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Winnipeg Regional Health Authority — Caring for Health
Office régional de la santé de Winnipeg — À l'écoute de notre santé

80.20.06 APPENDIX A Guidelines for the Treatment of Intradialytic Hypotension

Symptomatic Hypotension

Immediate Action:
Minimize ultrafiltration (UF); Give 100-200 mL fluid bolus intravenous (IV); elevate patient's(pt's) legs; administer Oxygen (O_2); Re-check BP; If BP remains low, repeat fluid bolus IV or allow vascular refill and continue to monitor.

Asymptomatic Hypotension

Immediate Action:
Re-adjust BP cuff & re-check BP, adjust UF; elevate pt's legs; administer O_2; allow 5-10 minutes for vascular refill; re-check BP; allow more vascular refill if necessary

Determine cause: consider pattern and timing of hypotensive episode; consider the factors listed below; consider patient's normal BP's

Excessive UF Rates:
- Recalculate today's UF plan➜✓Pre weight, ✓ UF calculations and UF removed
- Trend pt's weights over last 3 weeks
- Review serum Na^+, Albumin
- Assess appropriateness of Dry Weight (DW)

Lack of Vasoconstriction:
- ✓ Dialysate temperature
- Review BP medications and compliance.
- ✓ Recent food or narcotics consumption
- ✓ for sepsis/reaction to dialyzer

Cardiac Factors:
- Review cardiac history
- ✓for impaired compensatory mechanisms d/t ß-blocker, neuropathy, aging
- ✓for Left Ventricular Hypertrophy (LVH), Ischemic Heart Disease (IHD)
- ✓Hemoglobin for possibility of tissue ischemia

Based on assessment, formulate and implement a care plan. The care plan may include the interventions below

- Correct or adjust today's UF goal
- Educate pt. on weight gains
- Consult dietitian to review Na+ intake
- Adjust dialysate Na^+ levels
- Modify UF profiles
- Adjust target weight and/or dry weight

- Decrease dialysate temperature as tolerated (physician's order required)
- Educate pt. on consumption of medications & meals
- Treat infection as necessary
- Consider pharmacological intervention such as Midodrine

- Educate pt. on risk factor control such as exercise, smoking cessation etc.
- Establish Home BP monitoring
- Treat arrhythmias
- Treat anemia

Document patient outcomes and care plan for today, next treatment in the IPN and Kardex

- Using SBAR communication (Situation, Background, Assessment & Recommendation), inform Clinical Resource Nurse (CRN) and/or Nephrologist of your findings once all factors have been considered and data has been collected
- Document plan in Integrated Progress Note (IPN), Kardex & treatment reminders and adhere to long term plan established prior to this event whenever possible
- Reminder: If the target weight differs from the dry weight for 3 or more treatments, the dry weight may need to be adjusted. A physician order must be obtained for all dry weight changes.