



**NEPHROLOGY PROGRAM
DEPARTMENT POLICIES AND PROCEDURES**

**Home Dialysis - Section 09 - Peritoneal Dialysis - HDU 9-03
Guidelines for Peritoneal Dialysis Catheter Exit Site Care
No.: 01484 (TOH Standardized Policy Number)**

ISSUED BY:

HDU Clinical Practice Committee

DATE OF APPROVAL:

2010/03

APPROVED BY:

Program Clinical Director / Division Head

LAST REVIEW/REVISION DATE:

2017/03

CATEGORY:

Peritoneal Dialysis

IMPLEMENTATION DATE:

2010/03

POLICY STATEMENT:

- To promote healing and minimize the risk of infection of the peritoneal catheter exit site

DEFINITION(S): N/A

ALERTS:

- All dressing changes include assessment of the exit site for healing, signs of infection and the integrity of the PD catheter
- Prophylactic 2% Mupirocin cream at the exit site has been shown to reduce risk of infection, and should be 'painted' thinly on the skin with each dressing change.
- Never use scissors near a PD catheter

INFECTION PREVENTION AND CONTROL:

Hand Hygiene:

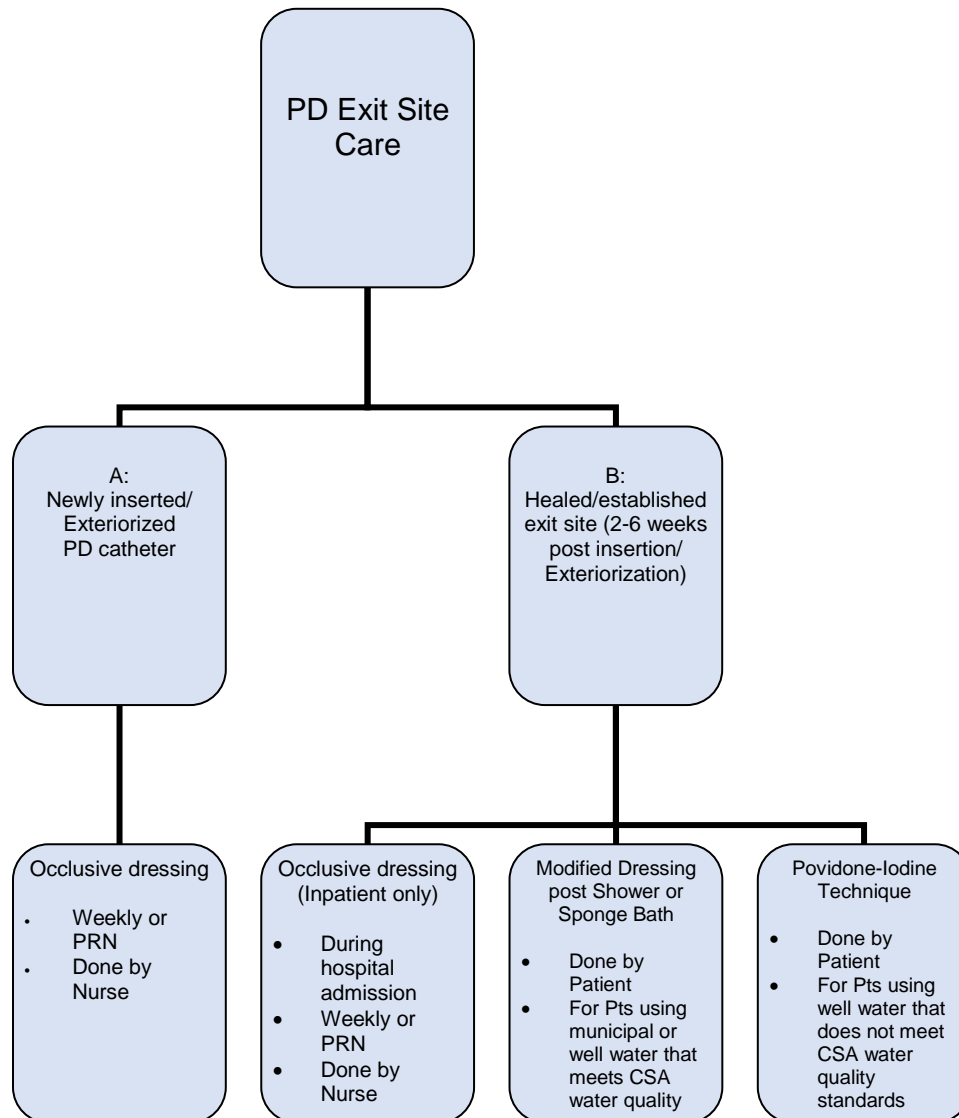
1. Refer to [Corporate Policies and Procedures - #00014 Hand Hygiene](#)
2. Refer to [Corporate Policies and Procedures - #00233 Hand Hygiene Products and Materials](#)

