



Unit Specific Education



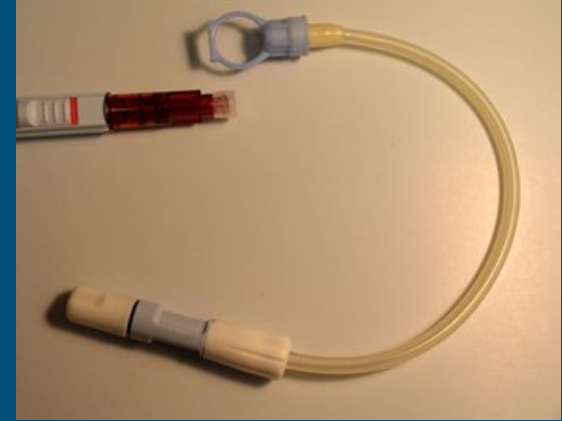
Fresenius to Baxter



Fresenius PD catheter



Luer-lock adapter



Baxter adapter

CCPD orders and documentation

DIANEAL Low Calcium with 1.5% Dextrose (DIANEAL)
6,000 mL with vancomycin (VANCOGIN) 150 mg,
cefTAZidime (FORTAZ) 750 mg Dialysate Solution

intraperitoneal, See admin instructions, Starting Fri 8/6/21 at 1239, For
697 hours
10 hours 5 exchanges on cycler
Total hours on cycler: 10
Total number of cycler exchanges: 5
Fill volume (cyclor): 2000 mL
Last fill volume: Other
Other last fill volume: 1000 mL
Indication: Intra-abdominal/Gastrointestinal infection

Modify Discontinue

CCPD

CCPD Dialysate %	2.5%
Number of Fills	5
Inflow Time (min)	
Fill Volume (mL)	2000
Last Fill Volume - CCPD (mL)	1000
Dwell Time (min)	
Outflow Time (min)	
Pause Volume, If Applicable:	
CCPD Fluid Removed (mL)	
CCPD Fluid Retained (mL)	
Remarks	Clear

Specialty Orders

Peritoneal dialysis cyclor (APD)

Total hours on cyclor: 10
Total number of cyclor exchanges: 5
Fill volume (cyclor): 2000 mL
Cyclor dialysate (this will include last fill solution): # 6L bag(s) of 2.5%
Number of bags: 2
Will there be any daytime exchanges? No
Last fill volume: Other
Other last fill volume: 1000mL
Midday manual exchanges: # exchange(s) of 2.5%
Number of exchanges: 0
Midday manual fill volume: Other
Other midday fill volume: none
Routine, Once, Thu 8/5/21 at 1421, For 1 occurrence
See dialysate medication orders for details regarding dialysis administration 10 hour 5 exchanges 2L 2.5%

Modify Discontinue

Don't forget to scan the bag in the MAR and document the exchange in the flowsheets

Chart in real time

Remarks	
CCPD Remarks	
CCPD Dialysate %	
Number of Fills	
Inflow Time (min)	
Fill Volume (mL)	
Last Fill Volume - CCPD (mL)	
Dwell Time (min)	
Outflow Time (min)	
Pause Volume, If Applicable:	
CCPD Fluid Removed (mL)	488
CCPD Fluid Retained (mL)	
Remarks	

CAPD orders and documentation

DIANEAL Low Calcium with 4.25% Dextrose
(DIANEAL) Dialysate Solution

intraperitoneal, See admin instructions, Starting Thu 8/5/21 at 1337, For 30 days
PD Exchange Type: Daytime/Nighttime Exchange
Total nocturnal time (hours): Other
Other duration: 24 hours
Diurnal (daytime) fill volume: 2000 mL
Number of exchanges: 6

Modify

Discontinue



Specialty Orders

Continuous ambulatory peritoneal dialysis (CAPD)

Nocturnal (nighttime) fill volume: 2000 mL
Diurnal (daytime) fill volume: 2000 mL
Routine, Once, Thu 8/5/21 at 0906, For 1 occurrence
See dialysate medication orders for details regarding dialysis administration Q4 hour exchanges

Modify

Discontinue

Peritoneal Dialysis Charge	
\$ PD Charge	CAPD
CAPD	
Exchange Number	2
CAPD Dialysate %	4.25%
Additives, if any:	
Volume In (mL)	2000
Dwell Time (min)	240
Volume Out (mL)	2100
Balance This Exchange (mL)	-100
Remarks	Clear

Don't forget to scan the bag in the MAR and document the exchange in the flowsheets

Chart in real time

Catheter Care

- Do not forcibly remove crusts/scabs - it may traumatize the exit site leading to infection
- NO scrubbing - if bleeding occurs the normal flora is disrupted
- Take photo and put into chart if exit site looks concerning

Cleanse with hibiclens

The dressing helps keep the exit site clean, protect it from trauma, and helps to stabilize the catheter

Routine Exit Site Care

Caring for your exit site every day can help avoid catheter infections.

