

# PD Procedures

## Dry Contamination Procedure

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### 1.0 Practice Standard

The Registered Nurse, Licensed practical nurse, and PD patient/family who have received education and training in peritoneal dialysis will use the outlined procedure following identification of a dry 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. Dry contamination occurs when:

- the sterile ends of the PD tubing come in contact with non sterile surfaces. Examples include:
  - exposed end of clamped transfer set is dropped
  - exposed end of clamped transfer set is touched by non sterile surface such as hands, clothing, bed sheets, table etc.
  - disconnection of the minicap
- there has been no fluid flowing into or out of the transfer set during this break.

Disinfection: the chemical or physical process that involves the destruction of pathogenic organisms. Disinfectants are effective against vegetative forms of organism but not spores.

### 3.0 Equipment

- Minicap
- Hand sanitizer
- Mask
- Twin bag

## 4.0 Procedure and Rationale

PROCEDURE	RATIONALE
1. Stop the PD exchange or PD procedure immediately once contamination is identified	
2. Ensure twist/roller clamp is closed on the patient's transfer set	
3. Use alcohol hand gel to clean hands	
<p><b>Scenario:</b> The end of the transfer set touches anything during connection.</p> <ol style="list-style-type: none"> <li>1. Open new minicap and place on transfer set for 5 – 10 minutes</li> <li>2. Proceed with PD procedure or exchange. <ul style="list-style-type: none"> <li>• Prepare new CAPD/APD set up and proceed with exchange</li> </ul> </li> </ol>	The betadine swab inside the minicap takes approximately 5 minutes to disinfect the end of the transfer set.
<p><b>Scenario:</b> The end of the transfer set touches anything during disconnection.</p> <ol style="list-style-type: none"> <li>1. Open new minicap and place on transfer set for 5 – 10 minutes</li> <li>2. Proceed with full CAPD exchange * see special considerations below</li> </ol>	Assumption is that draining the effluent will assist in flushing the transfer set of any bacteria
<p><b>Scenario:</b> Mini cap has become disconnected for an unknown time period and is not attached to the transfer set.</p> <ol style="list-style-type: none"> <li>1. Open new minicap and place on the end of the transfer set. <p><b>Note:</b> consider changing the transfer set.</p> </li> <li>2. Notify nephrologist for further orders</li> <li>3. Follow procedure for wet contamination</li> </ol>	

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. Patients to be aware of importance of identifying when contamination has occurred and to report the contamination to the PD program immediately for direction	<p>Immediate reporting permits interventions to prevent infection</p> <p>IP antibiotics may be required.</p> <p>Opportunity for further patient education</p>
2. Patient to be aware of the outlined procedure for dry contamination	
3. Patients should be reminded to check the security of the minicap and inspect for accidental disconnection	
4. Patient to assess appearance of effluent on subsequent dialysis exchanges following a dry contamination	Ongoing assessment to identify peritonitis

## 6.0 Documentation Considerations

Document in patients' chart:

- Type of contamination and how the contamination occurred
- Actions taken
- Patient education provided
- Effluent appearance

## 7.0 Special Considerations: Interventional Guidelines

(do not replace individualized care and clinical expertise)

\*NOTE: As literature is not available to suggest a specific procedure following a dry contamination it is important to check with program specific procedures. Some programs place a new minicap on the transfer set and do not proceed with a twin bag exchange following an observed dry contamination. If the dry contamination has not been observed such as an accidental minicap disconnection, effluent specimens should be collected and nephrologist notified for consideration of antibiotic administration.

- Continue to closely monitor effluent clarity during subsequent peritoneal dialysis exchanges
- Refer to procedure for wet contamination in the following situations:
  - Fluid is flowing into or out of the transfer set during a break in aseptic technique
  - There is a leak or break in the PD catheter or transfer set
  - There is a leak in the CAPD bag system or APD solutions bags or tubing and the possibility of contaminated fluid has been infused
  - The transfer set comes apart at the PD catheter adaptor connection
  - The minicap is found to be disconnect-

ed from the transfer set for an unknown period of time

## 8.0 References

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