HARRISHEALTH SYSTEM

DIALYSIS CENTER (DC) AT QUENTIN MEASE GOVERNING BODY

Tuesday, June 11, 2024
1:30 P.M.
(*or immediately following the Quality Committee*)

BOARD ROOM
4800 Fournace Place, Bellaire, Texas 77401

The meeting may be viewed online at: **http://harrishealthtx.swagit.com/live**

Notice: Members of the Governing Body may participate by videoconference.

Mission

Harris Health is a community-focused academic healthcare system dedicated to improving the health of those most in need in Harris County through quality care delivery, coordination of care, and education.

AGENDA

I.	**Call to Order and Record of Attendance**	**Dr. Cody Pyke**	**2 min**
II.	**Introductions**	**Dr. Cody Pyke**	**5 min**
III.	**Election of Officers**	**Dr. Cody Pyke**	**10 min**
	A. Discussion and Appropriate Action to Elect Officers of the Dialysis Center (DC) at Quentin Mease Governing Body in Accordance with Article V, Section 1 of Governing Body Bylaws of the DC at Quentin Mease ***– DC Governing Body***		
	• Chair – Dr. Cody Pyke		
IV.	**Executive Session**	**Dr. Cody Pyke**	**15 min**
	A. Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Healthcare Program Requirements and a Status of Fraud and Abuse Investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032, Including Possible Action Regarding this Matter Upon Return to Open Session ***– Ms. Carolynn Jones***		*(5 min)*
	B. Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Health & Safety Code Ann. §161.032 and Tex. Occ. Code Ann. §160.007 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including DC Governing Body Quality Scorecard Report, Quality Review Committee Report and Medical Executive Committee Report, Including Possible Action Upon Return to Open Session ***– Dr. Matasha Russell, Dr. Kevin Erickson and Dr. Lori Timmons***		*(10 min)*
V.	**Reconvene**	**Dr. Cody Pyke**	**2 min**

VI.	**General Action Item(s)**	**Dr. Cody Pyke**	**15 min**

A. General Action Item(s) Related to Policies and Procedures

1. Consideration of Approval of Reviewed and Amended Policies and Procedures for the DC at Quentin Mease
   – Dr. Kevin Erickson and Dr. Lori Timmons

VII.	**DC at Quentin Mease Governing Body Medical Director and Administrator Reports**	**Dr. Cody Pyke**	**10 min**

A. Report Regarding Medical Staff Operations, Clinical Operations, Statistical Analysis of Services Performed and Operational Opportunities at the Dialysis Center, Including Questions and Answers
– Dr. Kevin Erickson and Dr. Lori Timmons

- Strategic Pillar 1: Quality and Patient Safety
  - Hemodialysis/Peritoneal Dialysis Overview
  - Nephrology Provider Collaboration
  - 5 Diamond Patient Safety Program

VIII.	**Adjournment**	**Dr. Cody Pyke**	**1 min**

BOARD OF TRUSTEES

Dialysis Center at Quentin Mease Governing Body

HARRISHEALTH SYSTEM

Tuesday, June 11, 2024

Introductions

The first Dialysis Center (DC) at Quentin Mease Governing Body will meet on Tuesday, June 11, 2024.

Listed below are the voting DC Governing Body members:

- Dr. Cody Pyke, Harris Health Board Member
- Sima Ladjevardian, Harris Health Board Member
- Matthew Reeder, Administrator
- Dr. Kevin Erickson, Medical Director
- Lori Timmons, Nursing Director

BOARD OF TRUSTEES

Dialysis Center at Quentin Mease Governing Body

HARRISHEALTH SYSTEM

Tuesday, June 11, 2024

Executive Session

Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Health & Safety Code Ann. §161.032 and Tex. Occ. Code Ann. §160.007 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including DC Governing Body Quality Scorecard Report, Quality Review Committee Report and Medical Executive Committee Report, Including Possible Action Upon Return to Open Session.

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BOARD OF TRUSTEES

Dialysis Center at Quentin Mease Governing Body

HARRISHEALTH SYSTEM

Tuesday, June 11, 2024

Consideration of Approval of Reviewed and Amended Policies and Procedures for the Harris Health Dialysis Center at Quentin Mease

As part of the regulatory requirements of the Harris Health Dialysis Center at Quentin Mease Health Center (HHDC), the Governing Body is to review and approve policies annually. Most policies will reflect a change in references. Please find a summary of the policies and their changes.

