**Section 1: Demographic information**

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| --- |
| 1. Years of experience (renal unit): \_\_\_\_\_\_\_\_\_\_  |

 2. Country of your unit: [ ] Australia [ ] New Zealand

 3. State *(For Australia only)*:

|  |  |  |  |
| --- | --- | --- | --- |
|  [ ] NSW | [ ] WA  | [ ] TAS | [ ]SA  |
|  |  |  |  |
|  [ ] VIC | [ ] QLD | [ ] ACT | [ ] NT |

 4. Where is your unit located:

 [ ] Rural

 [ ] Regional

 [ ] Metropolitan

**Section 2: Background information on peritoneal dialysis**

1. Will you always admit patients with APD who develop peritonitis?

|  |  |  |  |
| --- | --- | --- | --- |
| Rarely | Sometimes | Often | Always |
| O | O | O | O |

1. Does your approach towards treating patients on APD developing peritonitis differ if the peritonitis was being treated in an in-patient or out-patient setting?

[ ] Yes

[ ] No

1. If you have answered ‘Yes’ to above question, please describe your approach in both an in-patient setting as well as an out-patient setting.

|  |
| --- |
| Change in approach in an in-patient setting Change in approach in an out-patient setting  |

1. Which of the following is the ***most common approach*** for managing APD-associated peritonitis patients receiving intraperitoneal antibiotics in your unit?

[ ] Temporarily switch to CAPD (Go to section 3)

[ ] Remain on APD and give antibiotics in the day time exchanges (Go to section 4)

[ ] Remain on APD and give antibiotics during the APD exchanges (Go to section 5)

**Section 3: Temporarily switch to CAPD**

1. Based on your experience, how important are the following reasons for temporarily switching APD to CAPD during peritonitis?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Not important | Slightly Important | Moderately Important | Very Important | Extremely Important | Not applicable |
| Concerns over inadequate time for intraperitoneal antibiotic absorption in treating APD peritonitis | O | O | O | O | O | O |
| Inability to observe the clarity of the peritoneal dialysate to monitor clinical improvement of peritonitis  | O | O | O | O | O | O |
| Lack of intraperitoneal antibiotic pharmacokinetic data in APD patients  | O | O | O | O | O | O |
| Shortage of APD-trained staff if patient is treated as an inpatient | O | O | O | O | O | O |
| Outflow problems due to fibrin clots (turbid effluent) and excessive alarms on APD | O | O | O | O | O | O |
| Better peritonitis outcome by switching APD to CAPD during peritonitis  | O | O | O | O | O | O |
| Non-availability of APD machines if patient is treated as an in-patient | O | O | O | O | O |  |

Are there further reasons (other than those listed above) for switching from usual APD to CAPD temporarily? If yes, please specify

|  |
| --- |
|  |

1. Which of the following is the main method employed to administer intraperitoneal antibiotics in APD patients temporarily switched to CAPD during peritonitis?

[ ] Intermittent dosing *(antibiotics given once-daily in a long dwell or dosed based on the International Society of Peritoneal Dialysis (ISPD) guidelines)*

[ ] Continuous dosing *(antibiotics loaded into each bag of peritoneal dialysis fluid)*

[ ] **Don’t know**

1. In your unit, do APD-associated peritonitis patients who temporarily switch to CAPD remain on the CAPD modality for the entire duration of the intraperitoneal antibiotic course?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Don’t know | Rarely | Sometimes | Often | Always |
| O | O | O | O | O |

1. In your unit, how long do APD-associated peritonitis patients remain on CAPD for their intraperitoneal antibiotic treatment?

[ ] Until the patient is an in-patient

[ ] 0-3 days

[ ] 4-7 days

[ ] 8-10 days

[ ] Entire duration of antibiotic treatment

1. From your experience, how important are the following reasons for switching patients on CAPD back to usual APD, while still on IP antibiotics?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Not important | Slightly Important | Moderately Important | Very Important | Extremely Important | Not applicable |
| Clinical improvement of the APD-associated peritonitis  | O | O | O | O | O | O |
| Patients’ preference | O | O | O | O | O | O |
| Ease of administration of antibiotics | O | O | O | O | O | O |
| At discharge from the hospital  | O | O | O | O | O | O |

