

Guide de Traitement des Péritonites en Dialyse Péritonéale

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Patient Education

- Immediately report cloudy effluent, abdominal pain, and/or fever to PD unit
- Save drained cloudy dialysate and bring to clinic
- Treatment will be adding intraperitoneal antibiotics for up to 3 weeks
- Report worsening symptoms or persistent cloudiness to PD unit
- Schedule retraining for technique issues

Outcomes Evaluation

- Collect data to include
 - Date of culture, organism identified, drug therapy used
 - Date infection resolved
 - Recurrent organisms, date of drug therapy
 - Method of interim renal replacement therapy
 - Date of catheter removal
 - Date of new catheter reinsertion
 - Documentation of contributing factors
 - Break in technique, patient factors, exit-site infections, tunnel infections
 - Date of reeducation/training
- Enter data into catheter management database

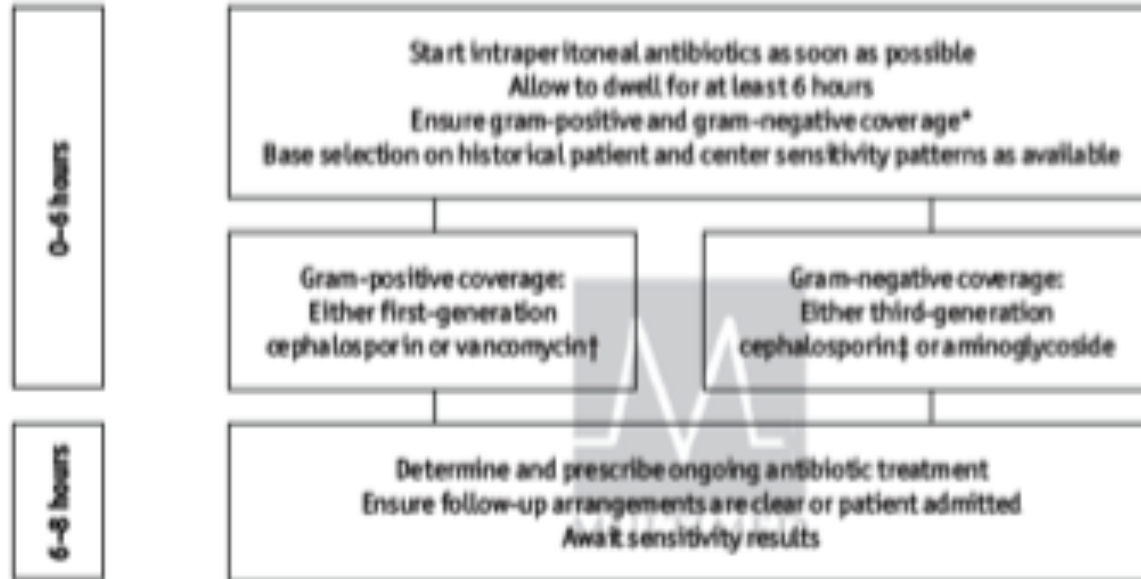


Figure 1 —Initial management of peritonitis: *Continued assessment and modification of therapy based on culture and sensitivity results; refer to subsequent sections for specific organisms cultured. †Dwell time of the exchange for intermittent therapy must be a minimum of 6 hours. ‡Vancomycin may be considered if patient has a history of methicillin-resistant *Staphylococcus aureus* colonization/infection, is seriously unwell, or has a history of severe allergy to penicillins and cephalosporins. If the center has an increased rate of methicillin resistance, vancomycin may also be considered. ††If the patient is cephalosporin allergic, aztreonam is an alternative to ceftazidime or cefepime. Vancomycin and ceftazidime are compatible when mixed in a dialysis solution volume greater than 1 L; however, they are incompatible when mixed in the same syringe or empty dialysis solution bag for reinfusion. Aminoglycosides should not be added to the same exchange with penicillins as this results in incompatibility.