All polices were updated to reflect the name of the new facility and the policy numbers were updated by removing "RDC" from each one. All additional updates are listed below and on the attached matrix:

- **Policy 4525** (no additional updates)
- **Policy CP-00-1a** (no additional updates)
- **Policy CP-00-2a through CP-002** (additional updates: references)
- **Policy CP-004** (additional updates: references, font)
- **Policy CP-100 through CP-104** (additional updates: references, current model of dialysis machine)
- **Policy CP-105 through CP-106** (additional updates: references, font, current model of dialysis machine)
- **Policy CP-200** (additional updates: references)
- **Policy CP-a200** (additional updates: references, current model of dialysis machine)
- **Policy CP-201 through CP-204** (no additional updates)
- **Policy CP-205 through CP-205a** (additional updates: references, current model of dialysis machine)
- **Policy CP-206 through CP-207** (no additional updates)
- **Policy CP-301** (no additional updates)
- **Policy CP-302** (additional updates: current model of dialysis machine, removed section V)
- **Policy CP-303** (additional updates: references)
- **Policy CP-304** (additional updates: references, current model of dialysis machine)
- **Policy CP-305** (no additional updates)
- **Policy CP-306** (additional updates: references, removed section IV)
- **Policy CP-307** (additional updates: references)
- **Policy CP-308** (additional updates: references, current model of dialysis machine)
- **Policy CP-309 through CP-310** (additional updates: references)
- **Policy CP-311** (additional updates: references, removed section III)
- **Policy CP-312** (additional updates: references)
- **Policy CP-314** (additional updates: references)
- **Policy CP-315 through CP-317** (additional updates: references, current model of dialysis machine)
- **Policy CP-318** (additional updates: removed section IV)
- **Policy CP-319** (additional updates: references, removed section IV)
- **Policy CP-320** (additional updates: references, current model of dialysis machine)

Items for the Harris County Hospital District dba Harris Health System - Governing Body Report
DC Governing Body Amended Policy Summary Matrix: June 11, 2024

Policy Number	Description/Justification	Action, Basis of Recommendation
Policy 4525	Emergent Dialysis Treatment Referral in the Emergency Center	updated facility name, policy number
Policy CP-00-1a	Consent for Outpatient Dialysis	updated facility name, policy number
Policy CP-00-2a	Patient Attendance	updated facility name, policy number; and references
Policy CP-00-3a	Routine and Involuntary patient Discharge	updated facility name, policy number; and references
Policy CP-00-4a	Disruptive Patient Behavior	updated facility name, policy number; and references
Policy CP-001	Assessment of patient for Treatment	updated facility name, policy number; and references
Policy CP-001a	Admission and Discharge Criteria	updated facility name, policy number; and references
Policy CP-001B	Hemodialysis Flowsheet in the electronic medical record	updated facility name, policy number; and references
Policy CP-002	Patient Complaints and Grievances	updated facility name, policy number; and references
Policy CP-004	Assessment of Vascular Access	updated facility name, policy number; and references and font
Policy CP-101	Alarm test Trouble Shooting Guide Machine problems	updated facility name, policy number; references; and updated the dialysis machine to reflect the model currently used
Policy CP-102	Sequential Ultrafiltration	updated facility name, policy number; references; and updated the dialysis machine to reflect the model currently used
Policy CP-104	Calculation of Ultrafiltration Rate	updated facility name, policy number; references; and updated the dialysis machine to reflect the model currently used
Policy CP-105	Sodium Variation	updated facility name, policy number; references; corrected font, and updated the dialysis machine to reflect the model currently used
Policy CP-106	Ultrafiltration Profiles	updated facility name, policy number; references; corrected font, and updated the dialysis machine to reflect the model currently used
Policy CP-200	Patient Assessment	updated facility name, policy number; and references;
Policy CP-a200	Administration of Heparin Bolus and Heparin Therapy during dialysis	updated facility name, policy number; references; and updated the dialysis machine to reflect the model currently used
Policy CP-201	Preparation and Cannulation of AV Graft and AV fistula	updated facility name and policy number
Policy CP-202	Initiation of Treatment using central venous catheter using alcavis and exsept	updated facility name and policy number
Policy CP-203a	Central Venous Catheter Dressing Change w/Chloraprep and Exsept Solution	updated facility name and policy number
Policy CP-203B	Central Venous Catheter Dressing Change w/Alcavis and Chloraprep one step	updated facility name and policy number
Policy CP-204	Monitoring Patients Treatment	updated facility name and policy number
Policy CP-205	Discontinue Hemodialysis Catheter	updated facility name, policy number; references; and updated the dialysis machine to reflect the model currently used
Policy CP-205a	Discontinue Hemodialysis Permanent Access AVG or AVF	updated facility name, policy number; references; and updated the dialysis machine to reflect the model currently used
Policy CP-206	Access Care Post Treatment	updated facility name and policy number
Policy CP-207	Prefilled 0.9% Normal Saline Syringe Flush	updated facility name and policy number
Policy CP-301	Complication – Bloodleak–	updated facility name and policy number
Policy CP-302	Hand Cranking the Blood Pump	updated facility name, policy number, updated the dialysis machine to reflect the model currently used, and removed section V
Policy CP-303	Clotted Dialyzers	updated facility name, policy number; and references;
Policy CP-304	Fresenius 2008 T Machine Troubleshooting Guide - Machine Problems	updated facility name, policy number; references; and updated the dialysis machine to reflect the model currently used
Policy CP-305	Troubleshooting Guide Catheter	updated facility name and policy number

