

Teaching Plan for Parent / Carer: Peritoneal Dialysis (Use in Conjunction with Peritoneal Dialysis Guidelines)

Parent

/ Carer Name: ______ Use One Teaching Plan per Person.

Nasal Swab result: DATE:______ RESULT_____

Practi	ical Component Insert initials	Observed By Parent	Observed By Parent	Performed by parent under supervision	Performed by parent under supervision	Performed independently by parent
1.	Hand-washing Technique-					
•	Demonstrates correct hand washing technique as per hospital guidelines					
•	Demonstrates correct use of Alcohol Gel as per hospital guidelines					
•	Understands Non touch technique, key parts, clean v's sterile products etc.					
2.	Correct technique to put Activation Code into Machine correctly.					
3.	Understand Confirm Configurations and able to review PD program and accept.					
4.	2.CCPD/ APD Procedures:					
•	Gathering equipment needed					
•	Turning on machine, reviewing programme and following all steps correctly					
•	Lining machine					
•	Safe connection of dialysis bags and drainage bag					
•	Priming of machine					
•	Safe connection to child/ doll					
•	Re prime patient line if required					
•	Safe disconnection of child/doll					
•	Disposal of lines and effluent safely after each treatment					

5.	Record Keeping:			
•	Record correctly in Baxter Records Book:			
•	Weight and BP pre and post each treatment			
•	Correct bags used			
•	Machine readings after each treatment			
6.	4Exit site care:			
•	Demonstrates exit site care on anatomically correct doll			
•	Correct technique – removal of dressing, cleaning of exit site and application of new			
	dressing using non touch technique			
•	Demonstrates knowledge of signs of infection.			
•	Demonstrates knowledge and technique to swab exit site if required.			
•	Demonstrates correct technique in applying topical cream if required.			
•	Tenckhoff catheter immobilized with strapping/ Mepore tape. Use of PD Belt if			
	available			
7.	Machine Trouble Shooting:			
•	Alarms- Low drain, check lines and bags, System Error 2240			
•	Demonstrates ability to self-manage alarms			
•	Power failure- what to do.			
•	Baxter Helpline- aware of how to operate if needed			
•	Network Communication failure			
•	Bypass Procedure			
8.	Manual drain alarm or ability to perform manual drain			
9.	Fluid Balance:			
•	Target weight- dry weight			
•	Fluid allowance- based on 24 hour urine collection			
•	Fluid overload and dehydration			
•	Fluid allowance			
•	Understanding different solutions when fluid restricted			
10.	What to do if?			
•	Contamination or accidental removal of Minicap			
•	Split or hole in line- tenckhoff tube or disconnection at Titanium connector			

•	Catheter connection undone			
•	Fluid leaking from exit site			
•	Swelling in groin/ genital area			
•	Drain problems- Constipation, Fibrin			
•	Discoloured fluid in drainage bag			
•	Sickness and diarrhoea			
11.	Infection awareness:			
•	Signs of exit site infection			
•	Signs and symptoms of peritonitis- written information given			
•	Sterile parts of equipment			
•	Correct technique of taking PD sample			
•	Correct technique of obtaining PD exit site swab.			
12	Miscellaneous:			
•				
•				

Skill: _____

Date	Feedback	Signature of registered nurse & Grade	Signature of Parent / Carer undergoing assessment	

Declaration of Competency

I, the under-signed, confirm that I have been trained in carrying out the above procedure. I understand the scope of these competencies and agree to carry out the above procedure within the competencies outlined above. I agree to only use this training in respect of the child specifically named ______. I agree that if I have any concerns about my competency, I will discontinue the procedure outlined above and seek advice from a suitably qualified person.

Signed: ______.

Name of Parent / Carer

The above named person has been trained in the procedure outlined above and is deemed competent in the care of ______ who requires peritoneal dialysis. The abovenamed person understands the scope of the competencies and agrees to carryout the procedure within these competencies. They understand and agree to discontinue the procedure if they have any concerns about their competencies.

Signed: ______.

Assessor's Signature Bank								
Signature Grade	&	Initials	Signature Grade	&	Initials	Signature & Grade	Initials	

Name & Grade