# BAPTIST HEALTH SCHOOL OF NURSING
## NSG 4037: Adult Health
### Skills Checkoff For Peritoneal Dialysis

<table>
<thead>
<tr>
<th>Number</th>
<th>Skill</th>
<th>Rationale</th>
<th>Completed</th>
</tr>
</thead>
</table>
| 1      | Assess  | - The patient’s knowledge level about peritoneal dialysis  
        |        | - The patient’s exit site | Enables the nurse to identify learning needs related to self care and peritoneal dialysis |
| 2      | Planning patient care: If the patient is new to P.D. he needs to be taught about the purpose of the procedure, side effects, diet teaching and fluid restriction | The patient/family must be competent to perform the procedure at home and willing to accept responsibility for their treatment |
| 3      | Planning patient care: Assemble the equipment  
        |        | - Read physicians orders  
        |        | - Choose appropriate dialysate  
        |        | - Dialysate is selected from warmer  
        |        | - CAPD tubing  
        |        | - Sealing cap  
        |        | - Betadine or dial soap  
        |        | - Masks  
        |        | - 4x4 guaze pads  
        |        | - gloves  
        |        | - plastic clamps  
        |        | - blue pad  
        |        | - IV pole | Assists in organization of patient care and warm solution will help prevent abdominal cramps while promoting patient comfort |
| 4      | Implementation  
        |        | - Explain purpose of procedure | Alleviates anxiety and promotes emotional support |
| 5      | Implementation  
        |        | - Cover all vents, close the door and place a “CAPD in Progress” sign on the front | Prevents infection |
| 6      | Implementation  
        |        | - Record and inform patient of weight and vital signs | Encourages proper documentation and reinforcement of teaching |
| 7      | Implementation  
        |        | - Place patient in supine position and ask him/everyone in the room to don a mask | Prevents infection |
| 8      | Implementation  
<pre><code>    |        | - Inspect warmed dialysate, it should be clear and colorless | Cloudy dialysate is not safe to administer |
</code></pre>
<p>| 9      | Implementation | Prevents nosocomial |</p>
<table>
<thead>
<tr>
<th>Time</th>
<th>Implementation</th>
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<tbody>
<tr>
<td>10</td>
<td>• Wash hands for 3-5 minutes before the procedure</td>
<td>to prevent infections</td>
<td></td>
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</table>
| 11   | Implementation  
  • Apply Mask and gloves  
  • Raise dialysate bag, place on IV pole  
  • Spike dialysate bag with sterile tubing and flush the line and clamp | Prevents air from entering the abdominal cavity | |
| 12   | Implementation  
  • Open patient’s catheter and quickly connect the tubing | Lessens time connections are exposed to air thereby preventing infection | |
| 13   | Implementation  
  • Ensure all connections are tight and remove P.D. Clamp | Loose connections will lead to contamination | |
| 14   | Implementation  
  • Drain the peritoneal cavity of peritoneal fluid and weigh effluent | Dialysate must be removed before fresh dialysate can be instilled | |
| 15   | Implementation  
  • Assess the drained fluid and observe for anomalies | The nurse must be alert for a possible infection | |
| 16   | Implementation  
  • Unclamp tubing and Instill dialysate, and observe for ease of flow | Allows the patient to have freedom of movement and adequate exchange of solutes | |
| 17   | Implementation  
  • After dialysate has instilled, close patient’s catheter and attach betadine infused cap  
  • Allow fluid to dwell for the ordered amount of time | Drainage is considered contaminated | |
| 18   | Implementation  
  • Flush drained dialysate down toilet or in receptacle in dirty utility room | It is important to keep an accurate account of events | |
| 19   | Implementation  
  • Document findings on the CAPD flow sheet | To determine anomalies | |
| 20   | Evaluation  
  • Evaluate patients response to the procedure | | |