Items for the Harris County Hospital District dba Harris Health System - Governing Body Report
DC Governing Body Amended Policy Summary Matrix: June 11, 2024

Policy Number	Description/Justification	Action, Basis of Recommendation
Policy CP-306	Complications of Dialysis - Air Embolus–	updated facility name, policy number; references; and removed section IV
Policy CP-307	Complications of Dialysis - Disequilibrium Syndrome	updated facility name, policy number, and references
Policy CP-308	Complications of Dialysis – Hypotension	updated facility name, policy number; references; and updated the dialysis machine to reflect the model currently used
Policy CP-309	Complications of Dialysis – Hemolysis	updated facility name, policy number; and references
Policy CP-310	Complications of Dialysis - Chest pain	updated facility name, policy number; and references;
Policy CP-311	Complications of Dialysis - Nausea and Vomiting	updated facility name, policy number; references; and removed section III
Policy CP-312	Complications of Dialysis - Central venous dialysis catheter dislodgement	updated facility name, policy number, and references
Policy CP-314	Complications of Dialysis - Muscle Cramps	updated facility name, policy number; and references;
Policy CP-315	Complication of Dialysis - Pyrogenic Reaction	updated facility name, policy number; references; and updated the dialysis machine to reflect the model currently used
Policy CP-316	Complication of Dialysis - Needle Dislodgement–	updated facility name, policy number; references; and updated the dialysis machine to reflect the model currently used
Policy CP-317	Complications of Dialysis - Suspected Dialyzer Reaction	updated facility name, policy number; references; and updated the dialysis machine to reflect the model currently used
Policy CP-318	Complication of Dialysis – Seizures-	updated facility name, policy number; and removed section IV
Policy CP-319	Complications of Dialysis - Pericarditis and Pericardial Effusion-	updated facility name, policy number; references; and removed section IV
Policy CP-320	Complications of Dialysis - Back pain–	updated facility name, policy number; references; and updated the dialysis machine to reflect the model currently used

HARRISHEALTH SYSTEM

Policy No:	4525
Page Number:	1 of 5
Effective Date:	01/1999
Board Motion No:	n/a
Last Review Date:	10/02/2019
Due For Review:	10/02/2022

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

TITLE: **EMERGENT DIALYSIS TREATMENT REFERRAL IN THE EMERGENCY CENTER**

PURPOSE: To standardize, streamline, and improve the care for patients who present to a Harris Health System Emergency Center requiring emergent dialysis treatment.

POLICY STATEMENT:

Harris Health System patients who are diagnosed with a condition requiring emergent dialysis treatment shall be provided services using an interdisciplinary approach.

