PURPOSE:
To maintain access to the intraperitoneal cavity via an indwelling catheter.

CONSIDERATIONS:
1. The Tenckhoff catheter is inserted into the abdominal cavity for purposes of chemotherapy or peritoneal dialysis or management of ascites.
2. The patient or a family member is usually taught to perform the daily care.

EQUIPMENT:
- Gloves (2 pairs)
- Impervious trash bag
- 3 antimicrobial swabs
- Sterile 4x4 gauze pads
- Sterile applicators
- Hibiclens®
- Sterile water
- Hydrogen peroxide
- Paper tape

PROCEDURE:
1. Adhere to Standard Precautions.
2. Explain procedure to patient.
3. Don gloves and remove old dressing from exit site and discard in appropriate container.
4. Observe the exit site for signs of infection, including redness, swelling or drainage. Observe the catheter for signs of cuff erosion.
5. Palpate at the site of insertion, the cuff site and the implanted tunnel site to determine signs of infection such as tenderness or pain. Remove gloves.
6. Don fresh gloves and gently scrub area around catheter exit site with Hibiclens® and water for 2 minutes.
7. Rinse with water.
8. Use hydrogen peroxide and applicator to remove any crust not removed by Hibiclens® wash. Dry exit site and catheter with 4x4 gauze pads.
9. In a semi-circular motion from inside out, wipe around one half of the exit site with one antimicrobial swab. Use a second swab for the other half. Use a third swab from the exit site up the "tail" of the catheter, including the catheter cup.
10. Fold the two gauze pads in half and position one at each side of the catheter. Tape securely.
11. Cover catheter and gauze pads with a 4x4 gauze pad and tape in place using picture frame technique.
12. Discard soiled supplies in appropriate containers.

AFTER CARE:
1. Document in patient's record:
   a. Appearance of catheter, catheter site, patient's temperature.
   [Note: A temperature of 101 degrees Fahrenheit is reported to the physician.]
   b. Patient's response to procedure.
   c. Instructions given to patient/caregiver.