplies and Equipment:

1. Wash your hands.
2. Put on a face mask.
3. Warm the dialysate solution, per dialysis provider’s instructions.
4. Remove the dialysate bag from the warming device and remove the protective wrapper.
5. Check the dialysate bag for the following:
   a. Cloudiness, precipitate, leaks.
   b. Expiration date.
   c. Solution and concentration.
6. Add medication(s) to dialysate.
   a. Disinfect injection port with povidone-iodine solution.
   b. Disinfect multi-dose vials with a 5-minute povidone-iodine soak.
   c. Using sterile needle, draw up medication.
   d. Inject medication into dialysate.
   e. Rotate bag to mix.
   f. Label with medication name, date, time and initials.
7. Insert the Y connector into the dialysate bag and hang the bag and tubing on the IV pole.
8. Open the clamp and prime the tubing. Close the clamp.
9. Place a povidone-iodine soaked gauze pad on the distal end of the Y connector. Cover the pad with a dry gauze pad and secure with tape.
10. Tear some tape to prepare for the dressing change.
11. Remove your face mask.

Create a Sterile Field:

1. Wash your hands.
2. Place resident in semi-Fowler’s or high-Fowler’s position.
3. Prepare a sterile field by placing a sterile drape on a dry surface near the resident.
4. Place the sterile container on the field and pour iodine solution into the container.
5. Drop 4 sterile gauze pads into the solution.
6. Drop the remaining (dry) gauze pads on the sterile field.
7. Loosen the cap on the alcohol container and place next to the sterile field.
Catheter Care and Site Observation:

1. Put a clean mask on yourself and the resident.
2. Put on clean gloves.
3. Remove the dressing from the peritoneal catheter and discard. Do not touch the catheter tip or the skin.
4. Inspect the catheter site and surrounding skin for the following:
   a. Purulent drainage (if so, obtain a swab sample of the drainage);
   b. Redness;
   c. Pain or tenderness.
5. If there are signs/symptoms of infection or the catheter is cracked or torn, contact the physician for further instructions.
6. Remove gloves and wash your hands.
7. Put on sterile gloves.
8. Wrap one iodine-soaked gauze pad around the catheter tip and place on sterile field. Leave in place for 5 minutes.
9. Clean the catheter site with another iodine-soaked pad. Move in concentric circles away from the insertion site. Repeat.
10. Place the second sterile drape under the catheter. Clean the catheter with another iodine-soaked gauze pad. Start at the base of the catheter and move outward, using a clean side of the pad for each stroke. Repeat.
11. Apply sterile dressing over the catheter insertion site.

Infuse Dialysate:

1. Remove gauze from the end of the catheter after 5-minute soak. Remove gauze from distal end of the Y connector.
2. Remove the cap from the catheter. Clean the open end of the catheter with iodine-soaked gauze.
3. Attach the catheter end to the Y connector. Make sure that the drain bag clamp is closed.
4. Open the clamp from the dialysate container and allow the solution to flow into the peritoneal cavity over a period of 5-10 minutes, or as prescribed. Close the clamp.
5. Fold the bag and tuck the bag, Y connector and catheter into the resident’s clothing.
6. Remove gloves and wash your hands.

Drain Fluid from Peritoneal Cavity:

1. After the prescribed dwell time (3-6 hours during the day or 8-12 hours at night), unfold the bag and attach the drain bag to the Y connector.
2. Open the clamp to the drain bag and allow the fluid to drain into the bag.
3. Record the amount of drainage collected in the drain bag. Note the color and clarity of returned fluid, and the presence of mucus, blood or pus.
4. Notify the physician if there is a discrepancy between the fluid intake and output.
5. Weigh the resident, as ordered.
6. Repeat infusion/drainage steps, as prescribed.
Steps in the Procedure (continued)

Temporarily Disconnect the Peritoneal Dialysis System:

1. Wash hands.
2. Apply sterile gloves.
3. Clean the junction of the catheter and 6 inches of the Y connector with iodine-soaked gauze for at least 1 minute.
4. Disconnect the catheter from the connector and tubing.
5. Securely fasten sterile catheter cap to the catheter.
6. Discard bags and fluid per facility infection control policies.
7. Remove gloves and wash your hands.

Documentation

The following information should be recorded in the resident’s medical record:

1. Name, initials, and title of person performing the procedure.
2. The date and time infusion was started and stopped (fill time).
3. Amount of dialysate infused.
4. The time drain was started (dwell time).
5. The amount of dialysate that was drained.
6. The number of exchanges.
7. The resident’s weight before and after the procedure.
8. Medications added to the dialysate.
9. The condition of the catheter, insertion site and surrounding skin.
10. Signs and symptoms of complications and or infection.
11. How the resident tolerated the procedure.
12. Any physician or dialysis center notification and response.

References

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