POLICY ELABORATIONS:

I. DEFINITIONS:

A. **ACUTE KIDNEY FAILURE**: Rapid loss of kidney function resulting in the retention of waste products that are normally excreted by the kidney. Signs and symptoms associated with acute kidney failure include, but are not limited to, uremic symptoms, volume overload, hyperkalemia, and metabolic acidosis.

B. **ADVANCED PRACTICE PROFESSIONAL (APP):** Shall be defined as an individual who holds a state license in their profession as well as other educational credentials attesting to training and qualifications to provide services in one or more of the following categories: Physician Assistant (PA), Certified Registered Nurse Anesthetist (CRNA), Nurse Practitioner (NP) or Clinical Nurse Specialist (CNS), Optometrist (OD), Certified Nurse Midwife (CNM),Clinical Psychologist, Registered Dietician, and Clinical Pharmacist.

C. **EMERGENT DIALYSIS:** A treatment modality for patients who present to

a Harris Health System Emergency Center (EC) with signs and symptoms associated with acute or chronic kidney failure, which requires immediate treatment.

D. **INTRA-PAVILION TRANSPORT:** Patient transfer between Harris Health System Hospital facilities.

E. **STAGE 5 CHRONIC KIDNEY DISEASE (CKD5):** Complete or near complete failure of the kidneys to excrete waste and regulate electrolytes, water, and acid base.

F. **NEPHROLOGIST:** A physician who specializes in renal diseases. When consulted by a Harris Health System EC, physician or APP, the Nephrologist will evaluate, and if required, shall order, and provide oversight for acute dialysis.

G. **NEPHROLOGY SERVICE TEAM:** A team composed of appropriately trained professionals specializing in Nephrology.

II. EMERGENT DIALYSIS TREATMENT:

A. An EC physician or APP:

1. Shall request a Nephrology consult; and
2. The consultation request shall include:

    a. A verbal report to the Nephrologist on-call; and
    b. The patient's Basic Metabolic Panel and electrocardiogram (EKG) results.

B. The Nephrology Service:

1. Nephrologist assesses the patient; obtains the patient's or the patient's legally authorized representative's informed consent for the hemodialysis procedure (See Harris Health System Policy 4215, Consent for Treatment for more information); and provides oversight for the hemodialysis procedure;
2. Nephrology Nurse initiates dialysis treatment as ordered by the Nephrologist.
3. Case Management/Social Worker/Dietitian will be consulted, as needed.

III. INTRA_PAVILION EC DIALYSIS SUPPORT:

The process for obtaining intra-pavilion EC dialysis support services shall be found in Attachment A. Refer to policy 4600: Transfer of Patients

REFERENCES/BIBLIOGRAPHY:

Harris Health System Policy and Procedure 4600 Patient Transfer

OFFICE OF PRIMARY RESPONSIBILITY:

Harris Health System Chief Nurse Executive & Ben Taub General Hospital Director, Medical/Surgery.

HARRISHEALTH SYSTEM

Policy No:	4525
Page Number:	4 of 5
Effective Date:	01/1999
Board Motion No:	n/a
Last Review Date:	10/02/2019
Due For Review:	10/02/2022

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

REVIEW/REVISION HISTORY:

Effective Date	Version # (If Applicable)	Review/ Revision Date (Indicate Reviewed or Revised)	Approved by:
11/1999	1.0	Revised 05/1999	Renal Services; HCHD Policy & Procedure Committee
	2.0	Reviewed 11/1999	LBJ Medical Executive Committee; Medial Board
		Reviewed 06/2006	Director, Clinical Case Management
		Reviewed 09/2007	CCM Senior Leadership, Dialysis Director
		Reviewed 10/2007	HCHD Nursing P&P Committee
		Reviewed 11/12/2007	Dr. Kevin Finkel
		Reviewed 11/13/2007	HCHD Hemodialysis Services; BTGH and LBJ EC Nursing Directors
		Reviewed 12/02/2007	HCHD Acute Dialysis Manager and Dialysis Director
		Reviewed 12/19/2007	HCHD Acute Dialysis Manager and Dialysis Director; CCM and Social Worker
		Reviewed 1/10/2008	HCHD Acute Dialysis Manager and Director
	3.0	Reviewed 2/14/2008	District Nursing Policy and Procedure Council
		Reviewed 2/25/2008	Nurse Administrative Council
		Reviewed 3/11/2008	Nurse Executive Council
		Reviewed 4/14/2008	BTGH, Chief of Staff
		Reviewed 11/2008	Nurse Manager Hemodialysis
		Approved 03/12/2009	HCHD Nursing Policy and Procedure Council
	4.0	Approved 04/28/2009	Interdisciplinary Clinical Committee
		Approved 06/13/2013	Nursing Policy and Procedure Council
		Approved 08/16/2013	Nursing Administrative Council
		Approved 08/20/2013	Nursing Executive Council
		Approved 09/04/2013	LBJ MEC
		Approved 02/03/2014	BTGH MEC
	5.0	Approved 02/11/2014	Interdisciplinary Clinical Committee
	6.0	Revised 08/30/2019	Expedited Executive Approval By The CEO
		Revised 10/02/2019	Harris Health System Nephrology Service Line

