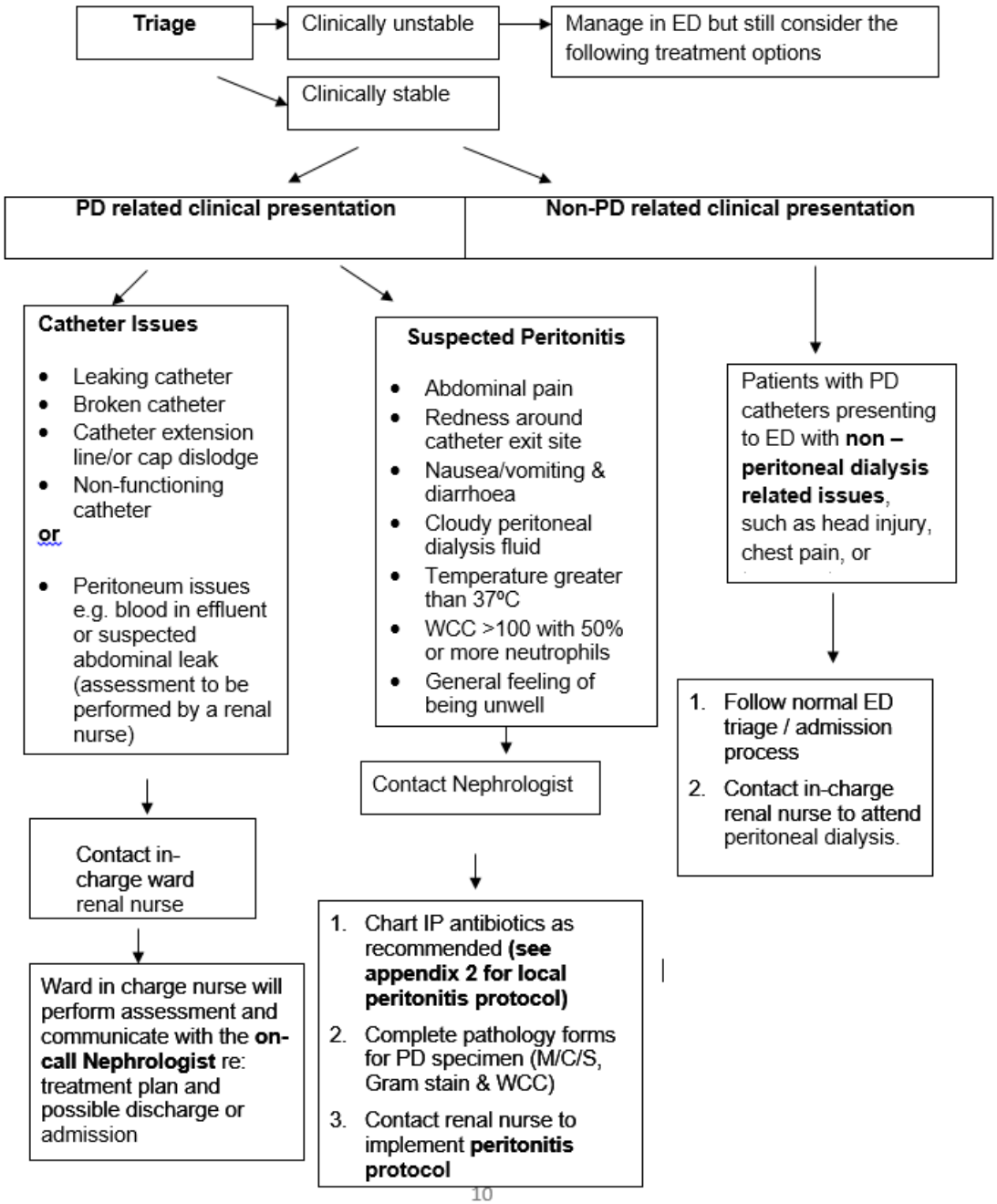
Triage
Clinically unstable
Manage in ED but still consider the following treatment options
Clinically stable
PD related clinical presentation
Non-PD related clinical presentation
Catheter Issues
Leaking catheter
Broken catheter
Catheter extension line/or cap dislodge
Non-functioning catheter
or
Peritoneum issues e.g. blood in effluent or suspected abdominal leak (assessment to be performed by a renal nurse)
Suspected Peritonitis
Abdominal pain
Redness around catheter exit site
Nausea/vomiting & diarrhoea
Cloudy peritoneal dialysis fluid
Temperature greater than 37ºC
WCC >100 with 50% or more neutrophils
General feeling of being unwell
Patients with PD catheters presenting to ED with non – peritoneal dialysis related issues, such as head injury, chest pain, or
Contact Nephrologist
Contact in-charge ward renal nurse
1. Follow normal ED triage / admission process
2. Contact in-charge renal nurse to attend peritoneal dialysis.
Ward in charge nurse will perform assessment and communicate with the on-call Nephrologist re: treatment plan and possible discharge or admission
1. Chart IP antibiotics as recommended (see appendix 2 for local peritonitis protocol)
2. Complete pathology forms for PD specimen (M/C/S, Gram stain & WCC)
3. Contact renal nurse to implement peritonitis protocol