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The Benefits of a Central Venous Catheter (CVC) to Peritoneal Dialysis (PD) Catheter Conversion Program

Isambert, M., Moran, J., Holland, J., and Krishnan, M.K., DaVita Inc., Denver, CO

Introduction: Central Venous Catheter (CVC) to Peritoneal Dialysis Catheter (PDC) Conversion is a collaborative effort between the in-center hemodialysis team and the PD team to transition appropriate patients from a CVC to a PDC. Patients with CVCs are at higher risk for increased infection, morbidity, mortality, and hospitalizations. In addition to patients who independently choose PD Modality, opportunities to convert patients from CVC to PDC include hemodialysis patients dependent on CVCs; with exhausted access sites, who are needle phobic or have body image issues with having an AV fistula placed, Patients with a clotted access or experienced chronic hemodialysis access dysfunctions and may not want to have another vascular access placed.

Methods: The CVC to PDC initiative started in May, 2009 and is conducted in partnership with DaVita's CathAway program which supports reducing the number of patients with CVCs. The CVC to PDC program begins with patient education outlining the benefits of peritoneal dialysis as an alternative dialysis therapy. The care team identifies appropriate CVC patients who are potential PD candidates and partners the patient with a PD nurse to explain the benefits of the dialysis therapy. Once the patient, family, and physician agree to begin PD therapy, the patient is scheduled for PD catheter placement and PD therapy training.

Results: From 5/2009 to 5/2010, a total of 700 prevalent patients have converted from CVCs to PDCs (Figure). Approximately 76% of the patients are still actively using the PDC.



Conclusion: Through collaborative cross-discipline efforts, this program has proven effective in CVC removal for patients going from in-center hemodialysis to PD. Dedicated support from the nurse, vascular access manage, social worker, and physician was provided for those patients requiring further education on the importance of PDC conversion. By having their CVC removed patients are less likely to experience infection and hospitalizations related to CVC use and thus have an improved quality of life.

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