

 Health Sciences Centre Winnipeg	PRACTICE GUIDELINE ADULT	
Title: PROVIDING ACUTE/EMERGENT HEMODIALYSIS TREATMENTS OUTSIDE THE OPERATING HOURS OF THE HEMODIALYSIS UNITS (ADULT)	Section: 80.280.002	Approved Date: 24 Mar 2015
Authorization: Director of Patient Services, Renal Program	Revised:	Page: 1 of 3

1.0 PURPOSE:

- 1.1 To identify the roles and responsibilities of health care providers at Health Sciences Centre (HSC) in the event that a patient requires emergent hemodialysis (HD).
- 1.2 To describe process for provision of emergent hemodialysis treatments for adult patients at HSC.

2.0 GUIDELINES:

- 2.1 The HD units at HSC (Central Dialysis Unit (CDU) and Sherbrook Dialysis Unit (SDU) are open Monday to Saturday 0730h-2330h. Acute/emergent hemodialysis treatments are available every night 2330-0730h and from Saturday at 2330h through to 0730h on Monday.
EXCEPTION: HD units are closed December 25th and January 1st and are open the Sundays nearest to those two dates.
- 2.2 Designated areas for providing emergent on call HD treatments are:
 - Medical Intensive Care Unit
 - Surgical Intensive Care Unit
 - Post Anesthesia Care Unit
 - Cardiac Care Unit
 - Intermediate Intensive Care Unit
 - High Observation Unit (GH7): only if actively being used as a patient care unit.
- 2.3 The HD nurse provides treatment to only one patient at a time. If more than one patient requires emergent hemodialysis care, the Nephrologist contacts the Nursing Supervisor to arrange for additional staff.
- 2.4 When the Nephrologist has determined that a patient requires emergent dialysis outside of regular HD unit hours, the Nephrologist:
 - 2.4.1 Provides orders for Hemodialysis which are entered into the patient's Health Care Record.
 - 2.4.2 Ensures Mandatory Critical Care consultation for patients that require cardiac monitoring and/or positive pressure ventilation (e.g. BiPAP or intubation).
 - 2.4.3 Notifies the Nursing Supervisor that a patient will be receiving emergent dialysis.
 - 2.4.4 As necessary, notifies the Critical Care resident of the emergent treatment when a temporary bed is utilized for a patient not admitted to Critical Care.
- 2.5 The Nursing Supervisor:
 - 2.5.1 Locates a temporary bed in the Critical Care area to dialyze patients not admitted to Critical Care.
 - 2.5.2 Contacts the nurse on stand-by for hemodialysis.
- 2.6 The Nurse on stand-by for hemodialysis:
 - 2.6.1 Contacts Nursing Supervisor if a person other than Supervisor has made initial contact.
 - 2.6.2 Establishes estimated time of arrival to HSC with the Nursing Supervisor and confirms patient location and hemodialysis orders received.

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- 2.6.3 Confirms vascular access plan.
 - 2.6.3.1 It is preferred that vascular access for HD is established prior to the stand-by nurse leaving for HSC. However, at the discretion of the Nursing Supervisor or the Nephrologist, the nurse may be requested to come in prior to vascular access being in situ.
- 2.6.4 Contacts the Emergency Department (ED) or inpatient unit where patient is admitted in order to:
 - 2.6.4.1 Receive updated report of patient status.
 - 2.6.4.2 Provide information regarding estimated time until initiation of HD treatment.
- 2.6.5 Contacts the Nephrologist on call for any medical issues concerning the patient.

2.7 Vascular Access for HD treatment

- 2.7.1 If necessary, the HD nurse may assist with central venous access device (CVAD) placement.
- 2.7.2 For patients with a newly inserted CVAD a physician or designate:
 - 2.7.2.1 Obtains x-ray confirmation of catheter tip placement
EXCEPTION: FEMORAL CVADs
 - 2.7.2.2 Documents or provides verbal orders that the line may be used.
 - 2.7.2.3 Provides orders for CVAD instillation if patient does not have signed Chronic Hemodialysis Orders in the Manitoba Renal Program (MRP) Patient Health Care Record

2.8 Transfer of care

- 2.8.1 The HD nurse receives updated verbal report from nurse (inpatient ward or ED).
- 2.8.2 The patient's Health Care Record accompanies patient to unit where HD treatment is provided.
- 2.8.3 For patients not admitted to Critical Care, the HD nurse does not accept patients until all equipment necessary to provide HD treatment is in patient care area.
- 2.8.4 Post HD treatment, the HD nurse provides verbal report to the receiving unit and documents care in Integrated Progress Notes as per [MRP policy 60.40.11](#) Guidelines for Assessing, Documenting, and Verbally Reporting Patient Care at the Time of Transfer from One Health Care Provider to Another.

2.9 Discharge post HD treatment

- 2.9.1 The HD nurse discharges the patient if patient has an order to be discharged post ED **and** the patient meets discharge criteria per [MRP policy 30.70.08](#) Discharge Criteria for Hemodialysis Patients from the Dialysis Unit following Treatment.
- 2.9.2 If the patient does not have an order to be discharged, the HD nurse calls Patient Transport Services to transport the patient to the ED or inpatient unit.
- 2.9.3 If the patient has an order to be discharged post HD **but** does not meet discharge criteria, the HD nurse:
 - 2.9.3.1 Notifies the Nephrologist and Nursing Supervisor
 - 2.9.3.2 Accompanies the patient to the ED, provides report to the Triage Nurse, and remains with the patient until triage is completed. The patient's HSC health Care Record is given to the Triage Nurse.

- 2.10 The Critical Care pharmacist provides medications as needed.

3.0 REFERENCES:

- 3.1 Accreditation Canada (2013). Required Organizational Practices Handbook 2014. Retrieved from <http://www.accreditation.ca/sites/default/files/rop-handbook-2014-en.pdf>
- 3.2 Manitoba Renal Program: MRP Policy and Procedure Manual. Retrieved from <http://www.kidneyhealth.ca/wp/healthcare-professionals/resources/mrp-policy-and-procedure-manual>

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4.0 RESOURCES:

- 4.1 Medical Director: Manitoba Renal Program HSC
- 4.2 Director of Patient Services; Manitoba Renal Program HSC
- 4.3 Director of Patient Services: Central Support Services HSC
- 4.4 Managers of Patient Care; Manitoba Renal Program HSC
- 4.5 Nurse Educators Manitoba Renal Program HSC
- 4.6 Renal Nursing Practice Committee HSC