Aseptic Technique

The risk of peritonitis can be reduced if you remember to follow the steps listed below.

Before Exchange

- Ensure room is well lit with doors and windows closed[1]
- Turn off fans or air conditioning[1]
- Do not allow pets in room[1]
- Gather supplies needed for procedure
  - Check new bag *(for solution type or glucose strength, clarity, expiry date, amount and leaks)*
- You and your helper must wear a face mask
- Make sure work surface is clean

Before/During Exchange

- Wash hands with antibacterial soap and water[1]
- Dry hands thoroughly with clean disposable towels[1,2]
- **DO NOT** touch any of the sterile parts of the PD system[1] including:
  - The open port on the new bag
  - The top of the open transfer set
  - Any connections
  - The inside of the connection shield or MiniCap
- Do not cough or sneeze over any sterile parts

Finishing Exchange

- If using continuous ambulatory peritoneal diaysis (CAPD), make sure you “flush before fill” when using the TwinBag system[1]
- Wash and dry outlet port clamps
  - Let clamps dry with open end facing downward *(do not use wet clamps)*
- Make sure new MiniCap is secure
- Dispose of used PD bag
- Repeat hand washing procedure

Aseptic technique should be used: when preparing for PD exchange | while performing PD exchange

Baxter

What does Aseptic Technique mean?

- **Aseptic** means not touching any of the sterile parts of your PD equipment
- **Sterile** means no germs are present
- Your hands can never be sterile even after washing, so you must never touch any sterile parts of your PD supplies

Why is Aseptic Technique important?

- Peritonitis can happen because germs get into your abdomen through your catheter while you perform your PD exchange
- Germs can come from your hands, pets or even from a fan blowing them around a room[1]
- The possibility of this happening can be reduced if you remember to follow the steps listed on the front

This document is based on published scientific evidence (as of 2009) and clinical practice guidelines from professional societies. It is intended to be used only as one of many factors for managing PD patients, and it does not replace good medical and clinical judgment. Further, individual circumstances of your patients must be taken into account, as well as guidelines of local nephrology societies and other associations. Do not rely on this document alone.

References

1. Piraino B, Balie G, Bernardini J, et al. Peritoneal Dialysis Related Infections Recommendations: 2005 Update. *Perit Dial Int* 2005;25:107-131.
2. Miller T, Findon G. Touch Contamination of Connection Devices in Peritoneal Dialysis *Perit Dial Int* 1997;17:560-567.

Baxter

Baxter Corporation
Mississauga, ON 1-800-387-8399
www.baxter.ca

Baxter and MiniCap are trademarks of Baxter International Inc. PD-T-12 12/10