

Policy for care of dialysis catheter in patients not using the catheter for Haemodialysis

Reference Number and Policy name: Non HD line policy	Version:1		Status: Final		Author: Helen Spooner Director Sponsor:
Version / Amendment History	Version	Date	Author	Reason	
Intended Recipients: Renal Nurses					
Consultation Group / Role Titles and Date:. Renal clinical governance meeting					
Name and date of Trust level committee where reviewed					
Name and date of final approval committee					
Date of Policy issue					
Review Date and Frequency [standard review frequency is 3 yearly unless otherwise indicated]			3 yearly		
Training and Dissemination:					
To be read in conjunction with: SNCP 20					
Initial Equality Impact Assessment [all policies]:			Completed Yes / No		
Full Equality Impact assessment [as required]:			Completed Yes / No / NA		
<u>If you require this document in an alternative format e.g., larger print please contact Central Governance Department on Ext 5114.</u>					

Contact for Review	Helen Spooner Renal ANP
Implementation plan / arrangements [Name implementation lead]	
Monitoring arrangements and Committee	
<p>Document summary / key issues covered: Care of dialysis catheter for patients not using the catheter for dialysis, including exit site care and flushing line for patency.</p>	

VALIDITY STATEMENT

This document is due for review on the latest date shown above. After this date, policy and process documents may become invalid. The electronic copy of this document is the only version that is maintained. Printed copies must not be relied upon to contain the latest updates and amendments.

Contents

Sections

Policy for the care of a tunneled dialysis catheter in patients not using the catheter for Haemodialysis

1.0 Policy Statement

To maintain the safety of patients who have a tunneled dialysis catheter in situ but are not using it for dialysis therapy.

2.0 Definitions

Patients with CKD or AKI may have a tunneled dialysis line in situ but this may not always be required for dialysis. For example when patients have a maturing AVF or AVG which is being newly needled or is problematic, AKI / CKD patients considered to be recovering function or patients transferring onto peritoneal dialysis.

It is important that these lines have exit site care and are flushed on a weekly basis to prevent infection and optimize patency.

3.0 Accountabilities

- 3.1 For Patients on the Haemodialysis units their named nurse will be responsible for implementation of this policy.
- 3.2 For inpatients not attending the renal unit the ward nurse in charge of the patients care will be responsible for implementation of the policy
- 3.3 For outpatients attending Home Therapies or CKD departments the nurse responsible for the patients care within that department will be responsible for implementation of this policy.

4.0 Policy Detail

- 3.1 All patients must have their tunneled dialysis catheter flushed and exit site care with a dressing change every 7 days.
- 3.2 Exit site care as per SNCP20 must be maintained using Chloraprep and either a transparent dressing or Tegaderm Chg. dressing (if the patient is known to be staph aureus carrier).
- 3.2 Care must be documented in the nursing notes along with High Impact Interventions, VIP score for the exit site and documentation of dressing used.
- 3.3 The date of the new dressing must be written on the dressing using the label provided.

- 3.4 Line must be flushed with 10mls 0.9% saline for each lumen and locked with Citralock 30% unless contraindicated. Patency of the line must be documented in the nursing documentation.
- 3.5 A line that has not been in use for 14 days must be discussed with a Consultant or the renal Advanced Nurse Practitioner regarding removal. If a decision is made to leave the line in situ this must be documented in the patients nursing documentation and on the renal IT system.

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation of this policy require additional revenue resources	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programs or allocated training times for staff.	No
	Other comments	

If the response to any of the above is **'Yes'** please complete a standard business case report and which is signed by your Divisional Accountant and Directorate Manager for consideration by the Divisional Management Team before progressing to your specialist committee for approval. **Please retain all yes content in the final policy.**

5.0 Equality Impact Assessment

Following a quality and diversity risk assessment of this policy no risks have been identified.

6.0 Maintenance*

This policy will be reviewed and maintained by the renal advanced nurse practitioner not less than 3 yearly.

7.0 Communication and Training*

Following agreement this policy will be communicated in the renal clinical governance meeting and will be available on the renal unit intranet page.

It will be the responsibility of Band 7 nurses in each area to disseminate to the staff.

9.0 Audit Process*

Criteria	Lead	Monitoring method	Frequency	Committee
Incidents	Helen Spooner	Audit	Monthly	Renal Clinical governance

10.0 References

Best Practice Guidelines for the on-going care of a patient undergoing Haemodialysis via a central catheter. West Midlands Renal Network Senior Nurse Forum September 2011

Renal Association Clinical Practice Guidelines – vascular access for haemodialysis 5th edition 05/01/2011

SNCP20 Pre dialysis procedure for tunnelled and temporary dialysis catheter

SNCP07 Taking off procedure for tunnelled and temporary dialysis catheter Royal Wolverhampton NHS Trust specialist clinical practices.