THE STUDY VAULT

Clinical Chaos

Peritoneal Dialysis

SKILL SNAPSHOT

Purpose
- Uses the peritoneal membrane to remove solutes and fluid through sterile dialysate exchanges.

When to use
- Ordered continuous ambulatory, automated, or acute PD for kidney failure or selected fluid/solute management.

Supplies needed
- Prescribed dialysate/concentration/volume; warming device; transfer set/cycler; masks; antiseptic; scale; drainage bags; PPE.

PREP + PATIENT SETUP

- Verify prescription, solution, additives, dwell, cycles, target, weight, glucose, electrolytes, and fluid balance.
- Assess abdomen, bowel function, respiratory status, edema, exit site, catheter, and prior

VAULT TIP

- Look at every drain bag before disposal—effluent clarity is a vital sign.

STEP-BY-STEP

1. Hand hygiene; identify patient; compare dialysate label with prescription and inspect for clarity, leaks, expiration, concentration, and additives.
2. Warm solution only with approved dry warming device. Never microwave or immerse in hot water.
3. Apply masks, perform hand hygiene again, and set up equipment using strict aseptic no-touch technique.
4. Assess/clean exit site per order and inspect for erythema, tenderness, drainage, or tunnel pain.
5. Connect transfer set without touching sterile ends; secure connections.
6. Drain: allow prior dwell to drain by gravity. Observe flow, volume, color, fibrin, and clarity.
7. If outflow is slow, check clamps/kinks, reposition, have patient cough, and assess constipation—never force.
8. Fill: infuse exact prescribed volume by gravity/cycler while monitoring pain, leak, dyspnea, and tolerance.
9. Clamp in correct sequence, disconnect/cap aseptically when prescribed, and begin timed dwell.
10. During dwell, monitor abdomen, breathing, glucose, BP, edema, pain, and catheter/exit site.
11. Measure and record inflow and outflow; net ultrafiltration = outflow minus inflow. Weigh bags when protocol requires.
12. Cloudy effluent, abdominal pain, fever, nausea, or rebound tenderness suggests peritonitis: save effluent sample and notify immediately.

SAFETY REMINDERS

- Aseptic connection technique is critical.
- Cloudy effluent is peritonitis until evaluated.
- Never microwave dialysate.
- Do not force inflow/outflow or add drugs without order.

COMMON MISTAKES

- Touching sterile connection.
- Ignoring constipation/slow drain.
- Incorrect net balance.
- Discarding cloudy effluent before sampling.

DOCUMENTATION

- Prescription, solution, additives, cycles.
- Inflow/outflow and net ultrafiltration.
- Effluent clarity/fibrin and specimen.
- Exit site/abdomen/vitals/glucose.
- Tolerance, complications, notifications.