

	Policies and Procedures Title: PERITONEAL DIALYSIS - CATHETER EXIT SITE CARE I.D. Number: 1111
Authorization: [X] Kidney Health Policy and Procedure Committee [X] SHR Nursing Practice Committee	Source: Nursing Date Approved: Date Revised: May, 2017 Date Effective: June 1992 Scope: SHR & Affiliates

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DEFINITIONS

Exit site- the place on the abdomen where the tube exits the skin

Peritoneal Dialysis (PD) - dialysis using a semipermeable membrane (peritoneum)

Peritonitis- an inflammation/infection of the peritoneum and the surrounding tissues that can lead to major complications.

Tunnel- the area under the skin where a portion of the peritoneal dialysis (PD) catheter is placed, running from inside the peritoneal membrane under the skin and through subcutaneous tissue until it exits from the skin.

Under direction- Can include phone consultation, specifically to allow for client unable to travel or are far geographically, to have care for their new PD catheter without having to travel to Saskatoon for dressing reinforcement only during first 7 days.

ROLES

Registered Nurses, Registered Psychiatric Nurses, Licensed Practical Nurses, Graduate Nurses, Graduate Psychiatric Nurses, Graduate Licensed Practical Nurses and Student Nurses may care for PD catheter exit sites as outlined in this policy.

1. PURPOSE

- 1.1 To review correct assessment of exit site.
- 1.2 To prevent exit site infection, as this may lead to tunnel infection and also peritonitis.
- 1.3 To review care of the infected exit site.

2. POLICY

- 2.1 **Initial post op exit site dressings will be left in place X 7 days, reinforced only when needed, and cared for only by trained Peritoneal Dialysis RN from Home Dialysis department or under their direction.**
- 2.2 After initial post-op period, exit site care and dressing changes will be done once daily and prn if drainage noted, or becomes soiled.
- 2.3 RNs/LPNs will perform care of the peritoneal dialysis catheter exit site when the client is otherwise unable to do so.
- 2.4 When exit site well healed, daily exit site cleansing will be done, and dressing may still be worn over site if preferred. An appropriate size gauze based adherent dressing should be used.
- 2.5 Contact the Home Based Therapies Department if exit site presents any signs/symptoms of infection or for advice regarding exit site issues. When the unit is closed, the Nephrologist on call for Home Based Therapies may be contacted for questions related to client care.

3. PROCEDURE

3.1 Reinforcing/Changing of Initial Post Op Dressing (0-7 days post insertion)

- 3.1.1 Contact the Home Therapies Unit to alert them to the need for reinforcing/changing of the PD exit site initial post op dressing.
- 3.1.2 Initial post op dressing should only be changed by PD nurses or under the direct guidance of the PD unit.
- 3.1.3 Reinforce as necessary. Large gauze pads and fabric tape can be used.
- 3.1.4 If dressing needs to be changed **prior to day 7**, as directed by the Home Therapies Unit, please follow the below directions
 - 3.1.4.1. Gather supplies as per the new exit site below, and perform hand hygiene
 - 3.1.4.2. Don gloves and remove initial bulky gauze dressing. Leave other dressings intact if possible. DO NOT use scissors to remove; soak gauze with saline if necessary to assist with removal.
 - 3.1.4.3. Remove gloves and perform hand hygiene.
 - 3.1.4.4. Do not clean as during this 7 day period we want minimal disturbance of the PD catheter.
 - 3.1.4.5. Reapply large gauze dressing and ensure that it covers all parts of the PD catheter and surgical insertion site. Tape securely.
 - 3.1.4.6. Perform hand hygiene and gather supplies as per the new exit site below.
 - 3.1.4.7. Apply gloves and remove initial bulky gauze dressing. DO NOT use scissors to remove; soak gauze with saline if necessary to assist with removal.

3.1.4.8. Remove gloves and perform hand hygiene.

3.1.4.9. Follow directions as per 3.2 New Exit Site Care

3.2 New Exit Site Care (8 days- 4 weeks)

3.2.1 Contact the Home Therapies Unit to alert them if the PD exit site has any signs of infection, bleeding or leaking fluid.

3.2.2 Gather supplies and perform hand hygiene

- Gloves and appropriate PPE
- Normal saline for cleansing
- Dressing tray
- Appropriate size gauze based adherent dressing
- Sterile 2 x 2 gauze if needed
- Mesalt dressing if any drainage noted
- Extra tape or Flexitrack to secure catheter tubing as needed
- Hand sanitizer as needed

3.2.3 Apply gloves and remove initial bulky gauze dressing, if still present. DO NOT use scissors to remove; soak gauze with saline if necessary to assist with removal.

