

Newcross Renal Unit guidance : June 2016.

ESRD Pathway

Introduction

Handover of patients between Renal Team and Dialysis Unit must be effective and complete to ensure good care. As a solution, a pathway has been introduced to bridge the gap in communication in order to improve patient care. It remains the responsibility of the doctor who has initiated dialysis to ensure there has been an effective handover.

Pathway

If any patient requires chronic haemodialysis, please promptly inform the SPR covering the renal unit or Dr Nicholas or Dr Ramakrishna directly to avoid any difficulties.

The following issues have to be addressed when a patient starts dialysis:

Counselling: Please ensure patient have been referred to CKD Nurse for counselling as patient survival is better if all CKD patients are counselled.

Procedures: Please log all procedures (eg permcath insertions) performed in the IT system.

Medications: Please complete a drug chart for patients. The drugs need to be prescribed are : citralock 30% (3x/week post HD) and prn synerkinase 25000 units if the patient has adialysis line and prn paracetamol

Please check the medication list and ensure the IT system details are correct:

Dialysis prescription. To ensure optimal care, please ensure that the correct amount of treatment has been discussed with the patient and the nurse teams. In general, the target prescription should achieve a weekly KT/V above 3.6/week. Using the patient's dry weight, the following algorithm specifies the time needed for a patient.

<80kg – dialysis time 12hrs/week

80- 100kg – dialysis time 13.5 hrs/week

>100kg - dialysis time 15hrs/week

It is important that the patient understands this aspect fully. Most patient start RRT and receive two hrs HD on the first occasion. The nurses will escalate therapy and it is envisaged that all patients should receive the full prescribed therapy between the sixth and ninth treatment. Dialysis adequacy is then reviewed on the monthly bloods and further adjustments made. Ideally, the minimum dialysis should be 12 hours of treatment (3 * 4hrs/week) to ensure best patient outcomes.

Dialysate prescriptions:

Patients will require bicarbonate 650g bags and the A224 dialysate concentrate at the commencement of dialysis. To avoid hypercalcaemia, patients are usually switched to the A336 concentrate, calcium content of 1.25mmol/l. If there are issues of hypocalcaemia, the higher Ca concentration (1.75mmol/l) : A333 is used.

Dry weight. : A patient's dry weight must be considered when RRT is commenced. Invariably, patients are in a hypervolaemic and uraemic state. Correction of a patient's volume state has to be carefully monitored and intradialytic hypotension avoided. It is important that the estimated dry weight is defined at RRT initiation and communicated with the nurses and patient. It is advised that the dry weight is considered and all antihypertensives are stopped to prevent intradialytic hypotension. If there are any concerns about adjusting medications or deriving a dry weight, please discuss the case with Dr Nicholas or the Renal Unit's SPR.

Please ensure that the patient understands the rationale for the adjustments in weight, fluid balance and medications. Ideally, please discuss the medication list with the patient and offer a copy of the drug list from the renal IT system and copy it to the the GP.

Virology: Please ensure that the patient's Hepatitis B and C status has been checked.

Ideally all RRT patients should have received Hepatitis B vaccinations. Please use the Hepatitis B Vaccination pathway.

Dietetic team review. Please ensure that the patient has been referred to the dieticians for review.

Diabetes: If a patient is diabetic, please refer to consultant diabetologist for further follow-up.

Dr Nandini Cherukuri reviews patients in the Renal Unit.

Other issues: Permanent access and transplant plans must be in place. If there are uncertainties please liaise with the supervising consultants. In addition, please ensure that the consultant who had managed the patient's care in predialysis has been informed.

Follow up: Once informed, Dr Nicholas, Dr Ramakrishna will arrange the ongoing follow up arrangements in the renal unit and clinics.

In summary: It is vital that a patient fully understands the process of dialysis and all the adjustments that they have to make in their lifestyle. If the following issues are addressed appropriately, we can help our patients and deliver effective care.