ATTACHMENT A - INTRA-PAVILION DIALYSIS SUPPORT SERVICES

The following process shall be used for intra-pavilion dialysis support services between Ben Taub General Hospital (BTH) and Lyndon B. Johnson General Hospital (LBJ):

A. Refer policy 7.39 – Transporting Patients Between Harris Health System Hospital Campuses

B. Intra-pavilion Transport:

1. Sending facility will provide serum BMP and Hemoglobin and Hematocrit. Renal fellow/attending will determine acceptance upon reviewing labs (e.g. anemia requiring blood administration or BUN>175 mg/dl).
2. Once physician and administrative acceptance have been granted for transfer, the transfer center will dispatch EMS for transport to the receiving facility; the patient will be received and evaluated in the EC.
3. Dialysis department will complete each patient's treatment, and then provide handoff report to the EC providers about patient status post-treatment. The EC will receive the patients and then provide disposition as appropriate**.**

C. MEDICAL RECORD GUIDELINES:

1. **Intra-pavilion Transport:** Upon intra- facility transport for dialysis treatment, the patient's EMR shall remain open until the patient returns after dialysis treatment and disposition is carried out by the originating EC department. If the patient requires admission at LBJ or leaves before treatment is complete, the sending facility will be notified by the EC to close out the EC encounter.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-00-1a
Page Number: 1 of 3

Effective Date: 8/22/2008
Last Review Date: 2/27/2024
Due for Review: 2/27/2026

TITLE: **CONSENTS FOR OUTPATIENT DIALYSIS**

PURPOSE: To identify procedures and specifications regarding consent forms for treatment.

GUIDELINES/PROCEDURES STATEMENT:

Patients at Harris Health Dialysis Center at Quentin Mease will sign consents prior to initiation of the first outpatient dialysis treatment.

ELABORATION:

I. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

25 T.A.C., Chapter 117, End Stage Renal Dialysis Facilities Licensing Rules.

Harris Health System Policy 4215 Consent for Medical Treatment and Identification of a Surrogate Decision-Maker

Harris Health System Policy and Procedures 4205 Patients Requesting to Leave Harris Health System Facilities or Refusing or Requesting Discontinuation of Treatment Against Medical Advice

DEPARTMENT OF PRIMARY RESPONSIBILITY:

Dialysis Center at Quentin Mease Health Center

REVISION HISTORY: REVISION HISTORY:

Effective Date	Version # (If Applicable)	Review/ Revision Date (Indicate Reviewed or Revised)	Approved by:
8/22/08	1.0	Original 8/22/2008	Riverside Dialysis Center Governing Board
	2.0	Reviewed 1/27/2009	Riverside Dialysis Center Governing Board
	3.0	Reviewed 12/16/2010	Riverside Dialysis Center Governing Board
	4.0	Reviewed 1/30/2014	Riverside Dialysis Center Governing Board
	5.0	Reviewed 7/18/2014	Riverside Dialysis Center Governing Board
	6.0	Reviewed 10/22/2015	Riverside Dialysis Center Governing Board
	7.0	Reviewed 07/27/2018	Riverside Dialysis Center Governing Board
		07/25/2019	Riverside Dialysis Center Governing Board

APPENDIX A

I. PROCEDURES/GUIDELINES:

A. Consents must be signed by the patient or legally responsible person prior to initiation of the first outpatient dialysis treatment.

