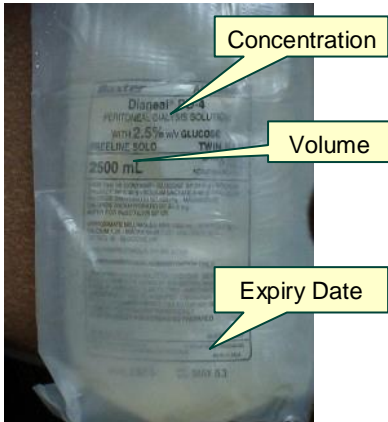


Continuous Ambulatory Peritoneal Dialysis

Page:	Page 1 of 3
Issue Date:	
Document No:	



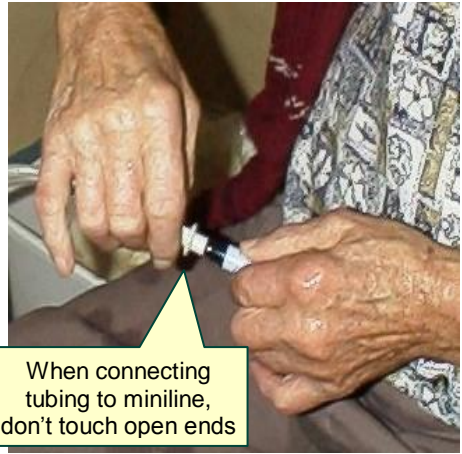
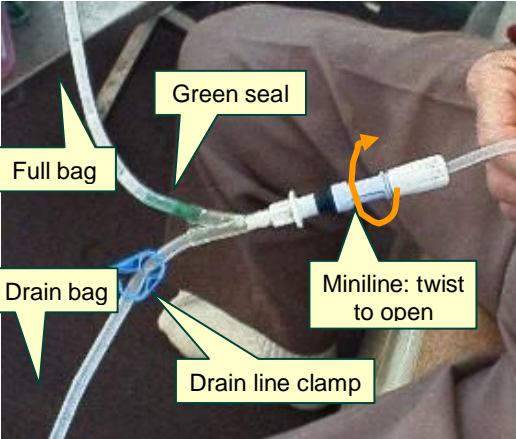
Equipment	<ul style="list-style-type: none"> • Dialysis solution bag (includes tubing and drain bag) • Bathroom scales • Kitchen scales • Equipment for measuring blood pressure (sphygmomanometer) • Clean, smooth table or surface 	<ul style="list-style-type: none"> • Pole with hook • Antibacterial wash • Clean paper towels • Methylated spirits • Antiseptic rub such as Hexol • Clean plastic clamp • Open-topped rubbish bin
Hazards/Cautions	<ul style="list-style-type: none"> • The potential for microbial contamination resulting in infection is a serious hazard. Avoid touching or contaminating surfaces that will contact the dialysis fluid • Perform in a room free of draughts, fans or open windows • Follow procedure 4 times a day, with a dwell time of approximately 4 to 6 hours (8-10 hours during the night) 	
Contact CAPD Unit urgently if	<ul style="list-style-type: none"> • Cloudy or discoloured drained fluid • Stomach pains • A high temperature • Contamination (touching) of open miniline • Blocked line (fluid not draining) • Severe shortness of breath • Persistent cough • Pitting oedema (puffy legs with skin that stays in when pressed) 	

Process

1. Perform Patient Health Checks	<ol style="list-style-type: none"> 1.1 Check for swollen legs, hands, feet or face 1.2 Check blood pressure 1.3 Check if dizzy or nauseous, or blurred vision 1.4 Check for dry skin 1.5 When fluid has drained out weigh patient 1.6 Record blood pressure and body weight 	
2. Prepare Area	<ol style="list-style-type: none"> 2.1 Prepare a clean, clear, smooth, dry, surface 2.2 Gather equipment 2.3 Obtain bag and check concentration, volume, expiry and leak-free 2.4 Place bag in microwave, tubing on bottom 2.5 Microwave bag on HIGH for 3 minutes 2.6 Record date, and fluid concentration 2.7 Release miniline to outside of clothes 	 <p>The image shows a white dialysis solution bag with a label. Three yellow callout boxes point to specific information on the label: 'Concentration' points to 'WITH 2.5% w/v GLUCOSE', 'Volume' points to '2500 mL', and 'Expiry Date' points to the date field on the label.</p>


