**PD CATHETER FLOW DYSFUNCTION ALGORITHM**

**STEP 1**
- Evaluate for extraluminal issues
- Check for and open kinks, closed clamps on catheter, transfer set and tubing/drain lines
- Check for positional flow by changing body position (side-to-side, sitting/standing)
- Check catheter transfer set as potential origin of blockage
- Recheck flow. Discuss potential of constipation
  - If normal flow, process complete
  - If no flow continue to Step 2

**STEP 2**
- Evaluate for intraluminal issues
- Rule out clots and/or fibrin
- Flush catheter with 50 cc normal saline or dialysate using push/pull maneuver
  - If normal flow, process complete
  - Consider intraperitoneal anticoagulant therapy for prevention\(^1\)
  - If pain or cramping occurs stop push/pull maneuver. Continue to Step 3

- If no or poor catheter flow, consider use of intraluminal fibrinolytic protocol\(^2\)
- If normal flow, process complete
- Consider intraperitoneal anticoagulant therapy for prevention\(^1\)
- If no flow continue to Step 3
**STEP 3**
Perform abdominal x-ray (KUB) to evaluate catheter position

- Catheter in correct position, continue to next step
- Catheter displaced and/or stool present, continue to next step

- If substantial amount of stool present, begin cathartics until bowel cleared then implement/maintain an effective bowel regimen
- If no substantial amount of stool seen, continue to Step 4

**STEP 4**
Evaluate for anatomical interference
- Consider ordering catheter dye study or catheterogram\(^3\) and discuss results with physician/surgeon:
  - To potentially perform laparoscopy and visualize position of the catheter
  - To potentially address omental encasement and/or consider repositioning or replacing the catheter

- Flow resumed
- Process complete

**References:**

By its nature, this guide cannot be considered to be exhaustive, and users are encouraged to pursue specific issues that may not be covered herein. This guide is not intended to be the practice of medicine, nor does it replace medical clinical judgment.