B. Consents must include the "Special Consent for Hemodialysis Treatment", and consents for home treatment therapies.

C. The nurse must verify that the consents are signed prior to the initiation of dialysis.

D. Consent forms are valid for the duration of care delivered by the outpatient facility.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-00-2a
Page Number: 1 of 3

Effective Date: 8/22/2008
Last Review Date: 2/27/2024
Due for Review: 2/27/2026

TITLE: PATIENT ATTENDANCE

PURPOSE: To identify the process to address missed dialysis treatments with patients.

GUIDELINES/PROCEDURES STATEMENT:

Patients admitted to Dialysis Center at Quentin Mease are expected to adhere to their routine scheduled dialysis treatment plan to achieve optimal quality of care.

ELABORATION:

I. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

ESRD Network # 14, Intensive Intervention with the Non-compliant Patient retrieved from http://www.esrdnetwork.org/professionals/patientprovider-conflict.asp

Harris Health System Policies and Procedures. 8.09 Governance of and Patient Care at Harris Health System Dialysis Center at Quentin Mease Health Center.

Harris Health System Policy 4150 Patient Rights and Responsibilities.

Harris Health System Policy 3.11.102 Complaints Regarding Privacy and Security.

Harris Health System Policy 4200 Patient Complaints Grievances.

Harris Health System Policy 4200.01 Grievances Regarding Discrimination.

Harris Health System Policy 3001 Abuse, Neglect and Exploitation of Patients.

DEPARTMENT OF PRIMARY RESPONSIBILITY:

Dialysis Center at Quentin Mease Health Center

REVISION HISTORY: REVISION HISTORY:

Effective Date	Version # (If Applicable)	Review/ Revision Date (Indicate Reviewed or Revised)	Approved by:
8/22/08	1.0	Original 8/22/2008	Riverside Dialysis Center Governing Board
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	7.0	Reviewed 07/27/2018	Riverside Dialysis Center Governing Board
		07/25/2019	Riverside Dialysis Center Governing Board

APPENDIX A

I. PROCEDURES/GUIDELINES:

A. With the first missed treatment, the Social Worker will assess for, document, and address any peripheral contributing problems and dialysis discomforts that may be affecting patient attendance (income loss, transportation problems, marital discord, family illness, conflicting family obligations, medical complications, pain, being too cold, patient/staff friction, need to eat/smoke, restroom use, etc.).

B. After 3 missed treatments, the treatment team (MD, SW, RN) will meet with the patient and the patient family.

C. If no improvement, a formal letter/behavioral contract from the physician or medical director will be given to the patient.

D. If no improvement, discuss in quality meeting or patient care conference:

1. If the behavior **is** unacceptable, inappropriate, or disrupts unit functioning, change dialysis day and time if possible. Contact ESRD Network for assistance if needed.

2. If the behavior prior to or during treatment is unacceptable or disrupts unit functioning:

- **A.** Consider changing to another shift
- **B.** Inform patient will have to wait to have machine set up for each treatment until he/she walks in.
- **C.** Stop the patient's treatment early if it interferes with other patient treatments or unit closure time.
- **D.** Continue therapeutic alliance efforts.
- **E.** Document in electronic medical record.

HARRIS HEALTH SYSTEM

HARRIS HEALTH DIALYSIS CENTER AT QUENTIN MEASE

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-00-3a
Page Number: 1 of 10

Effective Date: 8/22/2008
Last Review Date: 2/27/2024
Due for Review: 2/27/2026

TITLE: **ROUTINE AND INVOLUNTARY PATIENT DISCHARGE**

PURPOSE: To provide the procedure that facilities must use when involuntary discharge is necessary and to give guidance regarding the same by complying with Federal Regulations pertaining to conditions under which a facility may discharge a patient involuntarily.

GUIDELINES/PROCEDURES STATEMENT:

To establish guidelines for Harris Health Dialysis Center at Quentin Mease,

ELABORATIONS:

I. DEFINITIONS:

A. **Administrative Discharge** - The following of an established procedure to close a patient record when a patient is no longer receiving services from a dialysis facility due to prolonged absence from the facility for more than 30 days or 13 treatments. The patient may be hospitalized, on extended travel, or is lost to follow-up. The patient may be readmitted at a later date.

