

PERITONEAL DIALYSIS (ESTABLISHED) CATHETER: DAILY CARE PROCEDURE [®]

DOCUMENT SUMMARY/KEY POINTS

1. The key to successful peritoneal dialysis is safe access to the peritoneal cavity via a catheter that has bidirectional flow. Thus allowing fluid to run into and drain out of the peritoneum via the same catheter.
 - The catheter exit site and catheter tunnel can easily become infected if it is not kept clean and dry.
 - Meticulous care of the peritoneal dialysis catheter to prevent exit site and tunnel infection is vital to successful peritoneal dialysis, since catheter related infection leads to treatment failure.
 - Tenckhoff catheter care must be attended daily
 - The catheter must be anchored firmly to the abdomen with tape at all times to avoid traction and trauma to the exit site.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	Director, Clinical Governance	
Date Effective:	1 st April 2017	Review Period: 3 years
Team Leader:	Staff Specialist	Area/Dept: Nephrology

CHANGE SUMMARY

- This is an update of a long-standing Nephrology procedure that is now being processed via ePolicy.
- No major changes were made.

READ ACKNOWLEDGEMENT

- All clinical staff caring for children on peritoneal dialysis should read and acknowledge this document.

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Introduction

The key to successful peritoneal dialysis is safe access to the peritoneal cavity via a catheter that has bidirectional flow. The type of catheter most often used for peritoneal dialysis is a Tenckhoff catheter. The Tenckhoff catheter is a cuffed tube made of either silicone or polyurethane. The catheter has multiple ports at the distal end which allows fluid flow into and drain out of the peritoneal cavity.

The Tenckhoff catheter exit site is kept dry for six to eight weeks after the catheter is inserted. During this time, a sterile occlusive dressing with a biopatch is applied to the catheter weekly. After this time, the catheter will be assessed by a renal nurse and showering may be allowed.

The following procedure is simple, but it must be attended EVERY DAY to keep skin clean and free of any debris which might harbour bacteria.

Note: An exit site infection can lead to a tunnel infection and peritonitis, it could even lead to loss of the catheter.

Equipment Required for the Dressing

2. Liquid soap
3. Gauze squares
4. Mupirocin ointment
5. Tape
6. Normal Saline solution
7. Hydrogen Peroxide 3% if required for the removal of stubborn scabs.
8. Cotton buds

Procedure

Exit site care is performed whilst showering. Small children should have a shallow bath, but not submerge in it.

1. Prior to attending the dressing, wash hands and remove the previous days dressing.
2. Inspect the site.
3. Palpate the tunnel and cuff.
4. It should not appear red or swollen.
5. Note any redness, swelling, tenderness or ooze. Report any of the abnormalities to the Renal Nurses on extension 51218
6. Inspect the catheter and titanium connector, the catheter should be free of cracks or tears, the connector should be free of any debris.
7. Shower the whole body as normal (with liquid soap).
8. Clean around the catheter exit thoroughly with clean gauze and liquid soap.
9. Rinse the soap residue off thoroughly.
10. Dry the body with a clean bath towel.
11. Dry the area of the exit site thoroughly with clean gauze squares.
12. Once the exit site is thoroughly dry, apply a small amount of mupirocin ointment to the exit site (using a cotton bud)
13. If mupirocin is not available, clean around the catheter exit site with a povidone/iodine swab
14. Allow the Povidone to dry (2-3minutes)
15. Anchor the catheter to the skin with tape.
16. Apply a gauze dressing in the way that the child feels it is comfortable.
17. Avoid scratching and picking at the area. If this is a problem, try and distract the child or in the case of infants, mittens could be applied.
18. Never apply powders, lotions or ointments to the exit site without instruction from the Renal Unit staff.
19. Always wear clean clothing next to the exit site
20. Report any abnormalities to the renal nurses.

Problems

- If scabs or debris are present, attempt to soak them off with saline. For stubborn scabs apply peroxide to the site to loosen the crusty area. Repeat until the scabs are soft enough to remove gently with a cotton bud.
- If hypergranulation tissue is noticed inform the renal nurses. Granuloma may need to be cauterised with silver nitrate. The renal nurses will arrange this.

Bibliography

1. Chow, J. (2013). Peritoneal dialysis catheter-related infection: exit site and tunnel. Caring for Australians with Renal Impairment (CARI) Guidelines (February 2014).
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4. Caring for Australians with Renal Impairment (CARI) guideline 10 2004. Prophylaxis for exit site/tunnel infections using mupirocin.

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