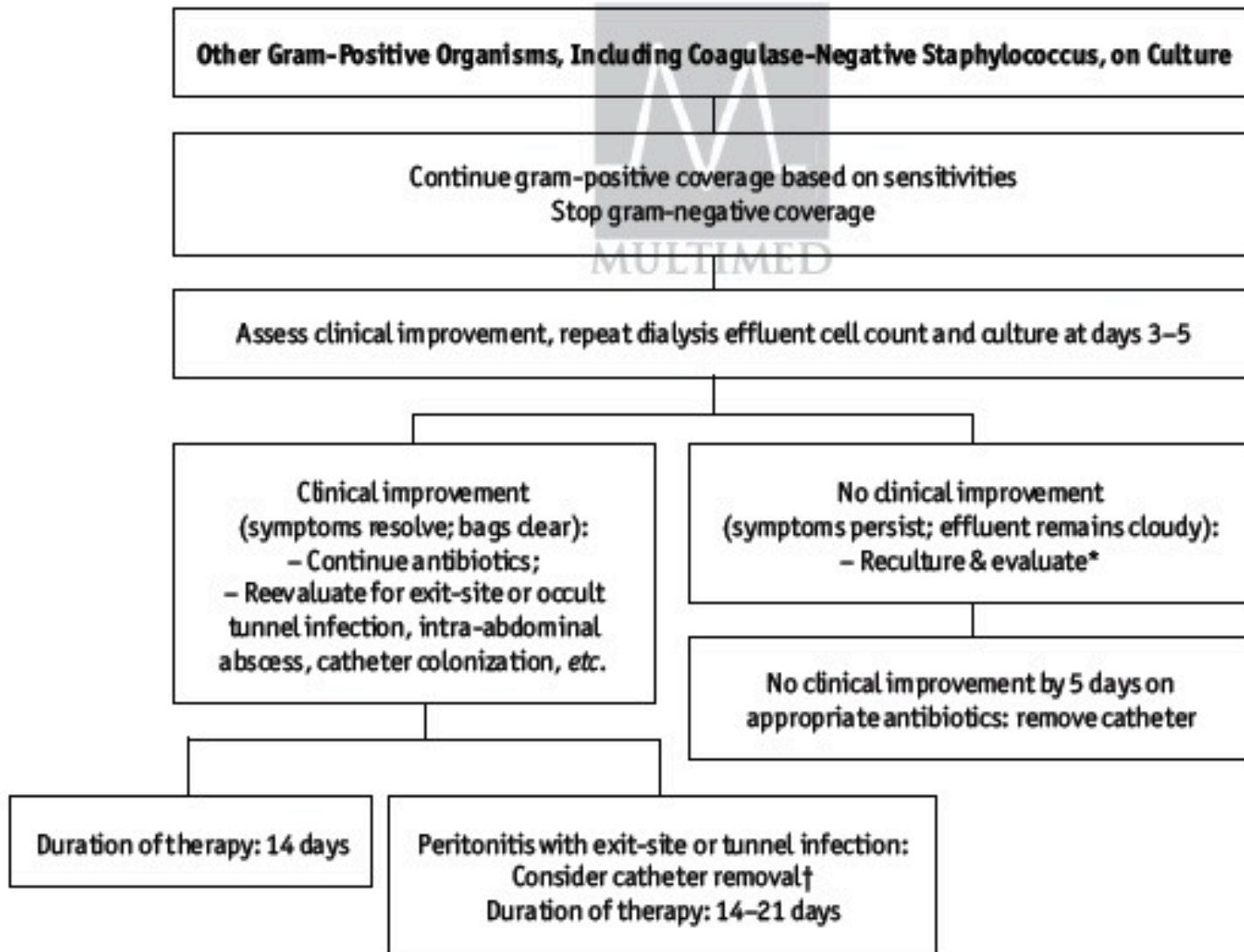


Figure 2— Coagulase-negative staphylococcus (CoNS; *Staphylococcus epidermidis*): *CoNS can sometimes lead to relapsing peritonitis, presumably due to biofilm involvement. †The duration of antibiotic therapy following catheter removal and timing of resumption of peritoneal dialysis may be modified depending on clinical course.



Figure 3 — Enterococcus or Streptococcus peritonitis: *Choice of therapy should always be guided by sensitivity patterns. †Linezolid is used for vancomycin-resistant enterococcus, bone marrow suppression has been noted after 10–14 days. ‡The manufacturer's precaution label states that these antibiotics should not be mixed together in the same solution container. Physicians' own judgment is necessary. †The duration of antibiotic therapy following catheter removal and timing of resumption of peritoneal dialysis may be modified, depending on clinical course.

