

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.31.17	Page 1 of 4
	Original Effective Date: 06/26/13	New Effective Date: 06/26/13
	Supersedes: N/A	Dated: 00/00/00
	Administrator's Approval: Jim Schwochert, Administrator	
	Last Reviewed, No Changes: 11/22/16	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Adequacy Testing for Peritoneal Dialysis		

POLICY

All Division of Adult Institution facilities shall ensure routine adequacy testing for peritoneal dialysis is completed quarterly throughout the year. Adequacy testing shall also be completed after more than two episodes of peritonitis since the last adequacy test and also within 4-6 weeks of initially starting PD.

REFERENCES

Advanced Renal Education Program, Fresenius Medical Care, 2011
Counts, C. (Ed) (2008). Core Curriculum for Nephrology Nursing: Fifth Edition
Pitman, NJ: American Nephrology Nurse's Association
Fresenius Medical Care

DEFINITIONS, ACRONYMS AND FORMS

CAPD – Continuous Ambulatory Peritoneal Dialysis

CCPD – Continuous Cycling Peritoneal Dialysis

DOC-3677 – Peritoneal Dialysis Daily Flow Sheet

KDOQI – Kidney Dialysis Outcome Quality Initiative

PD – Peritoneal Dialysis

RN – Registered Nurse

TX – Treatment

UF – Ultrafiltration

PROCEDURE

- I. Instruct inmate patient to perform PD per the usual regimen the night prior to labs.
- II. **CAPD**
 - A. Drain and discard morning dialysate the day prior to lab draw. The test begins with the second exchange on this day.

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- B. Starting with the second exchange bag, save effluent bags and place on ice. Label each bag 1-4 as collected. The fourth bag will be collected the AM of lab draw.
- C. On lab day bring the corresponding DOC-3677 – Peritoneal Dialysis Daily Flow Sheet and current prescription to the dialysis clinic for RN review.
- D. RN shall shake each bag vigorously and withdraw 10ml from each bag. All samples will be combined in the same specimen cup.
- E. Fill a standard size urinalysis yellow top tube with a sample withdrawn from the combined specimen cup.
- F. Complete lab requisition form. Add total UF, inmate patient height and weight in pounds, and 24 hour urine test selection, if applicable.

III. **CCPD**

- A. On AM of lab draw inmate patient is to disconnect self from cyclor and document UF volume and current prescription on DOC-3677 – Peritoneal Dialysis Daily Flow Sheet.
- B. Place all samples from the cyclor on ice until time of labs. Bring samples and DOC-3677 – Peritoneal Dialysis Daily Flow Sheet to clinic.
- C. At clinic, RN shall shake each bag vigorously and withdraw 10ml from each.
 - 1. Specimens can be obtained by syringe aspiration or by flushing drain lines and sampling each bag individually.
 - 2. Combine 10ml samples into the same specimen cup.
- D. By syringe aspiration, obtain 8ml of the combined sample and fill a standard size urinalysis yellow top tube.
- E. Manual exchange effluent bags will be included in the collection per the direction of the RN.
- F. Complete lab requisition form. Add total UF, inmate patient height and weight in pounds, and 24 hour urine test selection, if applicable.

IV. For inmate patients with adequate residual renal function (inmate patients with greater than 50ml/day), inmate patient shall collect 24 hour urine collection beginning on the day prior to PD Clinic Lab Day.

V. Obtain blood serum sample for Blood Urea Nitrogen and Creatinine.

VI. When inmate patient reports for PD Clinic Lab Day, obtain vital signs and weight. DOC-3677 – Peritoneal Dialysis Daily Flow Sheet to be reviewed by the RN.

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- A. Indicate any alarms on missed treatment during treatment on night of adequacy.
 - B. Multiple alarms may disqualify the effluent from testing.
 - C. Any missed treatments within seven days prior to testing may disqualify the effluent from testing.
- VII.** Target goal for adequacy shall be per the KDOQI Guidelines and the Nephrology Provider recommendation.

Bureau of Health Services: _____ **Date Signed:** _____
James Greer, Director

_____ **Date Signed:** _____
Ryan Holzmacher, MD, Medical Director

_____ **Date Signed:** _____
Mary Muse, Nursing Director

Administrator's Approval: _____ **Date Signed:** _____
Jim Schwochert, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number: 500.31.17	Page 4 of 4
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Adequacy Testing for Peritoneal Dialysis		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES**DEFINITIONS, ACRONYMS, AND FORMS****FACILITY PROCEDURE**

I.

A.

B.

1.

2.

a.

b.

c.

3.

C.

II.

III.

RESPONSIBILITY

I. Staff

II. Inmate

III. Other