B. **Involuntary Discharge** – The following of an established procedure to close a patient record when a patient is no longer able to receive services from a dialysis facility due to violent, abusive, and/or disruptive behavior that places the welfare of the patient, other patients, facility staff or others at risk and interferes with the operations of the dialysis facility, failure to obtain coverage, nonpayment, or discharge from care of an attending physician.

C. **Lost to follow-up** When a has been away from a dialysis facility for 30 days or 13 treatments, is not hospitalized, traveling or receiving dialysis at another facility, has not responded to facility efforts to resume dialysis and/or whereabouts of the patient is unknown.

D. **Routine Discharge** - The following of an established procedure to close a patient record when a patient is no longer receiving services from a dialysis facility due to discontinuation of dialysis or permanent transfer to another facility.

II. PROCEDURES/GUIDELINES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

25 T.A.C., Chapter 117, End Stage Renal Dialysis Facilities Licensing Rules.

42 C.F.R. § 494, Condition: Governing Body and management.

Harris Health System Policies and Procedures. 8.09 Governance of and Patient Care at Harris Health System Dialysis Center at Quentin Mease.

U.S. Department of Health & Human Services Centers for Medicaid and Medicare, Center for Medicaid and State Operations/Survey & Certification Group, Conditions for Coverage for End-Stage Renal Disease (ESRD) Program Interpretive Guidance Version 1.1, October 3, 2008.

DEPARTMENT OF PRIMARY RESPONSIBILITY:

Dialysis Center at Quentin Mease Health Center

REVISION HISTORY:

Effective Date	Version # (If Applicable)	Review/ Revision Date (Indicate Reviewed or Revised)	Approved by:
8/22/08	1.0	Original 8/22/2008	Riverside Dialysis Center Governing Board
	2.0	Reviewed 1/27/2009	Riverside Dialysis Center Governing Board
	2.0	Reviewed 12/16/2010	Riverside Dialysis Center Governing Board
	2.0	Reviewed 1/30/2014	Riverside Dialysis Center Governing Board
	2.0	Reviewed 7/18/2014	Riverside Dialysis Center Governing Board
	2.0	Reviewed 10/22/2015	Riverside Dialysis Center Governing Board
	2.0	Reviewed 7/25/2019	Riverside Dialysis Center Governing Board

APPENDIX A

PROCEDURES/GUIDELINES:

Patients may be transferred or discharged from the facility for routine or, in certain circumstances, involuntary reasons. The dialysis facility shall inform patients about policies for transfer, routine or involuntary discharge, and discontinuation of services as detailed in the FMS Patients Rights and Responsibilities.

The facility's Governing Body shall ensure that all staff follow the facility's discharge and transfer policies and procedures. The Medical Director shall ensure that no patient is discharged or transferred from the facility unless:

A. The patient or payer no longer reimbursed the facility for the ordered services;

B. The facility ceases to operate

C. The transfer is necessary for the patient's welfare because the facility can no longer meet the patient's documented medical needs; or

D. The facility has reassessed the patient and determined that the patient's behavior is disruptive and abusive to the extent that the delivery of care to the patient or the ability of the facility to operate effectively is seriously impaired.

I. ADMINISTRATIVE DISCHARGE FOR PROLONGED ABSENCE FROM THE FACILITY

A. The following table identifies what to do when a patient has a prolonged absence from the facility:

When…..	Then…..
A patient is hospitalized or in a rehab facility longer than 30 days or 13 consecutive treatments….	The facility may administratively discharge the patient, unless the patient's physician has provided a written request and rationale for not

	discharging the patient. Upon discharge from the hospital or rehab, the facility should make every effort to readmit the patient.
A patient travels and receives treatment elsewhere for longer than 30 days or 13 consecutive treatments….	Prior to leaving, the facility must inform the patient that after 30 days his/her time slot will no longer be held for him/her and the patient will be discharged from the facility. Upon return from travel, the patient is readmitted to an available time slot in the facility or transferred to another location if all slots are full.

II. LOST TO FOLLOW UP:

A. A patient is considered as lost to follow-up when he/she has not come to treatment for 30 days or 13 consecutive treatments, is not traveling or hospitalized and has not responded to facility attempts to contact the patient to return to dialysis.