Continuous Ambulatory Peritoneal Dialysis

Page: _____ Page 2 of 3
 Issue Date: _____
 Document No: _____

<p>3. Wash Hands</p>	<p>3.1 Apply antibacterial wash to hands 3.2 Rub all surfaces of hands vigorously 3.3 Rinse under water whilst rubbing all surfaces of hands again 3.4 Rub and wash for at least three minutes 3.5 Use a paper towel to turn off tap, then dispose of paper towel 3.6 Thoroughly dry hands using paper towels 3.7 Do not touch anything other than clean equipment until finished 3.8 Especially avoid touching face or coughing on hands</p>	 <p>Pay attention to thumbs, fingernails and between fingers</p>
<p>4. Lay Out Equipment</p>	<p>4.1 Using a paper towel and methylated spirits wipe surface of table 4.2 Slit outer bag down the centre with a clean plastic clamp 4.3 Remove full bag, drain bag and tubing, and place on prepared surface 4.4 Uncoil tubing and peel drain (empty) bag from full bag 4.5 Arrange coils with coloured ring facing out and place full bag on top to secure</p>	 <p>Coloured ring facing out, held in place by full bag</p>
<p>5. Connect Miniline</p>	<p>5.1 Carefully rub Hexol into hands. 5.2 Pull coloured ring off tubing 5.3 Remove cap from miniline 5.4 Roll full bag off tubing 5.5 Keeping hands away from ends, connect tubing to miniline</p>	 <p>When connecting tubing to miniline, don't touch open ends</p>
<p>6. Drain</p>	<p>6.1 Hang full bag up 6.2 Place drain bag on floor, shiny side up 6.3 Open miniline by twisting clockwise 6.4 Record time drain started 6.5 Drain until flow stops and base of line feels cool 6.6 Close miniline 6.7 Weigh patient 6.8 Based on results, plan which bags to use for next 4 exchanges</p>	 <p>Full bag Drain bag Green seal Miniline: twist to open Drain line clamp</p>

Continuous Ambulatory Peritoneal Dialysis

Page:	Page 3 of 3
Issue Date:	
Document No:	

7. Flush and Fill	<p>7.1 Break green seal to full bag</p> <p>7.2 Allow line to flush for five seconds</p> <p>7.3 Close clamp to drain bag</p> <p>7.4 Open miniline</p> <p>7.5 Allow to fill until top bag is empty</p>
8. Dis-connect Miniline	<p>8.1 Clamp the top line</p> <p>8.2 Open a minicap packet and place open on clean surface</p> <p>8.3 Carefully rub Hexol into hands</p> <p>8.4 Disconnect tube from miniline</p> <p>8.5 Keeping your fingers behind the open line and behind the cap, put cap onto miniline</p>
9. Record Amounts	<p>9.1 Examine drained fluid for cloudiness and fibrin</p> <p>9.2  If fibrin is present or fluid is cloudy, contact your CAPD Unit</p> <p>9.3 Weigh and record drained fluid.</p> <p>9.4 Record strength, time and amount of exchanged fluid</p>



Planning bags to use for next 4 exchanges. Recheck each day

Symptoms	Bags to Use			
<input type="checkbox"/> Under ideal body weight <input type="checkbox"/> Low blood pressure <input type="checkbox"/> Dizziness <input type="checkbox"/> Nauseous <input type="checkbox"/> Dry skin	1.5%	1.5%	1.5%	1.5%
Drink some fluids				
<input type="checkbox"/> On ideal body weight <input type="checkbox"/> No signs of puffiness <input type="checkbox"/> No sign of dryness <input type="checkbox"/> Normal blood pressure <input type="checkbox"/> Feeling well	1.5%	1.5%	1.5%	1.5%
<input type="checkbox"/> Slightly over ideal body weight <input type="checkbox"/> Slight puffiness in ankles <input type="checkbox"/> Slightly higher than normal blood pressure <input type="checkbox"/> Some shortness of breath on exertion	2.5%	1.5%	1.5%	1.5%
or				
	2.5%	2.5%	1.5%	1.5%
(Yellow overnight)				
<input type="checkbox"/> 1.5 – 2 kg over ideal body weight <input type="checkbox"/> Puffiness in legs, hands and face <input type="checkbox"/> Higher than normal blood pressure <input type="checkbox"/> Shortness of breath	2.5%	2.5%	2.5%	2.5%
<input type="checkbox"/> 2 – 3 kg over ideal body weight <input type="checkbox"/> Puffiness in legs, hands and face <input type="checkbox"/> High blood pressure <input type="checkbox"/> Shortness of breath	2.5%	2.5%	2.5%	4.25%

More than 3kg over ideal body weight: Contact your CAPD Unit