What you need: Antibacterial soap² | Clean wash cloth² | Clean towel² | Gauze swab or cotton tip | Recommended antibiotic cream¹ | Clean gauze dressing | Clean disposable towel | Tape | Face mask

Before you start: Gather supplies | Wash and dry hands^{1,2,3} | Carefully remove old dressing² | Keep catheter and transfer set taped to skin^{1,2,3}

Look at your Exit Site



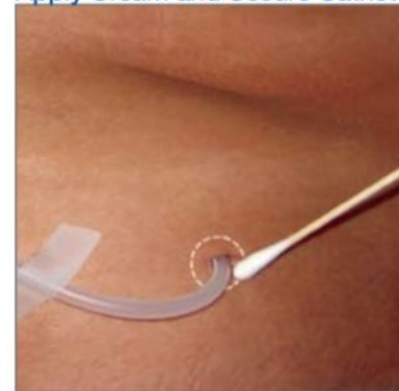
- Look at the exit site and the area around it²
 - It should not be red, painful or swollen²
 - There should be no fluid or pus present²
- Feel the area around catheter
 - It should not be sore or swollen²
- Leave crusts and scabs in place until they come off on their own²

Wash



- Take a shower, washing the exit site after cleaning the rest of the body¹ (if unable to shower, exit site cleaning may be done at the sink or bedside)
- Clean gently around exit site with a clean wash cloth and antibacterial soap²
 - Start close to exit site and move out from exit site using a circular motion
- Rinse well
- Gently and thoroughly pat exit site dry with clean towel or facecloth (not towel used to dry body)

Apply Cream and Secure Catheter



- If recommended by your centre, apply small amount of the recommended antibiotic cream around exit site using gauze swab or cotton tip¹
- Apply clean dressing and tape securely in place
- Make sure catheter remains securely taped to skin. Apply new tape if necessary^{1,2,3}

Routine exit site care should be done: every day² | if the exit site dressing becomes dirty or wet² | after showering⁴

Catheter care: step by step

- Staff, patient, family don mask
- Close door/turn off fans
- Wash hands
- Remove old dressing
- Cleanse site with hibiclens
- Rinse with sterile water or saline
- After cleaning, gently pat the skin dry around the exit site with clean gauze
- Apply gentamicin cream (if ordered) using a cotton tip applicator
- Apply 2x2 sterile drain sponge around the catheter
- Place tegaderm over gauze to secure
- Anchor catheter using tape or PD belt
- Write date and time of dressing change on new dressing, document in eStar

Catheter care must be completed daily, even if catheter is not in use (post transplant)

Post Operative Sterile Dressing Change

It is important to continue sterile dressings until the exit site is healed. Infrequent dressing changes are best, once per week for the first 2-3 weeks.

Initial post op dressing changes are the same as chronic care site, except you must stay sterile.

1st post-op sterile dressing change done one week after placement

- Dressing stays in place until then - reinforce as necessary
- Minimize manipulation of new catheter

2nd sterile dressing change

- Done one week after 1st sterile dressing change
- Done in combination with 1st catheter flush - unless otherwise indicated by provider (urgent start PD)

Saturated dressings with blood or serous drainage

- May need initial sterile dressing change earlier

Obtaining a sample (manual)

- Staff, patient, family don mask
- Close door, turn off fan
- Wash hands and don sterile gloves
- Make sure patient is clamped and sample bag is clamped before removing clamps
- Attach effluent sample bag directly to patient's dialysis catheter for manual collection
- Unclamp the bag and unclamp the patient, letting the effluent sample drain into the bag
- When you have enough for your sample, clamp the patient and the clamp on the effluent bag before disconnecting and capping the patient

From sample bag to sterile cup

- Soak the port of the sample bag with povidone iodine for five minutes - prevents secondary contamination and helps provide a sterile sample
- Allow the iodine to dry
- Mix the bag by inverting it several times and withdraw a 10ml sample with a 10ml syringe with blunt tip needle
- Transfer sample into sterile cup
- As with all patient specimens, follow appropriate labeling practice
 - If more than one label prints out for a body fluid sample (cell count and culture), it is okay to place both labels on the sterile cup and send one effluent sample



Pausing PD cyclers

- “Stop” cycler
- Don sterile gloves
- Cap PD line with cap
- Cap pt with single use minicap
- On patient return, don sterile gloves, sterile hook up to cycler
- Press “Go”

Limit unless absolutely necessary!