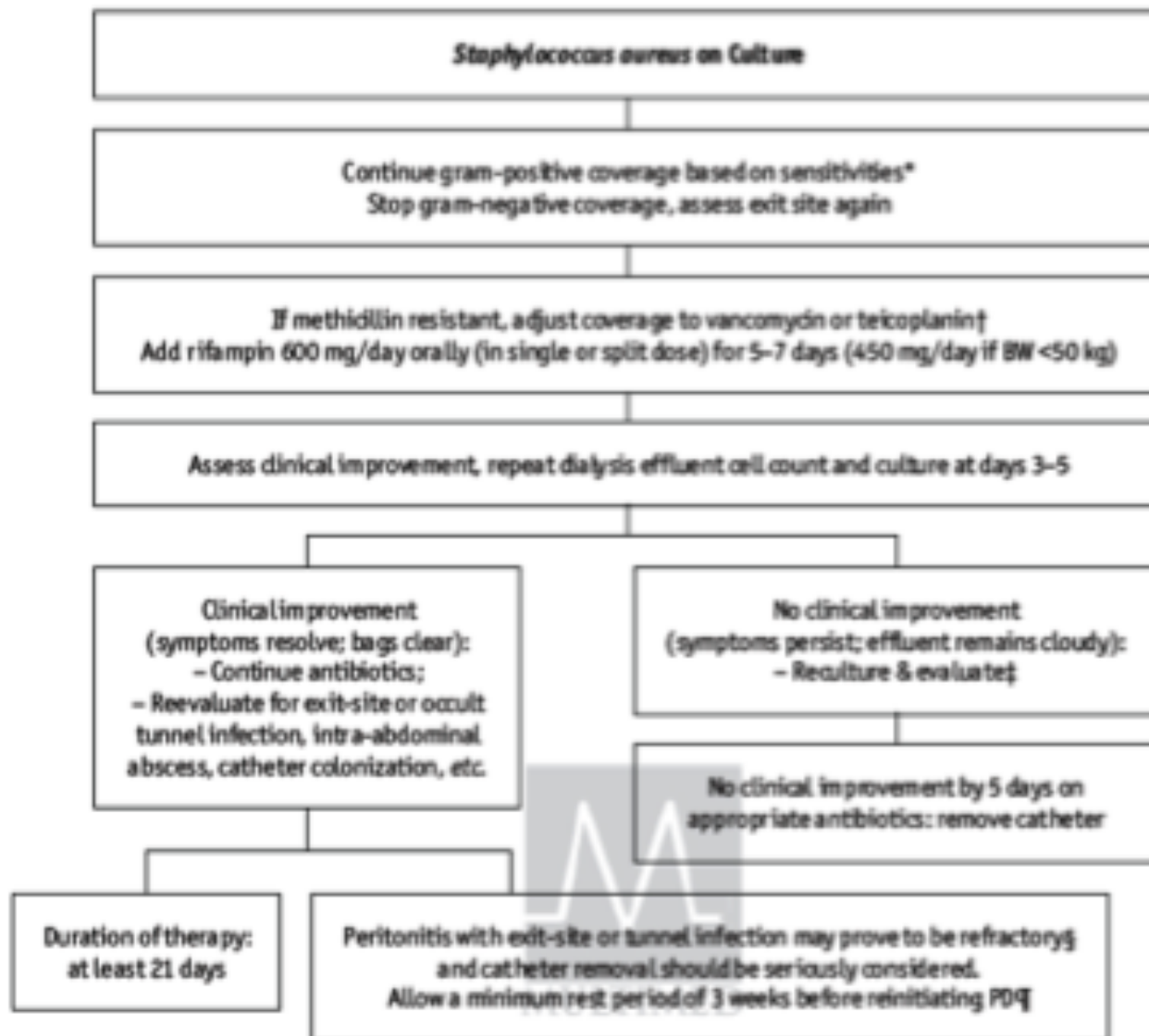


Figure 4 — *Staphylococcus aureus* peritonitis: *If vancomycin-resistant *S. aureus*, linezolid, daptomycin, or quinupristin/dalfopristin should be used. †Teicoplanin can be used in a dose of 15 mg/kg every 5–7 days. ‡In areas where tuberculosis is endemic, rifampin use for treatment of *S. aureus* should be restricted. §“Refractory” is defined as failure to respond to appropriate antibiotics within 5 days. ¶The duration of antibiotic therapy following catheter removal and timing of resumption of peritoneal dialysis may be modified depending on clinical course. BW = body weight; PD = peritoneal dialysis.

