



## MANITOBA RENAL PROGRAM

<b>SUBJECT</b> <ul style="list-style-type: none"> <li>▪ Assessment Guidelines Pre, Intra and Post Hemodialysis</li> </ul>	<b>SECTION</b> 80.20 Hemodialysis Guidelines
	<b>CODE</b> 80.20.06
<b>AUTHORIZATION</b> <ul style="list-style-type: none"> <li>▪ Professional Advisory Committee, Manitoba Renal Program</li> <li>▪ Nursing Practice Council, St. Boniface Hospital</li> </ul>	<b>EFFECTIVE DATE</b> June 2012
	<b>REVISION DATE</b> September 2014 April 2018

### PURPOSE:

1. To provide guidelines for hemodialysis nurses to assess and monitor patients pre, intra, and post hemodialysis treatments.

### POLICY:

1. Pre hemodialysis treatment, hemodialysis nurses are responsible for assessing, monitoring and documenting specific patient clinical data.
2. During hemodialysis treatment, hemodialysis nurses are responsible for assessing, monitoring and documenting specific patient clinical data.
3. Post hemodialysis treatment, hemodialysis nurses are responsible for assessing, monitoring and documenting specific patient clinical data.

### GUIDELINES:

1. Hemodialysis nurses are responsible for assessing, monitoring and documenting the following patient clinical data pre hemodialysis:
  - a. Patient's voiced concerns or complaints
  - b. Weight (including pre-weight, target weight, and dry weight); note baseline/trends
  - c. Vital signs including blood pressure, respirations, pulse, and temperature; note baselines/trends
  - d. Respiratory Status including auscultation of chest
  - e. Presence of edema.
  - f. Vascular access as per procedure MRP policies 30.20.06 *AVF/AVG Vascular Access Assessment* and 30.20.02 *Accessing and Locking Dialysis Central Venous Catheter* and 30.20.04 *Use of Closed Needleless Access Device with Hemodialysis Central Venous Catheters*.
  - g. Blood work results within the past month; note baselines/trends
  - h. Prescribed blood work pre hemodialysis including BG
  - i. Pre hemodialysis heparin dosage and prescribed rate for treatment
  - j. Medications prescribed within the past month
  - k. Medications administered pre hemodialysis
  - l. Immunization status and immunizations to be administered
  - m. Skin integrity/wound care
  - n. Documentation from an external care provider such as a PCH or Home Care.
  - o. Dialysis prescription

## **GUIDELINES:**

- p. Dialysis delivery system safety checks
2. Hemodialysis nurses are responsible for assessing, monitoring and documenting the following patient clinical data half hourly (or more frequently if warranted) during the hemodialysis treatment:
  - a. Patient's voiced concerns or complaints
  - b. Fluid removal and ultra filtration rate, changes to planned fluid removal/profiling
  - c. Vital signs including blood pressure, pulse. If patient experiences intradialytic hypotension refer to Appendix A for treatment guidelines.
  - d. Vascular access (line secured)
  - e. Cumulative heparin administered
  - f. Medications administered during hemodialysis
  - g. Dialysis delivery system parameters including clearance results
  - h. Alarms and corrective actions as required
3. Hemodialysis nurses are responsible for assessing, monitoring and documenting the following patient clinical data post hemodialysis:
  - a. Patient's voiced concerns or complaints
  - b. Weight
  - c. Vital signs including blood pressure, respirations, pulse, temperature. If patient experiences post hemodialysis hypotension refer to Appendix B for treatment guidelines.
  - d. Vascular access post hemodialysis care provided
  - e. Prescribed blood work post hemodialysis
  - f. Medications administered post hemodialysis
  - g. Patient cognitive status/response to treatment
  - h. Post weight
  - i. Treatment reminders for next hemodialysis run
  - j. Rational for ending hemodialysis treatment early if required
  - k. Appointment slips to be given to patient
4. Hemodialysis nurses are responsible for documenting their findings on the *Daily Hemodialysis Treatment Record*, *Hemodialysis Flow Sheet* and / or in the *Integrated Progress Notes* of the patient's health record (s).
5. If the patient refuses to cooperate with the stated guidelines then:
  - a. Provide patient education regarding the stated guidelines.
  - b. Assess patient for stability and safety.
  - c. Notify CRN and physician.
  - d. Document if patient refuses further assessment and treatment as described above.

## **DOCUMENTATION:**

- Daily Hemodialysis Treatment Record
- Hemodialysis Flow Sheet
- Integrated Progress Notes
- If patient is a resident in Long Term Care, refer to MRP standard and form 60.20.06 *MRP and Long Term Care Communication Record*.
- Integrated Progress Notes in the in-patient health record for all hospitalized patients

## **REFERENCES:**

Accreditation Canada. Ambulatory Care Services Standards. 2012.