

## PERITONEAL DIALYSIS CATHETER EXIT SITE CARE: AN AUDIT OF CURRENT PRACTICE

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**PROBLEM:** The long-term success of peritoneal dialysis (PD) is dependent on maintaining infection free access to the peritoneum. Good exit site care aims to prevent infection and identify problems early. In order to assess whether changes are required to improve, we needed data on current exit site care practice.

**PURPOSE:** To collect data on observed dressing change technique, type of exit site dressing used, frequency of dressing change, cleaning solution used, method of securing the free end of the catheter, whether naseptin nasal cream was being used and a description of the exit site (good, crusted, infected, traumatised, other).

**DESIGN:** The PD community nurse completed a simple questionnaire on routine home visits to all PD patients who had been trained in their exit site care by a single centre.

**FINDINGS:** 72.5% of patients (n=89) were observed to have a good exit site dressing change technique (22.5% fair, 5% poor). 70% changed the dressing 2 or 3 times per week, 85% used mepore dressings and 75% used normasol as a cleaning solution as per the Unit's protocol. 45% used naseptin nasal cream regularly. 11 % did not secure the free end of the catheter but no exit sites were described as traumatised. 71 % had good exit sites, 10% were described as crusted and 8% infected. 10% fell into the 'other' category. These were described as over granulated, excoriated or blood stained discharge.

**CONCLUSION:** Exit site care appeared good in most patients and there were few infected exit sites. Patients with poor exit site dressing change technique require further training. Patients need to be reminded to use their naseptin nasal cream regularly as per the Unit's exit site care protocol.

**RELEVANCE:** These data can be used to determine whether changes in practice should be introduced to improve the quality of exit site care and provide the basis for comparison when the effectiveness of any changes are assessed.