

TABLE 1. PROBLEM SOLVING

Symptom	Action
Cloudy dialysis fluid or other signs/symptoms of peritonitis	Samples of effluent fluid should be sent to microbiology for red and white cell counts plus culture and sensitivities.
Blood in effluent dialysis fluid	Consider the extent of the bleed, recent surgery, injury or menstruation. Do not discard the effluent as this will be assessed for severity by the renal team.
Inflamed/exudating PD exit site	Take a swab for microscopy, culture and sensitivity. Topical and oral antibiotics may be required.
Dialysate leaking from PD exit site	Do not attempt to drain fluid into the patient and report to the renal team.
Hernias due to increased intraperitoneal pressure	May require surgical correction.
A cut or split PD catheter	Advise patient to drain out but do not drain fresh fluid back in. Clamp the catheter above the leak.
Touching the exposed tip of PD catheter when its protective cap has been removed	Drain fluid out and clamp catheter.
Difficulty draining in/out/both	The PD catheter may be blocked with fibrin or the inner tip has migrated upwards. Do not drain more fluid in. An abdominal X-ray will be required to check the position of the catheter.
Hyper/hypotension	This requires medical review, fluid status assessment and alteration to the dialysis regime or medication.
Dehydration/fluid overload	As above