Are there further reasons (other than those listed above) for switching patients on CAPD back to usual APD? If yes, please specify

|  |
| --- |
|  |

**Section 4: Remain on APD and give antibiotics in the daytime exchanges**

1. Based on your experience, how important are the following reasons for remaining on the APD modality but with an additional manual exchange added during the daytime, during peritonitis?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Not important | Slightly Important | Moderately Important | Very Important | Extremely Important | Not applicable |
| To ensure adequate dwell time of 6 hours for absorption of antibiotics  | O | O | O | O | O | O |
| Limited information available on the pharmacokinetics of antibiotics in APD-associated peritonitis  | O | O | O | O | O | O |
| Insufficient data to support intraperitoneal antibiotics in sole APD modality | O | O | O | O | O | O |
| Patient already on manual daytime exchange in addition to APD at night  | O | O | O | O | O | O |

Are there further reasons (other than those listed above) for remaining on the usual APD modality but with additional manual exchange added during the daytime in patients with APD-associated peritonitis? If yes, please specify

|  |
| --- |
|  |

1. In your unit, how long do patients on APD with additional CAPD exchange added during the daytime during peritonitis continue with this approach?

[ ] Until the patient is an in-patient

[ ] 0-3 days

[ ] 4-7 days

[ ] 8-10 days

[ ] Entire duration of antibiotic treatment

1. Do you make any dosage adjustments above those recommended by the International Society of Peritoneal Dialysis (ISPD) guidelines in patients receiving intermittent dosing\* on APD?

[ ] Yes

[ ] No

*\*Intermittent dosing: when antibiotics are given with daytime exchange only*

1. Do you make any dosage adjustments above those recommended by the International Society of Peritoneal Dialysis (ISPD) guidelines in patients receiving continuous dosing\* on APD?

[ ] Yes

[ ] No

*\*Continuous dosing: when additional antibiotics are given during manual daytime exchange on top of the antibiotics given with APD exchange*

**Section 5: Remain on APD and give antibiotics during APD exchanges**

1. Based on your experience, how important are the following reasons for remaining on the APD modality and giving antibiotics during the APD exchanges during PD peritonitis?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Not important | Slightly Important | Moderately Important | Very Important | Extremely Important | Not applicable |
| Limited studies are available to support the switch to the CAPD modality during peritonitis | O | O | O | O | O | O |
| Efficacy of antibiotics is the same in patients receiving APD and CAPD  | O | O | O | O | O | O |
| Not practical to switch to CAPD for peritonitis treated in an outpatient setting  | O | O | O | O | O | O |
| Concerns over patients’ ability to perform CAPD in an outpatient setting | O | O | O | O | O | O |
| Peritoneal fluid is not grossly turbid  | O | O | O | O | O | O |
| Patients’ preference to continue APD  | O | O | O | O | O | O |

Are there further reasons (other than those listed above) for remaining on the usual APD modality in patients with APD-associated peritonitis and giving antibiotics during the APD exchanges? If yes, please specify

|  |
| --- |
|  |

1. Which of the following is the main method of administering intraperitoneal antibiotics in APD-associated peritonitis patients in your unit?

[ ] Intermittent dosing (*when antibiotics are given with APD exchange only*)

[ ] Continuous dosing (*when additional antibiotics are given during manual daytime exchange on top of the antibiotics given with APD exchange*)

[ ] Administer IV antibiotics

1. Do you make any dosage adjustments above those recommended by the International Society of Peritoneal Dialysis (ISPD) guidelines in patients receiving continuous dosing on APD?

[ ] Yes

[ ] No

*\* Continuous dosing: when additional antibiotics are given during manual daytime exchange on top of the antibiotics given with APD exchange*

1. Do you make any dosage adjustment ***above*** those recommended by the International Society of Peritoneal Dialysis (ISPD) guidelines in patients receiving intermittent dosing\* on APD?

[ ] Yes

[ ] No

\* *Intermittent dosing: when antibiotics are given with APD exchange only*

**Section 6: Conclusions**

1. Please indicate which antibiotics are commonly used to treat peritoneal dialysis related peritonitis in your unit.

|  |  |
| --- | --- |
| [ ] Cefazolin  | [ ] Ceftazidime  |
| [ ] Gentamicin  | [ ] Cefotaxime  |
| [ ] Vancomycin  | [ ] Ceftriaxone  |
| [ ] Amikacin  | [ ] Ampicillin/ Sulbactam |
| [ ] Ampicillin/amoxycillin  | [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. If there is a clinical trial looking to evaluate pharmacokinetics of commonly used antibiotics administered intraperitoneally to treat peritonitis in patients on APD, would your unit be interested in participating?

[ ] Yes

[ ] No

------------------------Thank you for taking the time to complete this survey------------------------