



## MANITOBA RENAL PROGRAM

<b>SUBJECT</b> <ul style="list-style-type: none"> <li>▪ Providing Acute/Emergent Dialysis Treatments Outside the Operating Hours of the Hemodialysis Units at SBH</li> </ul>	<b>SECTION</b> 80.20 Guidelines – Hemodialysis
	<b>CODE</b> 80.20.08
<b>AUTHORIZATION</b> <ul style="list-style-type: none"> <li>▪ Professional Advisory Committee, Manitoba Renal Program</li> <li>▪ Professional Advisory Council, St. Boniface Hospital</li> </ul>	<b>EFFECTIVE DATE</b> January 1992
	<b>REVISION DATE</b> May 2008 April 2012 February 2015 March 2017

### PURPOSE:

1. To provide standards and guidelines for hemodialysis nurses providing acute/emergent dialysis treatments outside the regular operating hours of the Hemodialysis Units at SBH.

### POLICY:

1. Nurses deemed competent following orientation to acute/emergent dialysis by the renal educator or delegate may provide emergent dialysis.
  - On-call nurse must be proficient in accessing fistulae
  - On-call nurse must have cared for an acute hemodialysis patient in any of the designated areas outside of the main hemodialysis unit during regular unit hours prior to volunteering or being assigned to be on-call. It is the responsibility of the nurses to ensure that they obtain this experience.
  - On-call nurses must be competent in providing peritoneal dialysis. It is the responsibility of the nurses to identify themselves to the educator at least 2 weeks in advance of the on call date if they require additional inservicing regarding the required procedures for on call peritoneal dialysis.

2. The nightly on-call hours (Monday to Saturday) for the hemodialysis nurses at SBH are 2330h to 0730h.

The Saturday to Sunday on-call hours for the hemodialysis nurses at SBH are:

- 1<sup>st</sup> call 2330h-0730
- 2<sup>nd</sup> call 0730-1530h
- 3<sup>rd</sup> call 1530-2330h
- 4<sup>th</sup> call 2330-0730h

3. During weekend call, the first on-call nurse will notify the second on-call nurse when he/she is required at the hospital. This is the same for second and third and fourth on-call nurses.
4. On weekdays and Saturdays, the on-call nurse will be relieved by the hemodialysis unit nursing staff arriving at 0730 hours.
5. On-call scheduled times may vary during holiday season dependent on the day of the week Christmas and New Year's falls.
6. The notification process for the provision of "On-Call" at SBH:
  - The on-call list containing the nurses' phone numbers and pager number is faxed when completed and if any changes (switches) occur. This information is faxed to the nursing supervisor, paging and payroll clerk

## **POLICY:**

7. The Nursing Supervisor/Facility Manager is the resource person for the on-call hemodialysis nurse, should issues arise.

8. When the Nephrologist has determined that emergent hemodialysis outside of regular hemodialysis unit operating hours is required, the **Nephrologist will notify** the on-call nurse directly at SBH.

When the on-call nurse is paged, he/she will respond within 10 minutes.

When the on-call nurse is required at the hospital, he/she will arrive as soon as possible after receiving the call back.

9. If more than one Nurse is required to provide emergent hemodialysis, the on-call Nephrologist will contact the Nursing Supervisor to arrange for additional staff.

10. The on-call nurse may contact the on-call Nephrologist at his / her discretion at any time.

11. Designated areas for providing acute emergent hemodialysis at SBH are:

- CR5
- CR4
- 5AWest (Cardiology)
- As a last resort only 4C can be used if 2 hemodialysis nurses are present. In order to utilize the equipment in the main hemodialysis unit the Dialysis Technicians would need to be contacted/consulted to ensure safe water supply.

12. For patients not admitted to Intensive Care Unit (ICU), the Nursing Supervisor / Facility Manager will locate a temporary ICU bed. When a temporary ICU bed is utilized, the patient is returned to the ER department, if no discharge order (see item #16) or to their in-patient unit once their emergent hemodialysis treatment has been completed. It is the sending units' responsibility to transport the patient to and from ICU.

13. The on-call nurse will require the following information prior to his/her departure to the hospital:

- a. Patient's expected time of arrival if not currently on site at the hospital
- b. Patient's place (unit) of admission
- c. Vascular access plan
- d. Emergent hemodialysis orders provided verbally by the on-call Nephrologist or Emergent hemodialysis orders entered into the patient's health record

14. The keys to the dialysis unit will be picked up and then returned to Security after acute treatment completed and unit locked

15. Once the treatment has been completed, the nurse will wipe down the machine as per unit protocol, return the machine and portable RO to their designated storage area(s), and place machine into heat disinfect. The machine should not sit longer than 8 hours post use without being placed into a heat disinfect.

- To place the machine in heat disinfect follow the procedure for turning on the water, hooking up the RO to the countdown timer and the 5008 to the RO. Label the 5008 with masking tape stating the date of heat disinfect.
- If less than 8 hours before day staff arrive, a note can be left on the machine that it has been used and requires a heat disinfect.

If a second patient requires emergent hemodialysis following the first patient, the same machine can be used providing it has completed a rinse cycle and has been cleaned according to unit policy.

16. Known hemodialysis patients receiving Chronic Hemodialysis with a discharge order may be released post treatment by the on-call hemodialysis nurse. Patients without a discharge order will be transported back to the Emergency Department for further assessment.

17. The on-call nurse will document treatment in the EPR, and give report to patient's unit/nurse

**POLICY:**

18. The on-call nurse will leave written documentation for the Nurse Clinician/Clinical Resource Nurse/Charge Nurse regarding the care / treatment provided. The Nurse Clinician/Clinical Resource Nurse/Charge Nurse will review and the ward clerk will enter patient information into the eKHR.