

PD Procedures: Exit Site Care

VIDEO: *Exit Site Care* video of this procedure can be found at:
bcrenalagencymedia.ca/exit-site-care

1.0 Practice Standard

The following procedure outlines the steps involved to perform a basic PD dressing change on a healed exit site. Indwelling catheters are at risk for the development of infections. Performing the outlined procedure promotes wound healing and minimizes the risk of infection of the peritoneal catheter exit site. The dressing for a healed exit site should be performed daily or a minimum of 3 times per week. It is important to encourage the PD patient or their family member to perform their own PD catheter exit site care when possible.

The PD unit will provide specific direction regarding the procedure for a sterile dressing change and the appropriate treatment for an infected exit site.

2.0 Supplies

- Chlorhexidine liquid soap or non antibacterial liquid pump soap
- Alcohol hand sanitizer
- Sterile 4x4
- Sterile 2x2
- Mepore dressing
- Cleansing agent (chlorhexidine soap, saline spray, non antibacterial liquid pump soap)
- Tape
- Immobilization device
- Antibiotic cream/ointment if ordered
- Swab for C&S if necessary

3.0 Procedure

1. Wash hands thoroughly using chlorhexidine pump soap on non-antibacterial liquid pump
2. Remove the old dressing gently using aseptic technique. Never use scissors or sharp objects to remove the dressing.
3. Assess the external exit site and the visible sinus and tunnel for: drainage type and amount), erythema, swelling, leakage, pain/tenderness, catheter integrity for holes, cracks or loose connector.
4. Re-cleans hands with hand sanitizer.
5. Cleanse the exit site and under the catheter with the cleansing agent and gauze or saline spray and gauze using a circular motion.
6. Dry the exit site thoroughly with gauze.
7. Obtain culture swab for C&S if there are any signs of exudate. Label the specimen and send to the lab with the correct requisition.
8. Using a sterile gauze, apply a pea sized amount of antibacterial cream or ointment such as mupirocin or gentamycin if ordered.
9. Allow the catheter to assume a natural lie on the abdomen ensuring there are no kinks in the tubing and that the connector is not lying on the exit site. Cover with a dressing.
10. Firmly secure the PD catheter and transfer set to the skin with tape or immobilizing device.
11. Document the procedure and your assessment.

Disclaimer: Patient and PD program specifics must be considered when implementing procedures.