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MANITOBA RENAL PROGRAM

SUBJECT ▪ Obtaining Blood Specimens Pre and Post Hemodialysis	**SECTION** 30.20 Vascular Access **CODE** 30.20.15
AUTHORIZATION ▪ Professional Advisory Committee, Manitoba Renal Program ▪ Nursing Practice Council, St. Boniface General Hospital	**EFFECTIVE DATE** June 2000 **REVISION DATE** September 2009 April 2012 November 2016 March 2017

PURPOSE:

1. To ensure the process used for obtaining blood specimens is performed accurately and consistently.

POLICY:

1. Measuring the prescribed dose of dialysis using pre and post hemodialysis blood specimens is not a routine procedure. This procedure is ordered by a Nephrologist.

2. The post-dialysis blood sample must not be diluted with recirculated blood or saline. The sample is taken at least 2 – 3 minutes post-dialysis, when the possibility of cardiopulmonary recirculation is eliminated.

EQUIPMENT:

▪ Appropriate blood sampling supplies

PROCEDURE:

A. Drawing Pre-Dialysis Bloodwork:

1. Draw sample from the first vascular access before administering any saline or heparin.

2. When central venous catheter (CVC) lines are used, aspirate at least 5 mL of blood before drawing the sample using a separate syringe or device.

B. Drawing Post-Dialysis Bloodwork:

1. At the end of treatment time, perform reinfusion.

KEY POINT:

For quality results fill tubes and follow draw order as per Diagnostic Services of Manitoba recommendations.

PROCEDURE:

2. **Wait two to three minutes post-dialysis** to withdraw 5 ml of blood from the arterial access.

3. Draw blood sample.

4. Continue with post hemodialysis access care.

KEY POINT:

- Discard the 5ml of blood.

REFERENCES:

Journal of the American Society of Nephrology (2006). CSN Hemodialysis Clinical Practice Guidelines. 17: S1–S27,

National Kidney Foundation. (2006). K/DOQI Clinical practice guidelines for hemodialysis adequacy. Retrieved from http://www.kidney.org/professionals/KDOQI/guideline_upHD_PD_VA/hd_guide2.htm

DOCUMENTATION:

On Treatment Record