

PD Procedures: Exit Site Care

Healed Exit Showering Procedure

1.0 Practice Standard

Indwelling catheters are at risk for the development of infections.

The Registered Nurse and the Licensed Practical Nurse who is trained and has demonstrated competency in Peritoneal Dialysis Procedures will use the outlined procedure to promote wound healing and minimize the risk of infection of the peritoneal catheter exit site:

Shower technique will be permitted once the exit site is assessed as healed by the PD program.

Shower technique will be taught and performed by the PD patient if deemed appropriate. If the patient is not able to shower, they will be instructed to use the healed exit procedure (non showering).

Exit site care using shower technique is suggested to be performed daily or a minimum of every 3 days.

2.0 Definitions and Abbreviations

Healed exit site: exit site absent of bleeding, drainage, erythema, swelling, leakage, pain or tenderness on palpation. Evidence of epithelial tissue growth in sinus.

3.0 Equipment/Supplies

- Chlorhexidine soap or non antibacterial liquid pump soap for handwashing
- Clean wash cloths
- 4 x 4 gauze
- Dressing
- Immobilization device and or tape
- Antibiotic cream/ointment if ordered
- Exit site cleansing solution
 - Antibacterial pump soap (Chlorhexidine)
 - Non antibacterial liquid pump soap

4.0 Procedure and Rationale

	PROCEDURE	RATIONALE
1	Gather necessary supplies.	
2	Remove dressing around catheter exit site using aseptic technique.	Allowing the dressing to become wet in the shower increases the risk of infection.
3	Inspect exit site (external exit and visible sinus), and tunnel for: <ul style="list-style-type: none"> • drainage: type and amount • erythema • pain • swelling • leakage • catheter extrusion and or migration <p><u>Note:</u> See procedure “Exit Site Care: Assessing and Classifying the Exit Site”</p>	Assessment of exit sites based on appearance and specific characteristics aids in the early diagnosis, prevention and effective treatment of exit site infections.
4	Inspect PD catheter for integrity: <ul style="list-style-type: none"> • cracks • holes • loose connector/adaptor 	
5	Before showering support the catheter by securing to the abdomen above the belly button with tape to prevent dangling of the catheter.	The weight of the transfer set or accidental pulling of the catheter can result in trauma to the exit site.
6	Begin showering by washing the hair and body.	
7	Cleanse area around the exit site and under the catheter with liquid soap cleansing agent of choice on a clean wash cloth or 4 x 4. Begin cleaning at the catheter and work outwards using a circular pattern. Rinse in the shower and allow water to run over and off the exit site.	
8	After showering, thoroughly dry the exit site by patting with a sterile 4 x 4.	A moist environment creates a medium for growth of micro organisms.
9	Dry rest of the body with a towel.	
10	Once out of the shower, apply antibiotic cream/ ointment sparingly to the exit site if ordered.	Mupirocin has shown to reduce staphylococcus aureus exit site infection. Gentamicin has shown to reduce staphylococcus aureus and pseudomonas exit site infections.
11	Cover exit site with dressing.	Dressing provides protection from potential irritation from clothing and provides additional catheter immobilization. Ensure that the catheter exit is properly positioned exiting the abdomen laterally and slightly downward. This position prevents trauma to the exit site and promotes any drainage to drain out of the exit site sight and be absorbed by the dressing.

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	PROCEDURE	RATIONALE
12	Secure catheter and transfer set securely to the abdomen using tape or immobilizer.	Immobilization of the catheter at all times is critical to promote healing and prevent further trauma caused by mechanical action during handling and normal body movements.

5.0 Patient Teaching Considerations

	PATIENT TEACHING	RATIONALE
1	Showering is only permitted once the exit site is assessed as healed by the PD program.	
2	Patients will be instructed to avoid tub baths, hot tubs, swimming and or any activity where the exit site is submerged.	Submerging of the exit site in water is not permitted on peritoneal dialysis to prevent infection. (patient to discuss swimming options with the PD program once the exit site is well healed)
3	Patients and caregivers will be instructed in the importance of early reporting of changes in the appearance of their exit site to the PD program.	Early recognition and reporting of signs and symptoms results in early treatment and minimizes potential complications.
4	Attempts to remove difficult to detach crusts and scabs at the exit site should be avoided.	Crusts and scabs act as a natural barrier and should not be removed. Aggressive exit site cleansing should be avoided to minimize trauma to the exit site. Softening of the crust or scab with saline may result in easy detachment.

6.0 Documentation Considerations

Documentation on patient record to include:

- Assessment of the exit site with each dressing change. Document any significant findings.
- Refer to protocol “Exit Site Care: Assessing and Classification of Exit Sites” for further reference.

Report and document any complications including:

- Excessive serous, purulent or sanguineous drainage
- Evidence of leak
- Trauma
- Signs of infection
- Pain/tenderness.

7.0 Special Considerations: Interventional Guidelines

(do not replace individualized care and clinical expertise)

- The exit site must be assessed as healed before permitting shower technique.
- Healing of the exit site takes a minimum of 2 - 3 weeks and can be evidenced by the movement of epithelial tissue into the sinus tract replacing granulation tissue.
- Many factors or comorbid conditions can affect wound healing such as diabetes, immune system disorders, cardiac conditions, immunocompromised drugs.
- Many exit sites will not be considered healed until 4 -6 weeks or longer.
- Consideration of skin allergies/sensitivities to solutions such as chlorhexidine must be considered when performing exit site assessments and incorporating solutions into exit site practices.

8.0 References

Counts, S.C. (2006). The evolution of Nephrology and Nephrology Nursing. In A. Molzahn & E. Butera (Eds.), *Contemporary nephrology nursing: Principles and practice* (2nd ed., pp. 27-50). Pitman, NJ: American Nephrology Nurses’ Association.

Hain, D. J. and Chan, J. (2013) Best available evidence for peritoneal dialysis catheter exit site care. *Nephrology Nursing Journal*, January-February, 40(1): 63-69.

Lancaster, Larry E. *Core Curriculum of Nephrology Nursing*, 5th edition, ANNA, 2008: 348-351

Li, P.K., Szeto, C.C. and Piraino, B. (2010). ISPD Guidelines/Recommendations: Peritoneal dialysis related infection recommendations - 2010 update. *Peritoneal Dialysis International*, 30, 393-423.

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