

A protocol for urgent-start peritoneal dialysis results in less blood stream infections and appears to reduce mortality when compared to urgent-start hemodialysis, according to research presented at the National Kidney Foundation's 2015 Spring Clinical Meetings in Dallas.

Most patients who present with end-stage renal disease in the emergency room are given urgent-start hemodialysis with a central venous catheter. However, researchers at the University of Southern California hypothesized that allowing patients the option of starting with peritoneal dialysis could improve long-range outcomes.

"In general, the overall outcomes for urgent-start PD patients are no different than patients who do traditional, planned PD and hemodialysis in terms of infection rates and outcomes," said lead researcher Arshia Ghaffari, MD, Assistant Clinical Professor of Medicine, USC Division of Nephrology. "We were also surprised that we didn't see the rate of complications we thought we would have in these urgent-start PD patients."

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The research is based on 161 dialysis patients, of which 46 were urgent-start PD patients. Those who had urgent-start hemodialysis with a central venous catheter had a 43% higher hospitalization rate and had 4.3 times higher rates of adjusted catheter-related bacteremia, compared to urgent-start PD patients. There was also a statistically significant reduction in mortality for those on urgent-start PD compared to urgent-start hemodialysis with a central venous catheter.

“I worked at a county hospital where I regularly saw patients crashing into dialysis without a plan,” said Ghaffari. “Most are put on hemodialysis because there is infrastructure for that modality, but this research shows that urgent-start dialysis patients should be given a choice for their treatment.”

Urgent-start PD patients had similar rates of infection and hospitalization when compared to patients who had planned to go on hemodialysis or peritoneal dialysis.

“Many studies indicate better clinical outcomes for those on PD, and many PD patients report feeling better and having more energy for daily tasks,” said Kerry Willis, PhD, Chief Scientific Officer, National Kidney Foundation. “This new protocol appears to offer ESRD patients a safer dialysis choice, even in an urgent-start situation. It would be great to see this study replicated in other centers.”

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