

PD Procedures

Transfer Set Change

1.0 Practice Standard

The Registered Nurse and or Licensed practical nurse who have received education and training and who work in peritoneal dialysis will use the following outlined procedure to change a PD transfer set.

- Chlorhexidine 2% in 4% isopropyl alcohol
- Mask
- Sterile gloves
- Sterile dressing tray
- 4 sterile 4x4 gauze
- Blue incontinent pad
- Tape

2.0 Definitions & Abbreviations

Transfer set: is an extension of the PD catheter tube (9-12 inches or 22 -30 cm) with a twist clamp or an easy lock clamp. The use of a transfer set minimizes trauma to the PD catheter caused by frequent clamping during PD exchange procedures.

Transfer sets are to be changed:

- Every six months as recommended by the manufacturer
- Following suspected peritonitis (refer to program specific policies)
- Following contamination of transfer set (i.e. accidental separation from catheter or leakage)
 - Notify nephrologist as prophylactic antibiotics may be required
- If transfer set is noted to be defective or damaged as evidenced by:
 - Hole in transfer set
 - Broken roller clamp

3.0 Equipment

- Transfer set
- Mini cap
- Beta clamp or similar smooth surface tubing clamp

4.0 Procedure and Rationale

PROCEDURE	RATIONALE
1. Prepare patient and explain procedure	
2. Ensure patients transfer set clamp is closed	
3. Mask self and patient	Masks aid in preventing the spread of air borne organisms
4. Wash and sanitize hands	Thorough hand washing reduces the risk of transmission of organisms from touch contamination
5. Clamp PD catheter with clamp approximately 4” away from connection to the transfer set	To prevent dialysis fluid from coming out of the PD catheter during the transfer set change
6. Open sterile dressing tray and add transfer set and minicap	
7. Saturate 4 x 4 gauze on dressing tray with chlorhexidine solution	
8. Wash hands and glove	
9. NOTE: if patient has a dry abdomen, prime transfer set with normal saline by attaching a 10 cc syringe with saline	
10. Attach minicap to transfer set	
11. Holding the transfer set and catheter with gauze, scrub the catheter adapter at connection site with chlorhexidine solution soaked gauze, swabs/sticks.	Cleansing the transfer set connection prior to exposing the catheter end helps decrease the risk of contamination and introduction of infection
12. Remove old transfer set from the catheter and discard. Keep open end of catheter in one hand. Avoid touch contamination.	
13. Pick up new transfer set and remove blue protective cover from end. Carefully connect by twisting to the catheter connector/adaptor preventing cross threading. Ensure connection is tight.	Tighten connection to prevent transfer set from accidentally falling off and causing contamination
14. Ensure transfer set roller clamp is closed	
15. Remove clamp from the catheter	
16. Secure transfer set and catheter with tape, PD belt or stabilization device to the patients’ skin	Stabilization prevents tugging on catheter and trauma to exit site
17. Perform exit site care and dressing change if applicable	

Disclaimer: The procedure steps may not depict actual sequence of events. Patient/Client/Resident specifics must be considered in applying Clinical Practice Decision Support Tools.

5.0 Patient Teaching Considerations

	RATIONALE
1. Check PD connection and inspect PD catheter for any damage daily. Report any defect in the transfer set immediately to the PD program.	The transfer set will need to be changed immediately
2. Instruct to place clamp on the transfer set above the damaged roller clamp and/or any tear/hole in the transfer set	To prevent leakage of fluid and minimize the chance of organism entry into the catheter
3. Report any contamination of the transfer set connection immediately to the PD program	The transfer set will need to be changed immediately with potential initiation of antibiotics protocol to prevent peritonitis
4. PD transfer set is to be changed every 6 months	Manufacturer recommendation to ensure transfer set integrity

6.0 Documentation Considerations

Document the transfer set change, length of transfer set used, date and any other interventions in the patient chart.

7.0 Special Considerations: Interventional Guidelines

(do not replace individualized care and clinical expertise)

- Ensure the transfer set connection to the PD catheter is tight with every PD exchange to prevent disconnection
- Notify the nephrologist if a transfer set is accidentally disconnected or the end is contaminated as prophylactic antibiotic treatment may be required.

8.0 References

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Nursing Practice Policies and Procedures retrieved 2017 from: Northern Health, Providence Health, Vancouver Coastal, Interior Health, Vancouver Island.

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- September 2018