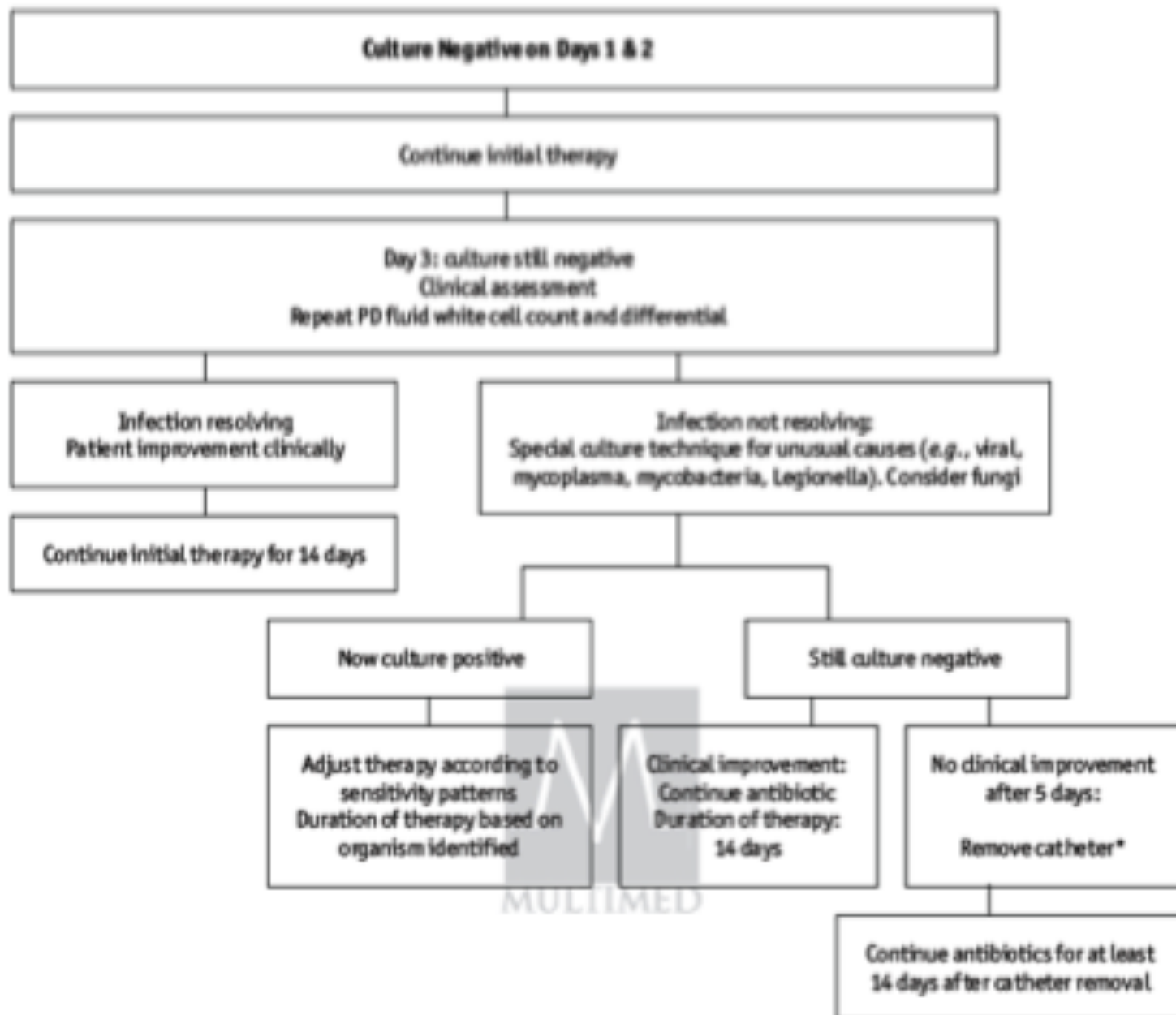


Figure 5 — Culture-negative peritonitis: *The duration of antibiotic therapy following catheter removal and timing of resumption of peritoneal dialysis (PD) may be modified depending on clinical course.

