

# Post-Peritonitis Checklist: Beyond Pharmacological Treatment

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## INTRODUCTION

Peritonitis is a leading complication of PD and according to ISPD 2005 guidelines, all cases of peritonitis should be investigated for cause. It is known that patients who have had peritonitis are at higher risk of additional episodes.

In November 2008, a group of DaVita PD facilities reported a collective peritonitis rate of 1 episode for every 29 months of therapy. While this rate is acceptable, we strive for continuous improvement. So, we created a plan to improve this peritonitis rate emphasizing prevention of repeat episodes of peritonitis in the same patients. Peritonitis tends to be recurrent and clustered within patients at risk.<sup>1</sup>

Reference  
 1. Chow KM, Li PK. Int J Artif Organs 2007 30(9) 771-777.

## METHODOLOGY

We interviewed PD nurses about successful actions they have used to a) identify root cause of peritonitis, b) avoid repeat occurrences, and c) simultaneously identify other potential risk factors. Their recommendations for managing peritonitis were condensed into one process: the "Post-Peritonitis Checklist".

The checklist was introduced in December 2008 to approximately 1850 patients. Each participating facility completed and documented the checklist items for every patient diagnosed with peritonitis. At onset of peritonitis, the PD nurses worked through the series of actions with each patient listed on the "Post-Peritonitis Checklist."

## POST-PERITONITIS CHECKLIST

- ✓ At onset, complete questionnaire to identify root causes
- ✓ Obtain daily status reports until effluent has cleared
- ✓ Transfer set change w/ antibiotic therapy initiation
- ✓ Complete home evaluation
- ✓ Consider initiation of pain management
- ✓ Review pictures of healthy vs. infected peritoneum with patient showing long-term adverse effects of peritonitis
- ✓ Notify RD to address protein and fluid balance needs
- ✓ Complete technique re-assessment 4 weeks after antibiotic therapy
- ✓ Manage other medications

## KEY QUESTIONS FOR YOUR PATIENTS

- ❓ How do you think the infection happened?
- ❓ Any exchanges in a different environment?
- ❓ Recently moved your furniture, cyclor, etc.?
- ❓ Has anyone new assisted you lately?
- ❓ Any pets or new animals in your home?
- ❓ Are there seasonal changes re: A/C, fans, vents?
- ❓ Any distractions while you are setting up, connecting or disconnecting?
- ❓ Anyone else in the room while you are setting up, connecting or disconnecting?
- ❓ Any constipation or diarrhea?
- ❓ Are you and others wearing a mask every treatment?

## RESULTS

- By March 2009, the peritonitis rate for the collective group of home patients was 32.81. This was a 12.1% improvement from the initiation of the checklist.
- Practitioner and patient response to this process has been positive.



## KEY LEARNINGS

- ✓ Improved patient care practices involving rigorous and structured follow up *after* episodes of peritonitis resulted in peritonitis rates that exceeded the goal for this group.
- ✓ The major success factor was a step-by-step checklist of pre-existing and innovative interventions consistently used at all facilities.

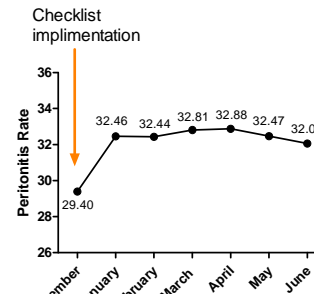


Figure 1. Monthly Peritonitis Rates

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