

Standard Operating Procedure (SOP) for the Self Caring Patient Dialysing within the Trust

CONTROLLED DOCUMENT

CATEGORY:	Standard Operating Procedure
CLASSIFICATION:	Clinical
PURPOSE	To provide information and guidance on the procedure for the self caring patient dialysing within the Trust.
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<ul style="list-style-type: none"> Essential Reading for: Information for: 	<p>Clinical staff within haemodialysis area and home haemodialysis team</p> <p>Staff working within the above areas.</p>

1. Introduction

Occasionally self caring haemodialysis patients require dialysis within the Trust for reasons other than clinical. In these situations the emphasis is always to maintain the patient's control and independence and skills by allowing them to continue to be self caring. However because of governance and overall responsibility in such an environment, should a life threatening situation occur, then clear lines and roles of responsibility are necessary.

2. Definition of the self caring patient in hospital

So long as the patient is familiar with all the equipment used for their haemodialysis session, and the patient has being previously signed off as competent along with their carer, then they can remain self caring in all aspects and complete a treatment un-aided and without interference. This also relates to the safe disposal of equipment, wastes, sharps and cleaning of equipment.

3. Arrival and induction to the hospital environment

3.1. On the patient's arrival to the dialysis area, the nurse in charge will allocate a machine and station to the patient when one is ready. Under no circumstances can a patient commence treatment on a machine without this occurring. The patient and their carer must be orientated to the ward and shown the emergency procedure and exits, emergency buzzer/ nurse call-system and toilets.

3.2. The registered nurse inducting the self caring patient to the dialysis unit will inform the patient and their carer, that they can only manage their own care and are prohibited from assisting or actioning any other patients requests or machine issues. Should another patient within the unit ask for help, the self caring patient must alert a member of the clinical nursing team on duty.

4. In the case of an emergency

4.1. In a hypotensive event:

The patient's carer must manage this according to how they were trained and request help if the patient does not recover rapidly.

5. Fire, loss of water, or power failure

The patient's carer will stop the patient's dialysis and either, if time permits, wash the patient back, or just safely disconnect the patient from the dialysis machine. They must secure the patient's fistula needles until a time when they can be removed.

6. Emergency arrest

Should the patient experience a life threatening situation such as cardiac / respiratory arrest or allergic reaction, the dialysis unit staff must take over and control the situation as with any other similar emergencies within a hospital setting.

7. Obtaining equipment and beverages

7.1. Equipment

As most non-clinical areas are for staff admittance only, in order to safeguard patients and carers from injury, they must be advised to ask a member of staff for any equipment that is not available in the clinical area. Cleaning solutions etc. will be made available to them, in order to avoid the risks associated with patients or carers entering clinical waste areas.

7.2. Beverages

As patients and carers are not permitted into food beverage serving areas, drinks etc will be served by the nursing / support staff as requested.

8. Safety aspects

Once the patient has terminated their treatment, cleared their area and completed any documentation, they will inform the nurse in charge of the shift, who will ensure that the area has been decontaminated and left tidy ready for the next patient treatment.

9. SOP Submission Details

SOP reviewed by:

Lucy Binns	Matron (Renal)
Sharon Pilling	Ward Manager – Ward 301
Trina Poleon	Home Haemodialysis Nurse Specialist
Clara Day	Consultant – Nephrology
Lisa Magill	Practice Development Nurse

SOP submitted to and approved by:

Clinical Guidelines Group