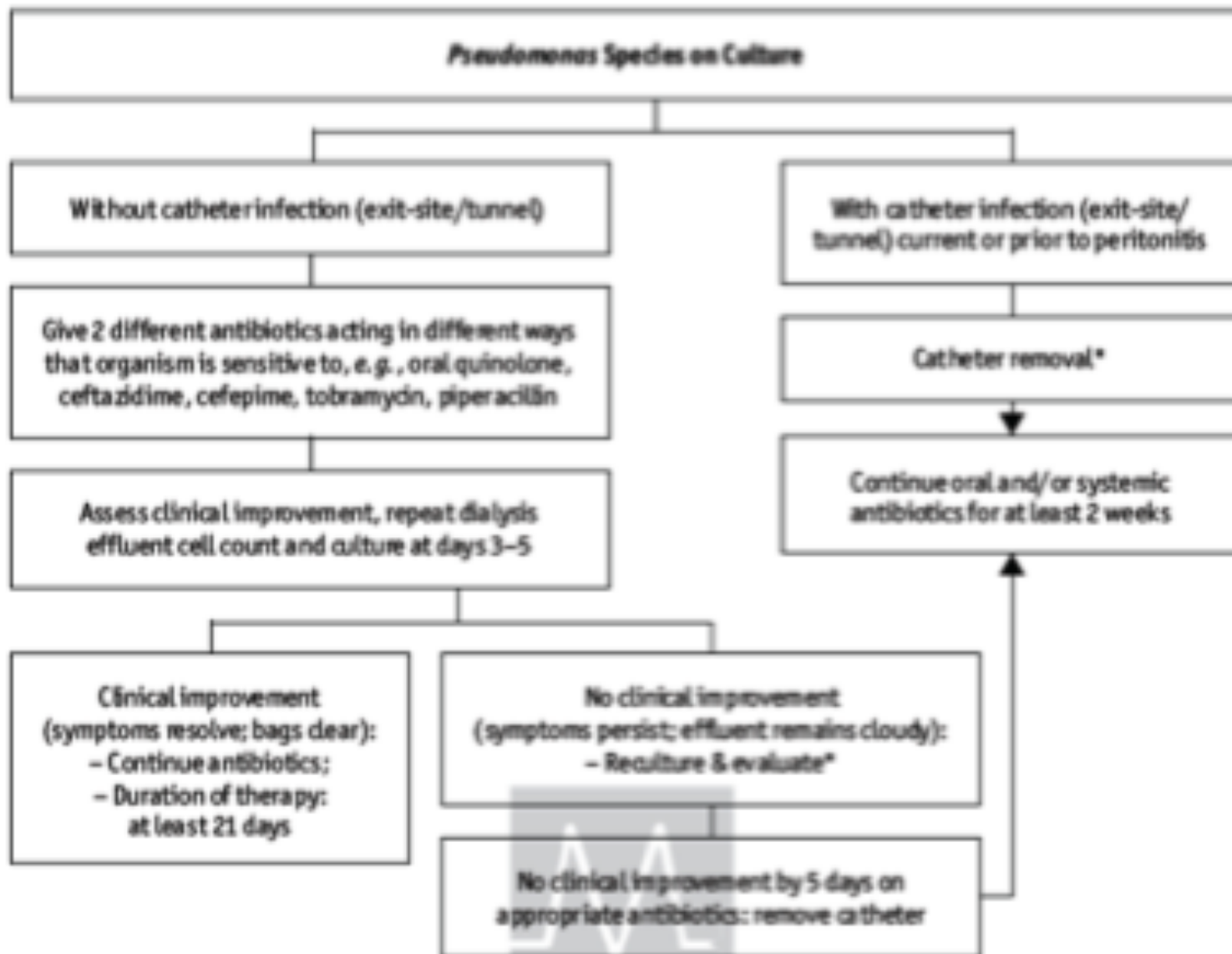


Figure 6 — *Pseudomonas* peritonitis. *The duration of antibiotic therapy following catheter removal and timing or resumption of peritoneal dialysis may be modified depending on clinical course.