Personal Protective Equipment:

1. Refer to [Infection Prevention and Control Policies and Procedures - #00023 Routine Practices](#)

PROCEDURE:

- Follow the algorithm as below



A: Newly Inserted/Exteriorized PD Catheter Exit Site Care:

- Maintain the initial occlusive dressing for 1 week to promote healing. Only change dressing if wet with blood, fluid or exudate (as per HDU 1-9).
- Ensure the dressing dry and minimizing movement of the catheter.
- Perform sterile occlusive dressing change weekly for 2-6 weeks until the exit site is healed.
- Use Chlorhexidine 2% in 4% alcohol or Chlorhexidine 2% swab stick, as Povidone Iodine and Peroxide may cause epithelial toxicity during the healing process.
- See Appendix A: PD Occlusive Dressing Change

Patient Teaching

- Patient to call HDU/Hemodialysis Unit if:
 - blood, wetness or exudate is noted under the occlusive dressing
 - a foul odour is noted from the dressing
 - dressing is not adhering to the skin or is coming off
- Do not shower or bathe until the exit site is well healed
- Avoid any tugging/traction on the catheter

B: Healed/ Established Exit Site Care (2-6weeks post PD catheter Insertion / Exteriorization)

1. Occlusive Dressing (see Appendix A)

- Only applies to patients that are admitted to hospitals or institutes
- Performed weekly by nurse

2. Modified Dressing Post Shower or Sponge Bath (see Appendix B)

- Only applies to patients using municipal or well water that meets CSA water quality (see Special Considerations below)
- Performed by patient at home daily or post shower/sponge bath

Patient Teaching

- Never transfer liquid soap from one container into another
- Do not take a bath. Immersing the catheter and exit site in bath water may lead to exit site infection and/or peritonitis

3. Povidone-Iodine Technique (see Appendix C)

- For patients with well water that does **NOT** meet CSA standards for water quality (see Special Considerations below)
- Performed by patient or health care provider
- During clinic visits in Home Dialysis Unit (HDU), after assessing the exit site, a Povidone -iodine swab stick will be used for exit site care followed by application of 2% Mupirocin cream.

SPECIAL CONSIDERATION:

Well Water

- Well water should have water tested for bacteria through Ontario Ministry of Health and Long Term Care as follows:
 - Initial water testing - 3 samples 1 week apart
 - 3 times per year- spring, summer and fall
 - after any repairs to water system e.g. pump repair
 - if water has not been used for several weeks
 - any flooding in area
 - any change in water appearance, taste or odor
- A copy of water quality results should be provided to HDU during clinic visit
- If the patient develops an exit site infection or peritonitis with water borne organisms, investigation should include testing well water, reviewing any history of swimming and initiating prophylactic measures to prevent recurrence.

