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Peritoneal Dialysis: Improving Patient Outcomes Utilizing APD versus CAPD in an Acute Care Setting

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One of the most life changing advances of peritoneal dialysis (PD) was the introduction of automated PD (APD) or continuous cyclic peritoneal dialysis (CCPD) in the 1980's. This procedure allowed patients a better quality and more normal way of life. It is now estimated that globally one-third of all PD patients are maintained on APD. The two most common reasons for a PD patient to be admitted into an acute care setting are infection (mainly peritonitis) and cardiovascular disease. While many of our patient's use APD at home, our hospital only offered continuous ambulatory peritoneal dialysis (CAPD) to patients in the acute care setting. It was observed that changing the patients' prescribed home method of PD was often linked to ineffective dialysis, missed exchanges, decreased patient satisfaction, and occasional infective complications. As patient safety goals and patient outcomes are now leading the direction of healthcare, the decision was made to explore the possibility of offering APD to patients admitted for non-PD related diagnosis. A review of evidence based articles showed that patients treated with APD have a decrease in peritonitis rates and an increase in compliance. A cost analysis showed that the cost of APD versus CAPD was comparable and should not influence decision to prescribe either method. An added benefit to APD was identified as a decrease in time required by the nurse to do multiple exchanges with CAPD when compared to the time required for APD. In effort to improve patient outcomes for the peritoneal dialysis patient in an acute care setting, the decision was made to offer cyclic dialysis as an alternative to CAPD for patients not presenting with peritonitis. With the offering of APD, we hope to show an improvement in patient satisfaction scores, decrease in hospital acquired infection, and improved peritoneal dialysis compliance. The staff nurses have received education for this change via in-services, updated policies, and peer-to-peer training. This poster details information and methods used to establish the change in PD methods offered by our hospital.

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