

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.31.25	Page 1 of 3
	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: Pause Exchange Procedure		

POLICY

All Division of Adult Institution facilities shall ensure "Pause" exchange procedures are completed according to the recommendations of the Nephrology Provider, Peritoneal Dialysis Cycler and Medical Supply Company and the American Nephrology Nurses Association.

REFERENCES

Counts, C. (Ed.) 2008. Core Curriculum for Nephrology Nursing, Fifth Edition. ANNA. Fresenius Medical Care. 04/2007. Stay Safe Liberty APD Procedure Card

DEFINITIONS, ACRONYMS AND FORMS

ANNA – American Nephrology Nurses Association

APD – Automated Peritoneal Dialysis

SCALE – Solution, Clarity, Amount, Leaks, Expiration Date

PROCEDURE**I. General Guidelines**

- A. A Pause exchange procedure allows for an intermittent dialysate exchange utilizing the cycler machine.
- B. The inmate patient, and others present in the room, shall apply a mask and perform hand hygiene prior to the start of the procedure.
- C. The cycler is preprogrammed by the Registered Nurse with the inmate patient's prescription. The Nephrology Provider prescribes the dialysis prescription.
- D. Set up the cycler per the recommendation of the manufacturer. See the cycler user manual for specific cycler model instructions. Reference the APD Procedure "Pause" card.
- E. All Dialysate Solutions shall be verified by utilizing SCALE checks.
- F. Complete procedure according to written APD Procedure "Pause" card.

DAI Policy #: 500.31.25	New Effective Date: 08/07/13	Page 2 of 3
Chapter: 500 Health Services		
Subject: Pause Exchange Procedure		

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: 500.31.25	Page 3 of 3
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Pause Exchange Procedure		
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