Swimming

- After exit site is healed, the patient may swim with the following recommendations:
- In the ocean or a private pool:
 - use a transparent dressing for short exposures
 - use an ostomy appliance for longer exposures (patient to purchase)
- Immediately after swimming, dressing should be removed, exit site care done and mini-cap changed
- Swimming in rivers, lakes or public pool **is not recommended**
- If patient does swim in a river, lake or public pool, a fully water resistant appliance e.g. ostomy appliance should be used

DOCUMENTATION:

RELATED POLICIES / LEGISLATION:

1. Nephrology Policies and Procedures - [Nephrology - Section 01 - Nephrology Corporate - Neph Corp 1-01 Peritoneal Dialysis Catheter Care](#)
2. Nephrology Policies and Procedures - [Home Dialysis - Section 09 - Peritoneal Dialysis - HDU 9-04 Occlusive Dressing for the PD Catheter](#)

REFERENCES:

1. Home Dialysis Interest Group - PD Practice Guidelines: PD Catheter Exit Site Care. Canadian Association of Nephrology Nurses and Technologists (CANNT). Retrieved (March, 2017) from website.
http://www.cannt.ca/en/members/rcpg/home_dialysis_interst_group/index.html
2. Gertrude Kopriva–Altfahrt, Paul König, Michael Mündle, Friedrich Prischl, Johannes M. Roob, Martin Wiesholzer, Andreas Vychytil, and the Austrian Study Group for Prevention of Peritoneal Catheter-Associated Infections (2009). Exit-site care in Australian Peritoneal Dialysis Centers- A Nationwide Survey. *Perit Dial Int May-June 29:330-339*
3. B Piraino, GR Bailie, J Bernardini, E Boeschoten, A Gupta, C Holmes, EJ Kuijper, PK Li, WC Lye, S Mujais, DL Paterson, MP Fontan, A Ramos, F Schaefer, and L Uttley (2005). Peritoneal dialysis-related infections recommendations: 2005 update. *Perit Dial Int Mar-Apr 25:107-131*
4. M Flanigan and R Gokal (2005). Peritoneal catheters and exit-site practices toward optimum peritoneal access: a review of current developments. *Perit Dial Int Mar-Apr 25:132-139*
5. Ana Figueiredo, Bak-Leong Goh, Sarah Jenkins, David W. Johnson, Robert Mactier, Santhanam Ramalakshmi, Badri Shrestha, Dirk Struijk, and Martin Wilkie (2010). Clinical Practice Guidelines for Peritoneal Access *Perit Dial Int July/August 30:424-429; doi:10.3747/pdi.2010.00087*
6. Beth Piraino, Judith Bernardini, Edwina Brown, Ana Figueiredo, David W. Johnson, Wai-Choong Lye, Valerie Price, Santhanam Ramalakshmi, and Cheuk-Chun Szeto (2011). ISPD Position Statement on Reducing the Risks of Peritoneal Dialysis–Related Infections. *Perit Dial Int November-December 31:614-630;*

COMMENTS / SIGNIFICANT REVISIONS: N/A

APPENDIX A: PD Occlusive Dressing Change

ALERTS:

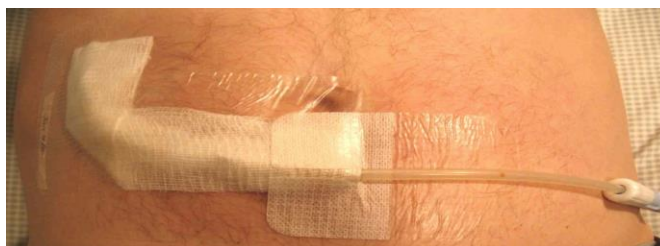
- This technique only applies to exit site care with newly inserted / externalized PD catheter, or admitted patients

EQUIPMENT:

Quantity	Product	Order #
1	Bottle of CHG 2% aqueous solution in 4% alcohol	230265
2-4	Or Swab stick, CHG 2%, alcohol free	230865
1	Disposable major dressing tray	213010
1	Pair Non-sterile gloves	
1	Pair Sterile gloves	
1	Procedure mask	
2-3	Dressing Tegaderm transparent, 10 x 12cm (4 x 5")	210365
1	Dressing IV 3000 ported transparent 9 x 12 cm	210335
1	Immobilizer or Flex-Track anchor device	211100 204020
1	Mupirocin cream 2%	

PROCEDURE:

