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Standard Operating Procedure

HEMODIALYSIS CARE MANAGEMENT

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Prepared By Reviewed By Approved By DP

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Central Referral Hospital 1th Mile, Tadong, Gangtok

Medical Superintendent Central Referral Hospital 5th Mile, Tadong Gengtok Sikkim - 737102



TITLE: HEMODIAYSIS CARE MANAGEMENT

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PAGE NO: Page 2 of 7

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Sl. No.	Contents	Page No.
1	Abbreviations & Definitions	3
1.1	Abbreviations	3
1.2	Definitions	3
2	Expected Outcome	3
3	Objective/Purpose	3
4	Scope	3
5	Process	3-7
6	Responsibility	3-7
7	Records	7

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ISSUE/EFFECTIVE	DATE: 20th Feb. 2017
PAGE NO: Page 3 o	f 7
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HEMODIALYSIS

Abbreviations:

OPD	Out patient department	
FC	Folleys Catheter	
JC	Jugular Catheter	
AVF	Atrio venous Fistula	
AVG	Atrio venous graft	
BP	Blood Pressure	
PR	Pulse Rate	
RDC	Renal Dialysis Catheter	

Definition:

The process of removing waste products and excess fluids from the body. It is necessary when the kidneys are not able to adequately filter the blood.

Expected Outcomes:

- To help the patient maintain proper balance of fluids and electrolytes in the body.
- To help the patient improve the quality of life.

Objective:

To provide dialysis care to the patient requiring dialysis treatment.

Scope:

To provide services to Hemodialysis dependent patients.

	Procedure	A	Respo	onsibility	Documents / Records
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PAGE NO: Page 4 of 7

Doctor

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Medical

records

Consent fo rm

Pre-procedure:

Dialysis patient coming directly to casualty or OPD is evaluated for history, physical examination, relevant Investigations.

Patient is then shifted to dialysis unit.

- -Patient is explained of the procedure and Informed consent is taken.
 - Vital sign is assessed as a baseline information to help evaluate the effects of hemodialysis.
 - · Patient weight is recorded.
 - Pre dialysis observation is performed and following is recorded:
 - 1. Seated blood pressure.

lon ATIL

2. Pulse rate.

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- 3. Temperature.
- 4. Respiratory rate.
- Vascular access site is assessed for palpable pulsation or vibration and sign of inflammation.
- Absence of pulsation/vibration shall be reported to doctors and dialysis should no longer be done in the assessed access site.
- No, procedure shall be done on the extremities with vascular access site to avoid damage of blood vessels leading to the failure of the arteriovenous.
- Before commencement of dialysis, patient is accessed and questioned, taking particular note of any changes in the following, since last session:

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VERSION NO. 01

ISSUE/EFFECTIVE DATE: 20th feb. 2017

PAGE NO: Page 5 of 7

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	1. Mobility 2. Pain		
	3. Skin state		
	4. Any Oedema		
	5. Sign of bruising/bleeding		
١	6. Whether the patient has complaints or signs and		
	symptoms of infection.		
	Procedure:		
	- Dialysis orders are checked.		
	- Dialysis is initiated through relevant vascular access	Nurses / Technicians	Dialysis
	femoral / Internal jugular / Arteriovenous fistula. (FC, JC,		record
١	AVF) after priming the dialyser and blood tubings & after checking patients identification label.		
	- BP monitoring is done hourly.		
	- Hourly fluid removal is observed		
	- Blood circuit is monitored continuously for anti-		
	coagulation, Venous pressure, arterial pressure; Parameters		
	monitored by machine are supervised.		
	 Complications like hypotension, dialyser clotting, Blood leak, blood loss are monitored and evaluated. 		
	- Serious complications like disequilibrium syndrome,		
	hypertensive reactions, arrhythmia, cardiac tamponade,		
	internal bleeding, seizures, haemolysis, air-embolism are		
	monitored if any and is informed to the doctors.		
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ISSUE/EFFECTIVE DATE: 20th Feb. 2017

PAGE NO: Page 6 of 7

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Post	proced	nre.
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- As dialysis session is nearing completion, equipment is made ready to terminate dialysis and patient is disconnected from the machine after completion.
- Medicines to be given to the patient as per doctor's prescription is checked.
- Any required post dialysis blood samples are obtained.
- For patients with a RDC it is ensured that the patient is aware of keeping their exit site dressing dry and procedures are followed if the catheter is dislodged, bleeding or patient is feeling unwell.
- For patient with AVF &AVG, it is ensured that the patient is aware of procedures to be followed if any bleeding occurs between sessions.
- Post dialysis observation is recorded (BP, P,R, Temp, and blood sugar in diabetic patients)
- When a patient's systolic BP is <110mmHg, patient is asked to wait further 5 minutes and repeat. If after been seated for a further 15 minutes and the patient is symptomatic of a low blood pressure, refer to senior nurse/consultant.
- After dialysis session patients are shifted to ward / sent home.

Nurse

Cleaning of Machines:

- After every dialysis session machine is disinfected.

- Machine exteriors are cleaned with bleach.

- Hydraulic circuits are disinfected with bleach.
- Once a day hydraulic circuit is disinfected with glutaraldehyde.
- Once in a month Dialysate fluid sample is sent to Biochemistry lab for the sodium, potassium and chloride

Technicians

Biochemistry lab for the sodium, potassium and c

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PAGE NO: Page 7 of 7

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according to machine prescribed level.		

Records:

- History & physical examination form
- Investigation form
- Consent form
- Dialysis Record Register
- Doctor's order

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