

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.31.23	Page 1 of 4
	Original Effective Date: 08/07/13	New Effective Date: 08/07/13
	Supersedes: N/A	Dated: N/A
	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: Early and Chronic Care of the Exit Site		

POLICY

Early and chronic exit site care shall be completed according to the current nephrology guidelines at all Division of Adult Institution facilities.

REFERENCES

Fresenius Medical Care, www.advancedrenaeducation.com, 2011
Molzahn, A., & Butera, E. (Eds) (2006) Contemporary Nephrology Nursing: Principles and Practice, Second Edition. Pitman, NJ: American Nephrology Nurse's Association

DEFINITIONS, ACRONYMS AND FORMS

PD – Peritoneal Dialysis

PROCEDURE**I. Early Care of the Exit Site**

- A. The exit site shall be visually inspected, cleansed, and dressed by the trained PD nurse at the PD clinic visit and on subsequent visits as necessary. Postoperative dressing changes shall be completed by trained staff.
- B. Postoperative dressings shall remain in place for at least 7-10 days with sterile dressing changes only if needed for a soaked or contaminated dressing.
- C. Sutures that may be in place shall be referred to the surgeon for direction on removal.
- D. Dressing changes shall be completed in a clean environment with closed doors and windows and no fans.
- E. An approved agent for early site care shall be used to clean the exit site and surrounding skin using sterile technique. If oxidizing agents, such as povidone-iodine, chlorhexidine, and hydrogen peroxide are used to clean the skin, they shall not be allowed into the wound as they damage epithelial cells and may delay healing.
- F. Sterile water or normal saline shall be used as necessary to rinse the exit site. The exit site shall be dried with a 2X2 sterile dressing.

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- G. Apply an absorbent 2X2 sterile dressing with the prescribed ointment over the exit site. Cover with a transparent dressing.
- H. Immobilize the catheter allowing it to follow its natural direction to avoid trauma.
- I. The exit site shall not get wet until well healed. A shower guard may be used to prevent getting wet during showers.
- J. The exit site is considered healed when the skin around the exit site looks normal without gapping. A normal exit site appearance has no erythema, no drainage, no crusting and is not tender.

II. Chronic Care of the Exit Site

- A. Daily dressing changes shall be routinely completed by the inmate patient or trained staff.
- B. Clean technique shall be utilized.
- C. The chronic exit site shall be visually inspected and cleansed daily by the inmate patient who has been trained in this procedure by the PD nurse. Training shall include:
 - 1. Inspecting and cleansing the exit site daily and whenever the exit site becomes wet or dirty.
 - 2. Palpating the tunnel for signs and symptoms of infection.
 - 3. Notifying nurse with any signs and symptoms of infection.
 - 4. Care for hygiene in order to prevent contamination.
- D. On days the inmate patient showers:
 - 1. Remove the old dressing prior to showering.
 - 2. Have a sterile 2X2 gauze with a dot of antibacterial soap within reach.
 - 3. Wash the entire body leaving the exit site for last.
 - a. Wash exit site with wet antibacterial 2X2.
 - b. Start at the exit site and in a circular motion wipe area moving away from the exit site.
 - 4. Rinse exit site with shower water. Finish showering procedure and dry off.
 - 5. Pat the exit site dry with 2X2 gauze starting at the site and moving outward.
 - 6. Using a sterile 2x2 gauze or sterile cotton applicator, apply prescribed cream (must be cream) to exit site.
 - 7. Cover with dry sterile 2X2 dressing secured with tape.
- E. On non-shower days:
 - 1. Remove catheter from clothing and remove old dressing.
 - 2. Perform hand hygiene.
 - 3. Use sterile water or normal saline to wet a sterile 2X2 gauze with water and apply a dot of antibacterial soap.

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4. Wet a separate sterile 2X2 gauze with sterile water or normal saline and set it aside along with two dry sterile 2X2s (one to pat dry the exit site and the other to be used as a new dressing).
5. Using the wet 2X2 gauze with the dot of soap on it, wash around the exit site in a circular motion starting at the catheter and working outwards.
6. Use the wet 2X2 gauze to rinse the soap from the exit site using a circular motion.
7. Dry the exit site with one of the dry 2X2 gauzes.
8. Using a sterile 2X2 gauze or sterile cotton applicator, apply the prescribed cream (must be cream) to the exit site.
9. Cover the exit site with a dry sterile 2X2 gauze covered with tape.
10. Tape the catheter securely to the abdomen to prevent tugging or pulling at the exit site. Catheter shall be anchored to the natural position of the catheter.

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: 500.31.23	Page 4 of 4
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Early and Chronic Care of the Exit Site		
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