

Peritoneal Dialysis: PD Catheter Exit Site Dressing Change for a Healed Exit Site

Site Applicability

PHC Renal Inpatient Units and Renal Clinics, Critical Care units

Practice Level

Specialized: Registered Nurses and Licensed Practical Nurses who have successfully completed the required Peritoneal Dialysis (PD) education.

Need to Know

The PD exit site is the point at which the PD catheter exits the body. This includes the most external part of the sinus tract and the surrounding skin. The exit site will take 2 to 6 weeks post PD catheter insertion to heal. At this point it is absent of bleeding, discharge, erythema, swelling, leakage, pain, or tenderness on palpation. There is evidence of epithelial tissue growth in the sinus.

PD dressings are changed daily at home and in the hospital. The PD dressing may require more frequent changing if increased discharge present (i.e. if infected). Wet, loose, or dirty PD dressings must be changed promptly.

The most important goal of exit site care is to reduce bacterial colonization and prevent exit site infection or trauma. Exit site care also provides an opportunity to:

- Assess the exit site and tunnel for signs of infection
- Assess, monitor and treat any complications related to the PD catheter
- Provide/reinforce patient teaching re: exit site and PD catheter care

Equipment and Supplies

- 1. Normal saline solution 15 mL vial- sterile
- 2. Sterile dressing tray
- 3. 2 pairs of clean gloves
- 4. Mepore adhesive dressing (if patient allergic, can use Primapore dressing)
- 5. Swab for C&S, if required
- 6. Sterile cotton tipped applicator
- 7. Mupirocin 2% ointment (patient specific medication)

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Procedure

STEPS			RATIONALE
1.	. Preparation and Examination		
	•	Gather needed supplies at patient bedside	
	•	Identify patient and explain procedure	
	•	Set up sterile dressing tray	
	•	Apply face mask to self and patient, if required	Never use scissors to remove exit-site dressings – this may inadvertently damage the catheter. Ensure gentle handling of the catheter. This is critical to avoid exit site trauma.
	•	Perform hand hygiene, don non-sterile gloves and remove old dressing by gently pulling toward exit site	
	•	Assess exit site for signs of infection (redness, swelling, tenderness, discharge): inspect PD catheter and visible sinus by gently raising the tubing	
		 If purulent discharge is present, swab for C&S, notify the physician and discuss treatment plan. 	
	•	Remove non-sterile gloves	
2.	Cleanse Exit Site		De-roofing scabs leaves an open wound and a
	•	Wash hands and apply non-sterile gloves	potential site for infection.
	saline circula	Cleanse exit site and PD catheter normal saline soaked gauze working outwards in a	A dry exit site avoids a warm, moist area with potential to support bacterial growth.
		circular motion, a minimum of 3 inches around and under catheter, 360° around.	The use of prophylactic antibiotics at the exit site has been shown to prevent early infection.
	•	Do not forcibly remove scabs or crust	
	•	Apply topical ointment Mupirocin 2% ointment using a sterile cotton swab.	
3.	. Dressing Application		An absorbent, sterile cover dressing protects the
	•	 Place a folded sterile 2 x 2 gauze from dressing tray under the catheter near the exit site to wick away any drainage. Apply another sterile 2 x 2 gauze from dressing tray over the site, then apply the adhesive dressing. 	exit site and wicks any drainage. Semi-permeable dressings must not be used as they trap moisture at the exit site and have been associated with increased incidence of infection. Securement of PD catheter reduces the risk of exit site trauma which can lead to infection. Never pin the catheter to clothing as this may inadvertently damage the catheter.

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Secure PD catheter to patient using an	
immobilizing device (example: StatLock or	
patient's PD belt)	

Documentation

- a. Document assessment and interventions in PowerChart, Interactive View and I&O >> Dialysis Management>> Peritoneal Dialysis Catheter >> Dressing Activity, and MAR Condition of exit site in particular, any signs of infection or other significant findings (examples: trauma, evidence of leak).
- b. Presence of discharge (serous, purulent, or sanguineous) noted during dressing change, and if specimen sent for culture and sensitivity.
- c. Topical ointment applied at exit site with each dressing change document on MAR.

△ Peritoneal Dialysis Catheter	ie.
△ Abdomen Right	
◆ Activity	
Unexpected Events	
Catheter Dressing	
Site Condition	
Exit Site Care/Action	
Catheter Care/Action	
Dressing Activity	
Patient Response	

Patient and Family Education

Patients admitted to hospital that are well enough to assess their exit site and do their own PD dressing and are encouraged to do so with nursing guidance. The following information is provided to patients by the PD clinic regarding exit site care at **HOME**:

- 1. Inspect catheter, exit site and tunnel before catheter care.
- 2. Showers recommended; avoid immersion in tub. For patients who wish to swim consult with their PD team.
- 3. Cleanse exit site with a clean washcloth and liquid antibacterial soap (i.e. Chlorhexidine 4% with 4% alcohol DEXIDIN 4 DETERGENT). If antibacterial soap is not tolerated, use a wound cleanser approved by the PD clinic such as 'SeaClens' or 'Skintegrity' saline spray. Do not transfer cleansing agent between containers to avoid cross-contamination.
- 4. Never forcibly remove crusts and scabs.
- 5. Apply Mupirocin 2% ointment with 2x2 gauze each dressing change.
- 6. Apply Mepore or Primapore dressing to protect from contamination.
- 7. Secure PD catheter at all times using an immobilizing device (StatLock or PD belt).

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- 8. Report trauma of exit site or catheter to the PD clinic immediately.
- 9. Promptly perform exit site care if wet or grossly contaminated.

Related Documents

- 1. <u>B-00-12-10062</u> Peritoneal Dialysis: Transfer Set Change
- 2. <u>B-00-12-10025</u> Peritoneal Dialysis: PD Catheter Dressing Change Post Insertion/Healing Exit Site

References

- 1. British Columbia Provincial Renal Agency. (2020). PD Procedures: Exit Site Care Healed Exit Non-Showering Procedure.
- 2. Bodin, S. (2022) Peritoneal Dialysis Access. In Contemporary nephrology nursing (4th Ed.) pp439-454

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