



# Philippine Society of Nephrology, Inc.

*a component society of the Philippine College of Physicians  
a sub-specialty society of the Philippine Medical Association  
an affiliate society of the International Society of Nephrology*

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## VISION STATEMENT

The Philippine Society of Nephrology, Inc. is a cohesive body that ensures adherence to the highest standards of excellence in training and research in the field of Nephrology. It commits itself to train, regulate, and support its members to enable them to be globally competitive, ethical, excellent, and compassionate.

It is a dynamic partner of Medical and Professional Societies, and a foremost source of knowledge and information. The PSN, Inc. serves as liaison between its members and various support and regulatory institutions.

The society is committed to the highest quality care for patients as it leads renal related public health programs especially those that are relevant to the Filipino people.

## MISSION STATEMENT

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The society provides information on members' needs and problems, as well as expertise and recommendations for policy formulation regarding renal disease. It shall initiate, recommend, promote, and coordinate public health programs geared towards awareness, prevention, and treatment of renal disease.

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## PSN RECOMMENDATIONS FOR PATIENTS ON PD AND COVID-19

The continued increase in the number of suspected and confirmed COVID-19 cases in the country has specific and significant impact on our dialysis population. Currently, we have approximately 1500 ESRD patients on peritoneal dialysis (PD), this is based on the combined census shared by the National Kidney and Transplant Institute and Fresenius PD provider. From the experience of SARS-CoV in 2004, Dr. Philip KT Li et. al in a published article in the *Journal of the American Society of Nephrology (JASN)* "Severe Acute Respiratory Syndrome in Dialysis Patients" describe the following observation among PD patients with SARS-Cov:

- Dialysis patients have a higher rate of contracting SARS compared with the general population.
- Although dialysis patients often have impaired immune defense, they were able to mount a serologic response to the corona virus.
- Patients on dialysis were noted to have a much longer hospital stay compared with nonuremic patients because they have concurrent medical problems, prolonged course of the disease and more likely to be debilitated requiring additional hospital stay for rehabilitation.
- Advanced age and the presence of comorbid conditions are understandably poor prognostic factors.
- Dialysis patients apparently had a longer period of shedding the virus. Similar observations of prolonged viral shedding have been noted in other viral illnesses in Chronic Renal Failure patients.
- The virus is isolated in respiratory secretions, feces, urine and plasma. Although theoretically possible, coronavirus was not isolated from the PD effluent.

Although there have been no reports yet of peritoneal dialysis patients suspected or infected by COVID-19, the Philippine Society of Nephrology is preparing measures on how to handle PD patients suspected or confirmed with COVID-19. It is on this regard that we came up with the following recommendations based on expert opinion from the International Society for Peritoneal Dialysis; published article from the experience of SARS-CoV in 2004 - by Dr. Philip KT Li, et al.; "Management of Patients with confirmed COVID-19 from the Center for Disease Control and Prevention and DOH Guidelines.

1. Use the DOH algorithm for triage of patients with possible COVID-19 infection in Health Care facilities (updated as of March 16, 2020)



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2. Follow the standard recommendations for infection control as enumerated in the CDC guidelines specifically applicable to COVID-19 which can be accessed at this website <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control->
3. Infection control measures applicable to patients undergoing peritoneal dialysis:
  - Patient Under Monitoring (PUM) can be managed at home under quarantined
  - Patient Under Investigation (PUI) with mild symptoms can be managed at home under quarantined
  - Severe PUI with moderate-severe symptoms must be admitted and placed in isolation.
4. Peritoneal Dialysis modality:
  - All PD patients can be treated with intermittent PD during hospitalization.
  - The dialysis exchange must be done by staff, who shall wear the full protective gear (PPE) which includes waterproof disposable gown, cap, gloves, face shield, booties and N95 face mask.
  - Spent PD effluent must be collected in a 3-L glass bottles for volume measurement, then put into a plastic drainage buckets and drained into the toilet or sluice of the room/ward
  - One liter of 2% hypochlorite solution must be used to rinse the sluice or the toilet.
  - Used glass bottles and plastic drainage buckets must be decontaminated with the same volume of 2% hypochlorite solution for 15 minutes and then rinsed before being used again.
  - Like any infectious bodily fluid, the PD effluent must be drained, and double flushed into the clinical sink or toilet, and the used PD bags and tubing must be discarded in the infectious waste (yellow bags).
  - Always practice universal precautions to avoid the spread of the disease.
5. We discourage shifting dialysis modality from hemodialysis to peritoneal dialysis unless there is definite assurance that PD supply is on hand and adequate, and that health care worker is available to train and support the conduct of PD.



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We hope the above measures will help prevent the spread of this disease not just to our peritoneal dialysis patients, but also to their caregivers, family members and medical providers.

Respectfully yours,

**MARY ROSE Y. BISQUERA, MD, FPCP, FPSN**

Chair, Committee on Peritoneal Dialysis  
Philippine Society of Nephrology

**PELAGIO ESMAQUEL, JR., MD, FPCP, FPSN**

Head, Cluster on Quality Assurance and Accreditation  
Member, Board of Trustees, PSN, Inc., 2019-2020

Noted:

**ELIZABETH ANGELICA L. ROASA, MD**

President

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