

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.

2.0 Definitions & Abbreviations

Transfer set: is an extension of the PD catheter tube (available in: 10/15/22cm lengths) 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
 - Slow flow or no flow of dialysis fluid when filling or draining

3.0 Equipment

- Transfer set
- Mini cap
- Beta clamp or similar smooth surface tubing clamp
- Chlorhexidine 2% in 4% isopropyl alcohol
- Mask
- Sterile gloves
- Sterile dressing tray
- 4 sterile 4x4 gauze
- Blue incontinent pad
- Tape

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. Ensure that chlorhexidine comes in contact with the titanium adapter only. Avoid chlorhexidine contact with the transfer set to ensure integrity of the transfer set tubing is maintained. See attached letter for use of chlorhexidine
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

(does 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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9.0 Developed By

- BC Renal PD RN Nurses group

10.0 Reviewed By

- BC Renal PD Medical Director
- BC Renal PD RN nurses group

11.0 Created

- September 2018

12.0 Reviewed and Revised

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BC PD programs Response to Baxter Instruction For Use (IFU) for Transfer Sets

ISSUE:

All Peritoneal Dialysis programs in BC received a notification regarding changes in the Instructions for use (IFU) regarding transfer sets from Phil Lynch, Director Quality, Baxter dated March 6, 2013. This IFU suggests a change in protocol to povidone-iodine from current product of Chlorhexidine gluconate. This represented a significant change in practice for all BC PD programs (adult and pediatric).

ACTIONS:

To further the understanding of the proposed IFU additional written information from Dr. James A. Sloand, MD, FACP, FASN Senior Medical Director, Medical Affairs. Renal, North America was received by the PD programs on April 9, 2013. Additionally a teleconference with nursing participants from all PD programs in BC, BC nephrologist Dr Daniel Schwartz and Dr Sloand was held on April 12, 2013.

DISCUSSION:

Chlorhexidine gluconate is the disinfectant of choice for connections and disconnections at the transfer set – catheter interface for all PD programs in British Columbia. Points of emphasis for BC’s transfer set protocol are:

1. The transfer set is replaced at intervals no longer than six months or more frequently as deemed necessary.
2. The transfer set is changed by PD trained personal only.
3. Sterile technique is followed for all steps of the transfer set change protocol
4. Thorough scrubbing of the external surface of the titanium connector between the catheter and transfer set with chlorhexidine gluconate occurs for a specified time period. The procedure ensures that:
 - Chlorhexidine scrubs are limited to the external surface of the connector only.
 - Chlorhexidine contact with the PD catheter and the transfer set is avoided.
 - Chlorhexidine scrubs of the connector are associated with the transfer set change procedure only (once every six months)
5. The titanium connector is permitted to dry
6. The old transfer set is removed and replaced with the new transfer set.
7. Flush before fill procedure is completed prior to the PD exchange.

Following clinical discussion and review of the current BC procedure with Dr J. Sloand there was concurrence that the BC PD programs will continue with their current practice as outlined above. This protocol is felt to ensure that the integrity of all components of the catheter and transfer set are maintained while reducing the potential for bacterial contamination in the fluid path. The above protocol differs from practice elsewhere where the Baxter IFU would likely apply.

OUTCOME:

All PD programs in BC will maintain current protocol.