SPECIFIC CARE OF DIALYSIS IN-PATIENTS

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Comments:	

SUMMARY OF KEY POINTS:

Patients receiving dialysis therapy should be nursed on Ward 28 Nephrology at the Royal Shrewsbury Hospital, unless it is appropriate for them to be cared for by another speciality eg Coronary care, ITU or stroke rehab.
It is important that Ward 28, Renal Unit and/or Peritoneal Dialysis (PD) Team are informed of any dialysis patient admitted to any ward. Patient should be transferred to Ward 28 as soon as possible if applicable.
Ward 28 has access to the renal database which has information on all renal patient dialysis modalities.
Any inpatient at PRH will need to be transferred to RSH for dialysis. PRH dialysis unit only dialyse chronic stable patients on recliner chairs.

DIET

Contact renal dietitian for advice and refer all new patients for assessment.
Use renal menu (Red hospital menu) and tick box for renal diabetic or just renal as required.
Foods high in potassium should be restricted, such as orange juice, hot chocolate, bovril, horlicks, coffee, soups, chocolate, crisps, bananas, grapes.
Dietitian will assess each individual patient and prescribe supplements if required. Do NOT provide build up soups / drinks unless assessed by dietitian.
Please keep accurate food record charts on any patients where there is a nutritional concern.

FLUID RESTRICTION

1000 mls per day for anuric patients.
1000 mls plus previous days out put. (Ask renal nurses for advice.)
All renal patients to have fluid chart and daily weight.
No fluids on bedside lockers.
Relatives to be aware of fluid restriction.
Remember some foods contain large volumes of fluid especially soup, yoghurt & ice cream.
Please remember that too little fluid is as dangerous as too much. The aim is to keep patients close to their dry weight in between dialysis as specified by renal staff. Renal staff will monitor and change the dry weight according to the patient's progress.

MONITORING / OBSERVATIONS

Daily weight using the same scales and wearing the same clothes. If PD patient, weigh when PD fluid drained out at 1st exchange of the day.
Observe for signs of fluid overload or dehydration.
Monitor temperature for signs of infection.
Respiratory rate, depth and oxygen saturation.

Blood pressure and pulse.
VIP scores should be recorded daily on all CVC sites.
Blood tests - Bloods should be taken first thing in the morning, or forms may be sent with patient to be taken on haemodialysis. (HD) Coagulation screens must be taken peripherally and not from central vascular catheters.
Due to anticoagulation given during dialysis, please observe for any signs of bleeding from any drains or wound sites on return to the ward.
Please note dialysis vascular access catheters are for dialysis only and must not be used for any other purpose such as drug administration, infusions or blood sampling, except in life threatening circumstances or when alternative means of vascular access are not possible.

BLOOD TRANSFUSIONS

If a patient requires a blood transfusion, it must be given in the renal unit when the patient is on dialysis to prevent fluid overload and pulmonary oedema. Blood may only be given on the ward in an emergency situation if agreed by the renal consultant

DRUG TREATMENT

Drugs are given in doses appropriate to the level of renal function and patient's weight.
Gentamicin and Vancomycin are given dependent on blood levels to avoid toxicity.
If on HD, these drugs should only be prescribed on the renal unit drug prescription and given in the renal unit during dialysis, and NOT on the ward prescription. ONLY loading dose should be given on the ward.
If patients require a stat dose of IV antibiotics on the ward, please refer to policy on the intranet.
Patients are usually prescribed phosphate binders, these must be taken before, with or after meals. If not taken at the correct time these will be ineffective.
Avoid administering IM drugs in patients post dialysis due to risk of causing a haematoma.
Do not administer ferrous sulphate (FeSO4) and Calcichew together.
Please be aware that patients on HD may need their anti-hypertensives omitting prior to dialysis, as this may cause hypotension during their treatment.
Patients with CKD or AKI admitted with dehydration , vomiting or diarrhoea may need review or omission of antihypertensive medication.

