THE ROYAL WOLVERHAMPTON NHS TRUST

Specialist Nursing Clinical Practice Renal sub-committee

Practice Reference:	SNCP15
Title:	Termination of Haemodialysis treatment
Date of Implementation:	October 2009
Version:	V2
Date of review	March 2015
Date of next review:	March 2018
Author:	Renal Advanced Nurse Practitioner
Practice Location:	Trust Intranet

1.0 Practice Statement:

1:1 to terminate a dialysis treatment session effectively and safely

1.2 This practice is to be undertaken by a registered nurse with a renal qualification, or an RN with training from a renal nurse who has been assessed and has evidence of competence.

2.0 Equipment

- Personal Protective Equipment (PPE) - non sterile gloves, plastic apron, visor.
- Recirculation connector
- 500mls 0.9% saline
- Intravenous giving set
- Roll of Tape
- Detergent wipes
- 2% Chlorhexidene in 70% alcohol wipes
- Additional equipment as per patient access clinical practice SNCP07 / SNCP08

3.0 Detailed Action

3.1 Provide patient with explanation of the procedure to obtain consent and ensure the patient is comfortable.

3.2 Wash hands with soap and water and dry thoroughly.

3.3 Apply PPE.

3.4 Prepare equipment and patient access according to procedure for access type SNCP07/SNCP08

3.5. Confirm reinfusion as prompted by dialysis machine or select from menu screen.

3.6. Ensure blood pump has stopped and reduce the pump speed to 150ml/min.

3.7 Clamp the arterial blood line and arterial access lumen.

3.8. Disconnect arterial blood line from patient access and using the recirculation connector connect arterial blood line to the primed giving set attached to 500ml 0.9% saline.

3.8. Cap off arterial fistula needle ready for removal.

Note: if the patient has a catheter, attach the 10ml syringe of 0.9% saline to the catheter lumen and flush.

3.9. Fully open roller clamp on giving set and open clamp on arterial blood line.

3.10 Commence blood pump at 100ml/min increasing to 150ml/min.

3.11. When blood lines appear rosé in colour stop the blood pump and clamp the venous blood line and venous access lumen.

3.12. Disconnect venous blood line from venous access lumen and connect to any available point on blood lines to establish a closed circuit.

3.13. Provide access care referring to appropriate clinical practice SNCP07/SNCP08

3.14. Dispose of blood lines safely.

3.15 Clean machine with detergent wipes

Note: If blood contamination has occurred Sodium Hypochlorite solution (bleach) must be used to clean the machine. If blood spillage is suspected to have leaked into the internal mechanism of the machine the machine must be removed from use, labelled with the specific problem and a technician informed.

3.16. Initiate the machine disinfection programme by selecting ‘Clean’ and then confirming ‘Hot Disinfection’. According to manufacturer’s instructions

3.17. Dispose of relevant equipment in appropriate waste bag.

3.18 Remove PPE and dispose of in the appropriate waste bag.

3.19 Wash hands with soap and water and dry thoroughly.

4.0 Financial Risk Assessment

4.1 Following a Risk assessment of this clinical practice no financial risks have been identified.

5.0 Equality and Diversity Risk Assessment

5.1 Following an Equality and Diversity risk assessment of this clinical practice, no equality and diversity risks have been identified.

6.0 Maintenance

6.1 This clinical Practice will be reviewed and kept up to date by the Renal ANP and the Specialist Clinical Practice Renal Sub- Committee workgroup will recommend changes and amendments.

7.0 Training

7.1 All staff undertaking this practice must have received training to include:

Demonstration of practice
Supervised practice

All staff undertaking the procedure must have been competency assessed and deemed competent in the procedure by a competent practitioner.

8.0 Bibliography

Daugirdas, J.T. et al. Handbook of Dialysis 5th edition. 2014 Lippincott New York.

Fresenius medical care 4008H/S Operating instructions 14th edition September 2001/8

Levy, J. Morgan, J. Brown, E. Oxford handbook of Dialysis 3rd Edition 2009. Oxford University Press.