

Peritoneal Dialysis Stages of Transition

Summarized here are recommendations from a Quality Improvement Team, comprised of the Medical Directors and Clinician Teams at the six largest Peritoneal Dialysis (PD) programs in the U.S., who focused on the topic: “When the Peritoneal Dialysis to Home Hemodialysis Therapy Transition Makes Sense.”* They concluded that when starting a patient on PD therapy, education on modality options shouldn’t end. In fact, it’s just the beginning. Understanding predictors of impending PD transition—including what to watch for and what actions you can take—provides a roadmap for you to help patients on this journey.

STAGE

1

Healthy PD

50% survival over 36 months
Start modality options education

STAGE

2

PD @ Risk

50% technique failure within 6-9 months
Continue education and modality training

STAGE

3

Precipitous PD Decline

Analogous to acute renal failure
Continue modality education, with urgency

STAGE

1

Adjustment

Prepare for the future even as they begin PD at home

TRANSITION OVERVIEW

Watch For:

How well are they adjusting to this life-changing event?

Action:

- Help them understand the different stages of PD therapy
- Identify their goals and aspirations for the next week, month, year
- Create a life plan to address how therapy can meet their needs
- Educate on modality options for their future, including home hemodialysis (HHD)

CLINICAL INDICATORS

- Peritonitis episode
- Albumin level < 3.5
- Life-changing events (family, change in social support, depression)
- PD vintage > 5 years
- Transplant waiting list > 2 years

INTERVENTIONAL STRATEGIES & EDUCATIONAL MESSAGING

- Discuss average survival on PD—can be successful for several years; on average, 50% technique survival at 24-36 months
- “It is possible to remain at this stage for years.”
- Create a Life Plan and continually re-educate patients about other therapy options available to them
- “If and when therapy is needed, there are options.”

STAGE

2

Re-evaluation

Closely monitor for signs of decline as the journey continues

TRANSITION OVERVIEW

Watch For:

Have they stopped engaging in hobbies or activities because they aren't feeling well?

Action:

- Re-assess if therapy is meeting their needs, referring to their life plan
- Re-educate on modality options, knowing that they're used to the freedom of home dialysis

CLINICAL INDICATORS

- Declining or loss of Residual Renal Function
- Albumin level < 3.0 or decrease of .2 every 2 months
- Infections (peritonitis, ES, tunnel) 3 or more within a year; 1 very severe episode (fungal, sclerosing)
- < 1 L/day of UF combined with residual and therapy
- Increasing number of exchanges
- Use of Icodextrin
- Declining adequacy ($Kt/V < 1.7$ after R_x adjustments)
- Decline in physical appearance and/or abilities

INTERVENTIONAL STRATEGIES & EDUCATIONAL MESSAGING

- May begin to see clinical signs
"Transition is coming. It might be immediate, in months, or in a year."
- Be proactive about access plans
"It varies from person to person."
- Re-educate on other modality options that fit within lifestyle
"Revisit your Life Plan, get re-trained on your therapy choices, and discuss your transition."

STAGE

3

Imminent Transition

Proactively plan a modality transition to keep them at home, if that's what they want

TRANSITION OVERVIEW

Watch For:

Does their health and quality of life appear to be deteriorating?

Action:

- Discuss their modality options, including the clinical and lifestyle benefits of HHD
- Establish access—their PD access can no longer be used
- Train on their chosen modality

CLINICAL INDICATORS

- 3 or more of the Stage 2 indicators plus the following:
 - Medical complications (CV, fractures, hernias, leaks)
 - > 3 hospitalizations in 1 year (ICU)

INTERVENTIONAL STRATEGIES & EDUCATIONAL MESSAGING

- Vascular access placed
- Determine best therapy option: home hemodialysis or in-center hemodialysis
- Encourage patients to "Experience the Difference"
"Access will be critical. Get stable and revisit options once stabilized."