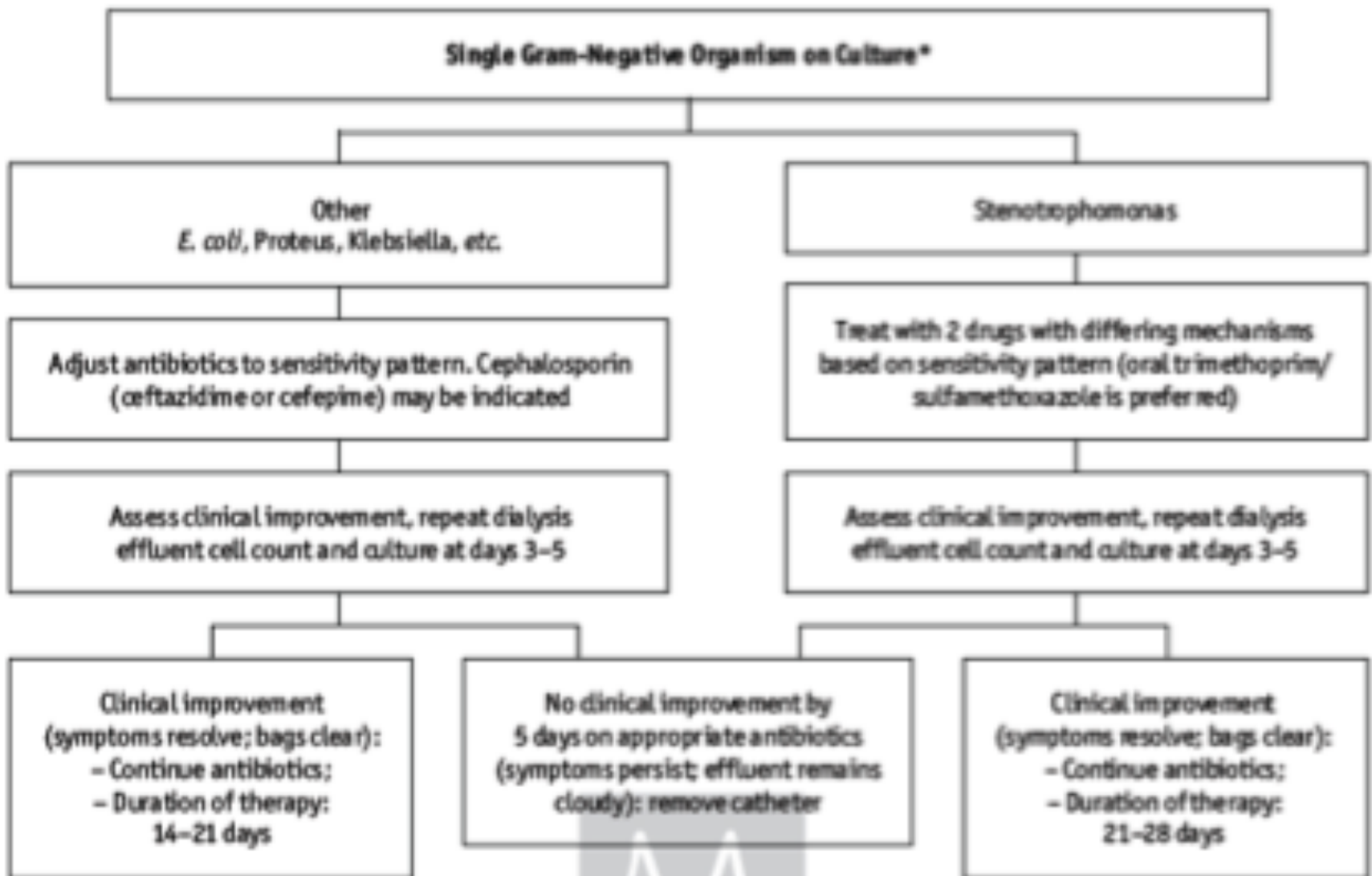


Figure 7 — Other single gram-negative organism peritonitis: *Choice of therapy should always be guided by sensitivity patterns.

