

<p style="text-align: center;">RECOMMENDATIONS FOR THE EMERGENCY ROOM MANAGEMENT OF PERITONITIS</p>
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1. Notify the NKC Peritoneal RN on-call immediately of patient admission
(206) 292-2285.
2. **Patient will bring with them to the Emergency Room:**
 - A. Cloudy dialysate bag for specimen collection.
 - B. Fresh supplies and new dialysate bag to which medications can be added.
 - C. This page of recommendations and give to Emergency Room staff.
3. **Laboratory tests:**
 - A. Cell count with differential (ICD-9 code 567.9)
 - i. Send 3 ml lavender-topped tube filled with effluent.
 - B. Gram stain with bacterial/fungal culture and sensitivity (ICD-9 code 567.9)
 - i. Send 50 ml of effluent in 100ml 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 5-10ml of effluent for processing.
 - ii. Send 10ml sterile red-topped tube filled with effluent.
 - C. Ask laboratory to fax copy of results to NKC PD unit: (206) 292-2164 (fax).
4. **Determine if patient has residual kidney function (RKF)**
 - A. Patient produces any urine per day = **RKF present**
 - B. Patient does not urinate at all = **No RKF**
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. If a cephalosporin allergy exists Tobramycin should be substituted for Ceftazidime.

6. Medications will be added to a single 2L bag of dialysate and given intraperitoneally (IP) and dosed based upon actual body weight and presence or absence of residual kidney function (RKF):

A. Vancomycin Dosing (same for RKF present or No RKF)

Actual weight	Vancomycin dose IP
Less than 42 kg	1000 mg
42 - 58.9 kg	1500 mg
59 - 74.9 kg	2000 mg
75 - 91.9 kg	2500 mg
Above 91.9 kg	3000 mg

IMPORTANT: Vancomycin, is dosed every 4-5 days. NOT DAILY.

B. Ceftazidime Dosing

Actual weight	RKF present Ceftazidime dose IP	Actual weight	No RKF Ceftazidime dose IP
Less than 63 kg	1000 mg	Less than 50 kg	500 mg
63 - 87.9 kg	1500 mg	50 - 83.9 kg	1000 mg
88 - 112.9 kg	2000 mg	84 - 116.9 kg	1500 mg
Above 112.9 kg	2500 mg	Above 116.9 kg	2000 mg

C. Tobramycin Dosing (Cephalosporin allergy)

Actual Weight	RKF Present Tobramycin dose IP	Actual Weight	No RKF Tobramycin dose IP
Less than 36 kg	25 mg	Less than 38 kg	20 mg
36 - 49.9 kg	30 mg	38 - 45.9 kg	25 mg
50 - 56.9 kg	40 mg	46 - 54.9 kg	30 mg
57 - 63.9 kg	45 mg	55 - 62.9 kg	35 mg
64 - 69.9 kg	50 mg	63 - 70.9 kg	40 mg
70 - 76.9 kg	55 mg	71 - 79.9 kg	45 mg
77 - 83.9 kg	60 mg	80 - 87.9 kg	50 mg
84 - 89.9 kg	65 mg	88 - 95.9 kg	55 mg
90 - 96.9 kg	70 mg	96 - 104.9 kg	60 mg
97 - 103.9 kg	75 mg	105 - 112.9 kg	65 mg
104 - 109.9 kg	80 mg	113 - 120.9 kg	70 mg
110 - 116.9 kg	85 mg	121 - 129.9 kg	75 mg
117 - 123.9 kg	90 mg	Above 129.9 kg	80 mg
124 - 129.9 kg	95 mg		
Above 129.9 kg	100 mg		

7. Vancomycin in combination with either Ceftazidime or Tobramycin are compatible and may be administered into the same dialysate bag.
8. Add Heparin 500 units IP to each dialysate bag unless contraindicated.
9. Notify the patient's attending nephrologist or covering on-call nephrologist to discuss the clinical situation and arrange plan for either outpatient or inpatient treatment, as appropriate.
10. If discharged from the hospital, the ER may dispense a single dose of reconstituted Ceftazidime or Tobramycin for home administration the following day.
11. **NKC patients have been instructed to administer medications via the intraperitoneal (IP) route if the dose is clearly defined.** Check to make sure the patient has 10cc syringes and 21 or 23 gauge, 1-inch needles at home to administer the antibiotics.
12. For pain management, oral medications as needed. Avoid non-steroidals (NSAIDS) if possible.