1. Cleanse work surface, explain procedure to patient
2. Don mask, open sterile tray, adds supplies and cleansing solution
3. Don non-sterile gloves, remove old dressing
4. Inspect catheter and exit site. Remove non-sterile gloves
5. Don sterile gloves
6. Grasp transfer set tubing with dry sterile 10 cm x 10 cm gauze, elevating slightly to permit cleaning of the exit site and abdomen.
7. Clean the exit site, the catheter, connector, and skin that will be covered by the dressing. Allow air to dry.
8. Apply small amount of Mupirocin cream 2% on folded 5cm x 5cm gauze; apply the gauze with cream around exit site of PD catheter
9. Open one dry 10cm x 10cm gauze, fold in half lengthwise and wrap around the catheter. Ensure that this gauze covers the exit site and the connector
10. Open second dry 10cm x 10cm gauze, fold lengthwise and place on top of the gauze wrapped catheter. Ensure that the catheter is placed on the abdomen in such a way that there is no tension on the exit site
11. Apply transparent dressings (figure).
12. Apply immobilizer



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APPENDIX B: Modified Dressing Post Shower or Sponge Bath

ALERTS:

- This Technique only applies to patients using municipal or well water that meets CSA water quality (see below)

EQUIPMENT:

Quantity	Supplies	Order #	Comments
1	Liquid antibacterial soap		Never transfer liquid soap from one bottle to another Store liquid soap in a clean dry place between use
1-2	Clean facecloth and towel		light color recommended to help see any drainage
2	5cm X 5cm gauzes		
1	Mupirocin cream 2%		check expiry date
	Mefix dressing		Or another type id allergic to Mefix
1	Immobilizer or Flex-Track anchor device	211100 204020	
1	Mini cap	120225	check expiry date

Procedures:

1. Cleanse work surface
2. Clean hands
3. Gather supplies
4. Remove old dressing, leave immobilizer in place to support transfer set.
5. Check exit site for redness, swelling, tenderness or drainage. Call HDU if seen.
6. Check catheter for cracks or tears.
7. Tighten the titanium / Beta-cap connector.

For shower technique:

8. Bring liquid antibacterial soap to shower. After cleansing body:
 - Apply a small amount of liquid antibacterial soap to a clean facecloth.
 - Hold end of transfer set with one hand. Starting at the exit site, use the facecloth to clean in a circular motion about 6" out.

For sponge bath

- If patient unable to shower, clean around the exit site as above
9. Rinse with water
 10. Dry exit site with a clean towel before drying rest of body.
 11. Change immobilizer.
 12. Check twist clamp is closed; change minicap. Secure transfer set in immobilizer.
 13. Cut Mefix dressing. Put a piece of gauze on the Mefix. Put small amount of Mupirocin cream 2% on gauze.
 14. Put folded gauze under catheter near exit site.
 15. Put Mefix dressing over exit site and catheter. Lift and pinch Mefix around catheter to anchor it.

APPENDIX C: Exit Site Care with Providone-Iodine Swabstick

ALERTS:

- This technique only applies for patients with well water that does **NOT** meet CSA standards for water quality

EQUIPMENT:

Quantity	Supplies	Order #	Comments
1-2	Swabstick Providone Iodine 10%		
2	5cm X 5cm gauzes		
1	Mupirocin cream 2%		check expiry date
	Mefix dressing		Or another if sensitive to Mefix
1	Immobilizer or Flex-Track anchor device	211100 204020	

PROCEDURES:

1. Cleanse work surface
2. Clean hands
3. Gather supplies
4. Remove old dressing, leave immobilizer in place.
5. Clean hands using alcohol based hand rub
6. Check exit site for redness, swelling, tenderness or drainage. Call HDU if seen.
7. Check catheter for cracks or tears.
8. Tighten the titanium/Beta-cap connector.
9. Open a Providone Iodine swabstick. Clean around the exit site in a circular motion. Repeat if necessary.
10. Allow to air dry.
11. Cut Mefix dressing. Put gauze on the Mefix. Put small amount of Mupirocin cream 2% on gauze.
12. Put folded gauze under catheter near exit site.
13. Put Mefix dressing over exit site and catheter. Lift and pinch mefix around catheter to anchor it.