3.2.4 Gently lift catheter and examine skin 360 degrees around exit site for signs of infection or compromised healing.

3.2.5 Cleanse exit site with normal saline using friction. Start at insertion site using circular motion, cleaning outwards to clean an area slightly larger than the dressing to be used.

3.2.6 Cleanse portion of catheter to be covered by dressing, as well as any further visibly soiled portion of catheter.

NOTE: Adhesive remover and acetone should not be used on silicone catheter.

3.2.7 Allow skin to completely air dry.

3.2.8 Remove gloves and perform hand hygiene.

3.2.9 Mesalt 4 x 4 dressing may be placed around exit site if any drainage noted. Mesalt should be cut with sterile scissors to form "Y" or 'keyhole' shape and may be cut smaller to fit under the gauze dressing.

3.2.10 Place gauze based adherent dressing directly over exit and gently shape or 'mold' it over catheter as needed. NOTE: Any additional dressings placed after Mesalt should **not** be cut into a "Y" or 'keyhole' shape.

3.2.11 Use additional tape or Flexitrack to further secure catheter and prevent tugging at exit site.

3.3 Established/Well Healed Exit Site

- 3.3.1 Gather Supplies and perform hand hygiene.
- Gloves and appropriate PPE
 - 0.5% chlorhexidine based antimicrobial hand gel
 - 4 x 4 sterile gauze
 - Appropriate size gauze based adherent dressing as needed
 - Tape or Flexitrack to secure as needed
- 3.3.2 Apply gloves and remove existing dressing, if one is worn.
- 3.3.3 Remove gloves and perform hand hygiene
- 3.3.4 Cleansing of exit site should be done after client showers. NO BATHS. Well healed exit sites may also be washed while in shower with clean facecloth, mild soap and water.
- 3.3.5 Open gauze package and put the four corners together, to form a pouch, not touching the center of the gauze. Apply 0.5% chlorhexidine based antimicrobial hand gel to gauze.
- 3.3.6 Starting at catheter, cleanse in circular motion moving outward to area slightly larger than dressing to be used.
- 3.3.7 Cleanse any visibly soiled portion of catheter.
- 3.3.8 Gently lift catheter and examine skin 360 degrees around exit site for signs of infection or compromised skin.
- 3.3.9 Allow skin to completely air dry.
- 3.3.10 Place gauze based adherent dressing directly over exit site and gently shape over catheter as needed.
- 3.3.11 Use additional tape or Flexitrack to further secure catheter and prevent tugging at exit site. May use PD belts or other client provided securement devices.
- 3.3.12 Document dressing change and observations of exit site condition in nurses notes.

3.4 Infected Exit Site

- 3.4.1 Infected exit site dressings should be changed daily, and more frequently as needed
- 3.4.2 Gather supplies as needed and perform hand hygiene
- Gloves and appropriate PPE
 - 0.5% chlorhexidine based antimicrobial hand gel
 - Dressing tray with instruments for sterile dressing change
 - 4 x 4 sterile gauze
 - Mesalt dressing
 - Appropriate size gauze based adherent dressing
 - Normal saline to cleanse as needed
 - Tape or Flexitrack to secure as needed

- 3.4.3 Don gloves and remove existing dressing.
- 3.4.4 Cleanse using friction. 0.5% Chlorhexidine based antimicrobial hand gel should be used unless swabbing or client has open areas and complaining of burning.
- 3.4.5 Start at insertion site using circular motion, cleaning outwards to clean an area slightly larger than the dressing to be used. Cleanse first 10 to 12.5 cm of catheter coming out of exit site, as bacteria may be transferred from catheter to exit site.
- 3.4.6 Gently lift catheter and examine skin 360 degrees around exit site for redness, drainage, skin integrity, as well as pain or swelling along the tubing tunneled under the skin.
- 3.4.7 Mesalt 4 x 4 dressing may be placed around exit site if any drainage noted. Mesalt should be cut with sterile scissors to form "Y" or 'keyhole' shape and may be cut smaller to fit under the gauze dressing.
- 3.4.8 Place gauze based adherent dressing directly over exit and gently shape over catheter as needed. NOTE: Any additional dressings placed after Mesalt should not be cut into a "Y" or 'keyhole' shape.
- 3.4.9 Use additional tape or Flexitrack to further secure catheter and prevent tugging at exit site. May use PD belts or other client provided securement devices.
- 3.4.10 Document dressing change and observations of exit site condition in nurses notes.
- 3.4.11 Ensure nephrologist or PD unit made aware of infected exit site.

3.5 Documentation

- 3.5.1 Document dressing change and exit site condition on appropriate record.

4. REFERENCES

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