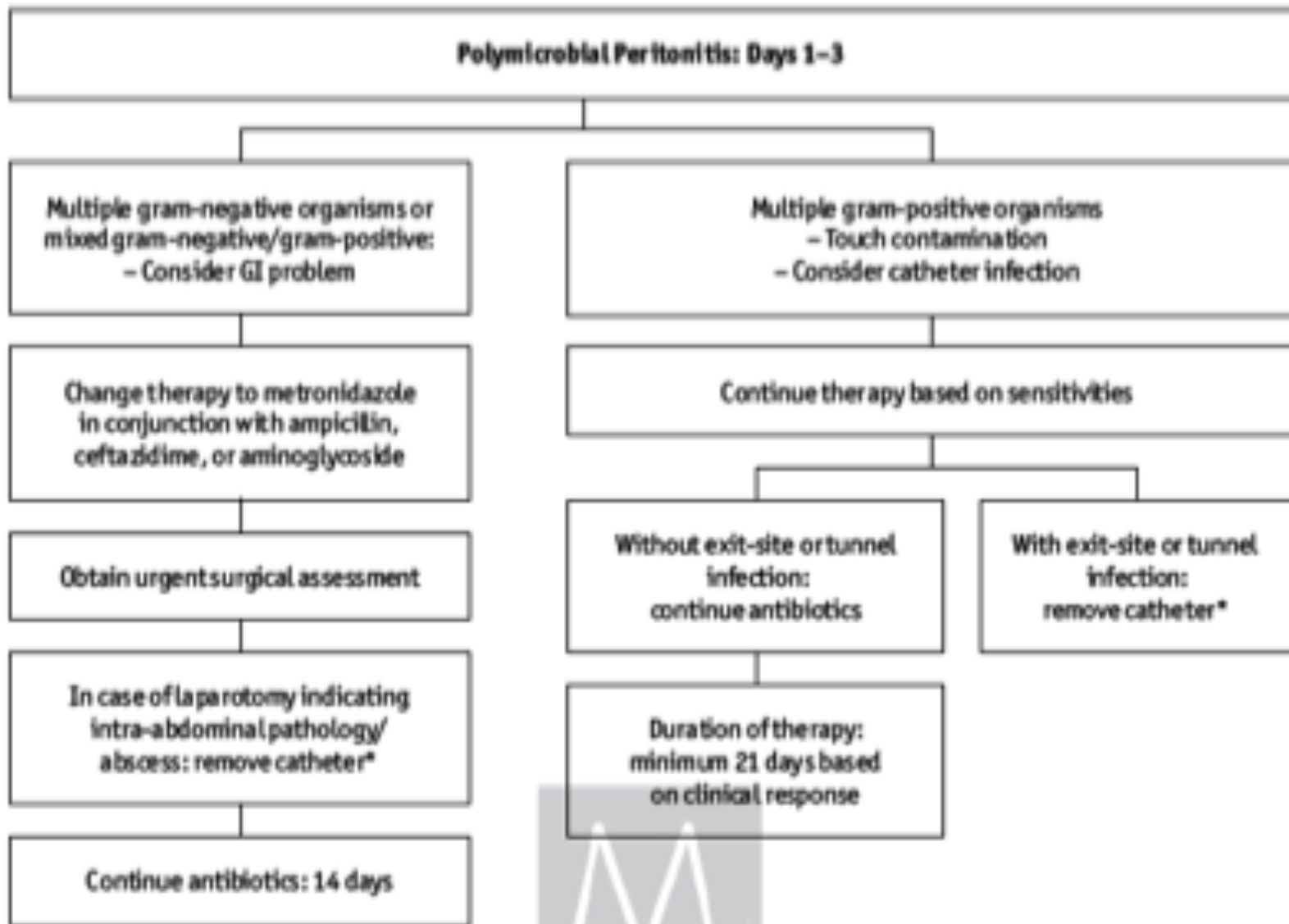


Figure 8 — Polymicrobial peritonitis: *The duration of antibiotic therapy following catheter removal and timing or resumption of peritoneal dialysis may be modified depending on clinical course. GI = gastrointestinal.