

PD Procedures

Wet Contamination Procedure

1.0 Practice Standard

The Registered Nurse and the Licensed practical nurse who have received education and training in peritoneal dialysis will use the outlined procedure following identification of a wet contamination.

2.0 Definitions & Abbreviations

Contamination at the time of a PD treatment can lead to peritonitis. Contamination occurs when sterile connections are exposed to pathogens either by touch or by air. Contamination in the PD procedure is considered a wet contamination when a break in aseptic technique results in fluid flowing into or out of the transfer set. May occur when the fluid filled tubing system is accidentally opened or unclamped.

- Examples:
 - Disconnection between the transfer set and the catheter at the connector
 - Leak or break in the in the transfer set or the catheter
 - Any time the twist clamp on the transfer set is not closed and fluid escapes
 - Leak in the CAPD or APD dialysate solution bags or tubing resulting in the possibility of contaminated fluid infused into the patient

Note: The following procedure should also be followed when a minicap is found disconnected from the end of the transfer set for an unknown amount of time.

3.0 Equipment

- Red clamp or beta clamp
- Minicap
- 4x4 gauze

4.0 Procedure and Rationale

PROCEDURE	RATIONALE
1. Close transfer set twist/roller clamp immediately. If leak is in the PD catheter use red clamp or beta clamp and clamp between the patient and the leak. Protect the PD catheter by placing the clamp over a 4x4 gauze. Note: if the minicap is absent on the end of the transfer set, replace with a new sterile minicap.	To prevent further contamination
2. Notify on call Nephrologist	Patient will require prophylactic treatment with IP antibiotics to reduce the risk of peritonitis
3. If PD catheter is leaking a repair will be required	
4. If transfer set is faulty or has come apart at the adaptor connection, replace the transfer set with a new one	Replacing the transfer set will prevent microorganisms from entering the peritoneal cavity via the transfer set and PD catheter
5. If a leak is detected in the PD dialysate solution bag or tubing, discard set up	
6. Once the PD catheter is accessible, drain any effluent in patient cavity and send specimens to the lab for cell count, gram stain, and C&S	
7. Follow nephrologist's orders for intraperitoneal antibiotics	To prevent peritonitis episode

Disclaimer: The procedure steps may not depict actual sequence of events. Patient/Client//PD program specifics must be considered when implementing protocols.

5.0 Patient Teaching Considerations

	RATIONALE
1. Patients to be aware of importance of identifying when contamination has occurred and to report to the PD program immediately	Immediate reporting permits interventions to prevent infection
2. Patient to be aware of the outlined procedure for wet contamination	
3. Patient to report wet contamination immediately to the PD program when it occurs for direction.	IP antibiotics will be required to prevent peritonitis. Patient to anticipate the need to come to the PD program/hospital for further care.

	RATIONALE
4. Patients should be reminded to check the security of the minicap and inspect for accidental disconnection	
5. Patients should be alert to any leak or breach in the tubing or bag before performing a PD exchange	Identifying leaks and discarding of faulty equipment prior to commencing exchanges minimizes the potential for peritonitis
6. Patients should avoid the use of scissors or sharp items around their catheter or exit site	Prevent accidental cutting of plastic tubing
7. Patient to assess appearance of effluent on subsequent dialysis exchanges following a wet contamination	Ongoing assessment to identify peritonitis

6.0 Documentation Considerations

- Document in the patients chart how the contamination occurred
- Procedures performed
- Patient assessment
- Patient education provided
- Effluent appearance over subsequent dialysis exchanges

7.0 Special Considerations: Interventional Guidelines

(do not replace individualized care and clinical expertise)

- IP prophylactic antibiotics require a minimum of 6 hour dwell for efficacy

8.0 References

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11.0 Created

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