ACCESS FOR HAEMODIALYSIS
ARTERIO-VENOUS FISTULA (AVF) / GRAFT

The AV fistula is for dialysis access only, UNLESS there is an EMERGENCY situation such as a cardiac arrest. AV fistula is the patient's lifeline for dialysis treatment and so is vitally important to protect.
No blood pressure recordings on fistula arm.
No I/V infusions or venflons in fistula arm.
No name-bands, watches or jewellery on fistula arm. A red warning bracelet may be worn by patients on their fistula arm.
No blood to be taken from fistula or fistula arm.
The back of the hand or the antecubital fossa should be the only sites used for blood taking or venflon insertion. This will preserve veins for future fistula formation.
Established AV fistulae should be checked for patency at least twice every 24 hours if in any doubt call renal unit staff or access nurse to assess. Grafts (AVG) are commonly located in patients thigh but can also be placed in the arm.
Sudden losses of fluid resulting in hypovolaemia such as vomiting, large nasogastric drainage or polyuria or even severe pyrexia could endanger the patency of fistula/graft. Always be vigilant for such occurrences and report these findings to medical staff immediately.
Patients should be kept warm especially after theatre. Cold causes vasoconstriction and a diminished supply of blood to the fistula/graft.

CENTRAL VASCULAR CATHETERS (CVC`S)

Dialysis vascular access catheters are for dialysis only and must not be used for any other purpose such as drug administration, infusions or blood sampling, (except in life threatening circumstances when alternative means of vascular access are not possible)
If a femoral dialysis catheter is in situ, do not mobilise the patient.
If unable to take peripheral bloods from a patient, the renal staff can be called to access a CVC to take any requested bloods (except coagulation screen) or ward staff who have been trained to do so.

SENDING A PATIENT TO THE RENAL UNIT FOR DIALYSIS

Always send medical / nursing notes, fluid balance charts (last 3 days) with patient.
If patients are oxygen dependent, please use portable cylinder for transfer.
Transfer sheet to be filled in & handover given to renal staff.

ON RETURN OF PATIENT FROM RENAL UNIT TO WARD

Renal unit staff will give hand-over when returning patient to ward and indicate volume of fluid removed on patient's fluid chart and any problems that may have occurred.
Insulin infusions may be stopped during dialysis but will be recommenced at appropriate rate post dialysis. This will be conveyed on hand-over.
Consult renal dialysis unit entry in patient notes for further details or instructions.

CAPD EXCHANGES AND EXIT SITE CARE

PD exchanges are only to be performed by PD or nephrology (Ward 28N) staff unless the patient is able to be self-caring.
If the patient is on another ward, nephrology staff will go to the patient to perform dialysis, unless the patient can go to the Ward 28.
APD machines will be set up by PD staff and if the patient is unable to manage the therapy it is vital that the patient is nursed on ward 28.
The exit site dressing will be changed on alternate days or immediately post showering by PD or nephrology staff.
The Peritoneal Dialysis Catheter should be well secured by tape at all times.
Baths are not permitted.

INVESTIGATIONS AND PROCEDURES

If the patient is due to go for diagnostic investigations (eg Ultrasound) or procedures (eg biopsy, surgery) you must let the Renal Unit know.
Patients receiving contrast may need dialysis post procedure to remove contrast especially to preserve residual renal function, especially those with suspected Acute Kidney Injury.
We operate a strict dialysis timetable. If an investigation or procedure conflicts with the dialysis timetable, the Renal Unit will need to rearrange CAPD exchanges or haemodialysis accordingly.
Renal Staff may need to change a patients dialysis schedule depending on any investigations or procedures being done and may need to omit or reduce anticoagulation dose given during dialysis.

ADVICE

Ward 28 Nephrology / Acute Medicine ext 1223
Renal Unit RSH ext 3176, 3170, 1673 (Mon, Wed, Fri 06.00 – 24.00 midnight – Tue, Thur, Sat 07.00 - 20.00hrs)
Renal Nurse on call via RSH switchboard (non operational hours) An out of hours emergency dialysis service is available on request from the on call Renal Consultant.
Renal Dietitian Bleep 861 or ext 1358 (Mon- Fri 08.30 – 16.00)
Renal Unit PRH ext 4372, 4373 (Mon – Sat 06.45 - 19.45