

# Recommendations for the **EMERGENCY DEPARTMENT** Management of Peritonitis

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1. Notify the NKC Peritoneal RN on-call immediately upon patient arrival to emergency department. **(206) 292-2285**.
2. **Patient will bring with them to the Emergency Department:**
  - a. Dialysate drain bag for inspection and specimen collection.
  - b. Fresh supplies and 2 new dialysate bags to which medications can be added.
  - c. This page of recommendations **to give to Emergency Department staff**.
3. **For ED Staff:**
  - a. **The Peritoneal Dialysis Catheter must only be accessed by an RN trained in Peritoneal Dialysis.**
  - b. **Obtain dialysate effluent from the drain bag**
4. **Laboratory tests:**
  - a. Cell count with differential (ICD10 code K65.9)
    - i. Send 3 ml lavender-topped tube filled with dialysate effluent
  - b. Gram stain with bacterial **and** fungal culture and sensitivity (ICD10 code K65.9)
    - i. Send 50 ml of effluent in 100 ml sterile specimen container clearly marked as "peritoneal dialysis fluid culture." Request that laboratory use centrifugation technique to process this sample. If laboratory does not centrifuge specimens, inoculate standard culture bottles with 5-10 ml of effluent for processing.
    - ii. Send 10 ml sterile red-topped tube filled with effluent
  - c. **Ask laboratory to fax copy of results to NKC PD unit:**  
**(206) 292-2164 (fax)**
5. **Initial antibiotics must dwell in the peritoneal cavity for a minimum of 6 hours and cover both Gram positive and Gram negative bacteria.** A combination of Vancomycin and Ceftazidime is recommended for empiric therapy of peritonitis (while waiting for culture/Gram stain results). If a cephalosporin allergy exists Tobramycin should be substituted for Ceftazidime.
6. **Medications will be added to a single bag of dialysate and given intraperitoneally (IP) based on actual body weight. Add the**

Patient Name \_\_\_\_\_

NKC# \_\_\_\_\_

**entire dose to the dialysate bag using usual sterile technique. Have patient perform dialysis exchange using entire bag.**

**a. Vancomycin Dosing**

**IMPORTANT: Vancomycin is dosed every 5-7 days (depending on vancomycin random levels) NOT DAILY.**

Actual Weight (Kg)	Vancomycin Dose IP
<60	1000 mg in one bag
60-90	1500 mg in one bag
>90	2000 mg in one bag

**b. Ceftazidime Dosing: Weight <50 Kg 1000 mg IP, ≥50 Kg 1500 mg IP daily in long dwell (≥ 6 hours).**

**c. Tobramycin Dosing (Cephalosporin allergy) IP daily in long dwell (≥ 6 hours).**

Actual Weight (Kg)	Tobramycin Dose IP
<27	20 mg
28-33	25 mg
34-40	30 mg
41-46	35 mg
47-53	40 mg
54-60	45 mg
61-66	50 mg
67-73	55 mg
74-80	60 mg
81-86	65 mg
87-93	70 mg
94-100	75 mg
101-106	80 mg
107-113	85 mg
114-120	90 mg
121-126	95 mg
127-133	100 mg

7. Vancomycin in combination with either Ceftazidime or Tobramycin is compatible and may be administered into the same dialysate bag.
8. If treatment started on a weekend or holiday, levofloxacin can be substituted for gram-negative coverage until NKC pharmacy is available to provide IP medication. (Levofloxacin 500 mg PO first dose then 250 mg PO every other day.)
9. Add Heparin 500 units per liter IP to each dialysate bag unless contraindicated.

**Patient Name** \_\_\_\_\_

**NKC#** \_\_\_\_\_

**Northwest Kidney Centers**

Recommendations for the Emergency Room Management of Peritonitis

10. Notify the patient's attending nephrologist or covering on-call nephrologist.
11. **If patient is discharged from the emergency department, please notify the on call peritoneal dialysis nurse. (206) 292-2285.**
12. For pain management, oral medications as needed. Avoid non-steroidal anti-inflammatories (NSAIDS).
13. Patients will be educated to make an Emergency Kit that they can take with them to the Emergency Department.