

## THE LONG AND WINDING ROAD TO PD

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**INTRODUCTION:** It is well documented that a seamless transfer from the pre dialysis phase to peritoneal dialysis (PD) is paramount in promoting psychological and physical well-being for chronic kidney disease patients. In our unit patients are managed by the pre dialysis team to the time of first PD treatment, however the PD team traditionally provided post operative tenckoff care in the form of dressings and exit site care. With no defined care pathway this resulted in blurred boundaries between the teams and often a lack of continuity of care. Patients experienced lengthy delays when attending the nephrology ward for dressing changes as the PD team were not sufficiently resourced to deal with this additional workload. Communication between teams was inadequate and pre operative protocols were not always adhered to. In addition, exit site infection rates were observed to be higher than expected.

**DESIGN:** An experienced PD nurse was appointed and a pathway designed to manage patients from Tenckhoff insertion to commencement of PD training. The nurse has initial contact with the patient prior to surgery and ensures that the bowel care protocol is followed. Pre operative advice is given on skin cleansing and appropriate antibiotic therapy arranged if appropriate according to the patients bacteriological swab results. Post operatively patients are taught to perform exit site care in their own home in an effort to reduce infection. They are supported emotionally and education can be begin around the principles of PD. Social or psychological problems are addressed in conjunction with the pre dialysis specialist nurse. Bloods are taken regularly and a training date is organised in conjunction with the consultant, pre dialysis nurse and PD team. The PD nurse organises stock deliveries and liaises with the PD team, communicating any relevant issues. Weekly meetings take place between the pre dialysis team and the Pd nurse and a database of patients is jointly managed to provide an audit trail.

**RESULTS:** The role of the PD pathway nurse has had a positive impact both for patients and on the efficiency of the whole service. The number of exit site infections have been reduced which could be attributed to the change in practice whereby one skilled nurse is providing exit site dressing care in the patients own home. Coupled with this is the more judicious use of pre, peri and post operative antibiotic therapy. Patients have reported feeling supported and well prepared for dialysis since the introduction of this post. Traffic to our nephrology ward has decreased and the PD team now have more time to devote to the training and management of their existing patients.

	Ward Attendee	Home visit	ESI
2005	300	19	36
2006	284	0	15
2007	95	150	12
2008	74	152	14

**CONCLUSION:** The PD nurse has successfully plugged the gap between the pre dialysis and the PD programme and improved the patient's difficult journey through to dialysis. The service is now audited regularly and appropriate changes to protocols have been implemented. The role has provided a central lynchpin for patients undergoing tenckoff catheter insertion ensuring their needs are met according to evidence based practice.