PERITONEAL DIALYSIS – MONITORING AND CARE OF PATIENT RECEIVING PERITONEAL DIALYSIS

PURPOSE
Describes routine monitoring and care of child receiving peritoneal dialysis.

Potential complications and adverse outcomes in patients receiving peritoneal dialysis include:
- Electrolyte imbalances
- Excessive fluid gains or losses
- Drainage or leakage from the exit site
- Infection
- Bowel perforation
- Dislodgement or disconnection of the PD catheter or tubings
- Respiratory complications

POLICY STATEMENTS
Infants and children receiving peritoneal dialysis are to be weighed daily if they are clinically stable.
Whenever possible, weights should be measured on the same scale, at the same time (every 24 hours), with same clothes and following first morning void (if able).
The patient should be weighed fully drained of their dwell and weight recorded based on this “empty” weight.

SITE APPLICABILITY
- Pediatric Intensive Care Unit
- Inpatient unit 3F

PRACTICE LEVEL/COMPETENCIES
Peritoneal Dialysis is an advanced skill and is practiced after the practitioner has obtained the required education and has had his/her learning validated at the bedside with an appropriate dialysis trained nurse.

GUIDELINES
Rationale
1. **PERFORM and RECORD** pre-dialysis (“empty”) daily weight (if patient clinically stable and able to tolerate).
   Patient weights are important in guiding ongoing treatment.
2. **PERFORM** baseline and ongoing assessments including:
   - Vital signs
   - Presence of edema
   - Intake and output
   - Abdominal assessment
   Establishes a baseline before therapy and monitoring through treatment for complications and unexpected outcomes.
3. **MONITOR** laboratory results throughout treatment.
   Fluids and electrolytes shift during PD therapy.
4. **MONITOR** the integrity of the PD setup hourly.
   Disconnection in the setup provides a portal of entry for pathogens, which can lead to peritonitis.
5. **MONITOR** for any difficulty filling or draining.
   Patients may need repositioning to facilitate flow through the PD catheter.
   Catheters may become kinked or obstructed.
   Fibrin clots can obstruct drainage – heparin may be added to the dialysate to prevent this.
   If clotting is suspected, antithrombotic agents may be required
DOCUMENTATION

DOCUMENT on appropriate records including Peritoneal Dialysis Flowsheet, Nurses’ Notes, MAR, Patient Care Flowsheet:

- Intake and output and peritoneal dialysis fluid balance (hourly and cumulative output totals)
- Daily weight
- Vital signs
- Condition of peritoneal catheter and exit site assessment
- Child’s tolerance of procedure(s)
- Patient/Family Education
- Unexpected outcomes and complications
- any other pertinent actions or observations

REFERENCES