III. ROUTINE TRANSFER OR DISCHARGE:

A. Routine transfer or discharge of a patient may occur when the patient:

1. Is receiving dialysis at a facility that ceases to operate.
2. Has a change in insurance coverage that will not cover the patient's care in the facility and transfer to another provider is required by the payer.
3. Has regained kidney function and no longer requires dialysis.
4. Receives a transplant and there is evidence the transplant is successful
5. Relocates or transfers to another dialysis facility.
6. Changes treatment modality which requires transfer to another facility or home program.

7. Request to withdraw from dialysis permanently.
8. Has died.

IV. INVOLUNTARY TRANSFER OF DISCHARGE

A. Involuntary transfer or discharge of a patient may occur when the patient:

1. Does not cooperate in applying for and obtaining all possible sources of coverage for dialysis services for which the patient may be entitled to or eligible for and the result is non-payment of services.
2. Fails to pay for dialysis services when the patient is self-pay and does not have an approved Indigent Waiver.
3. Fails to forward checks provided that are sent to the patient by:
  a. The insurance provider to pay the dialysis facility for dialysis services received, or
  b. The AKF to cover costs of insurance premiums, resulting in no coverage or non-payment.
4. Has been discharged from his/her physician practice and no other attending physician is willing to assume the role, resulting in the absence of medical coverage.
5. Exhibits violent, abusive, and/or disruptive behavior that places the welfare of the patient, other patients, facility stiff or others at risk and interferes with the operations of the dialysis facility.
6. Violates the Weapons and Firearms policy.
7. Verbalizes a specific and serious threat of bodily harm against a particular person associated with the facility.
8. Threatens or inflicts damage to the facility premises.

B. All incidences of violence or threat of violence and/or noncompliance with the Weapons and Firearms Policy should be reported to ASC leadership, Corporate Compliance, DPS Security, and Risk Management Departments.

V. READMITTING DISCHARGED PATIENTS

A. A pre-admission interview with the patient is recommended prior to a decision being made to accept or deny admission. The pre-admission interview should generally include participation of the following parties:

1. Patient /patient representative
2. Clinical Manager, Area Manager
3. Patient's attending physician, if available
4. Medical Director

B. The pre-admission interview should generally include but is not limited to the following:

1. Review of the patient's history and current status-medical and behavior;
2. Review of the patient's rights and responsibilities and facility policies regarding expected behaviors of patients; and,
3. Assessment of the patient's desire and motivation to receive dialysis treatment in the facility.

VI. BACKGROUND

A. The revised Conditions for Coverage for ESRD Facilities, under 494.70 Condition: Patients Rights require dialysis facilities to inform patients of the facility's discharge and transfer policies. Under 494.180 Condition: Governance; Standard: Involuntary discharge and transfer policies, the governing body must ensure that all staff follows the facility's patient discharge and transfer policies and procedures.

VII. PROCEDURE FOR INVOLUNTARY DISCHARGE

When discharge is necessary because……...	**And……..**	**Then……**
1. The patient or payer no longer reimburses the facility for the ordered services…	There is evidence in the patient's medical record that facility staff made attempts to help the patient resolve nonpayment	1. A 30 day notice of discharge is provided to the patient and the ESRD Network is notified. 2. The State survey agency is

	issues…	also notified of the discharge.
2. The facility ceases to operate….	The facility's interdisciplinary team documents assistance to patients to obtain dialysis in other facilities….	1. The Governing Body notifies CMS, the State survey agency and the applicable ESRD Network.
3. The transfer is necessary for the patient's welfare because the facility can no longer meet the patient's documented medical needs….	The patient's medical record contains documentation of the medical need and reasons why the facility can no longer meet that need and this has been discussed with the patient and/or his/her representative.	1. Effect the transfer as soon as a more suitable facility becomes available. 2. In the event that the patient or his/her representative refused the transfer, a notice of discharge providing 30 days or such shorter time as the patient's medical condition may require is provided to the patient or legal representative and the ESRD Network is notified. 3. The State survey agency is also notified of the discharge.
4. The patient's behavior is deemed disruptive and abusive to the extent that the delivery of care to the patient or the ability of the facility to operate effectively is seriously impaired and….	The interdisciplinary team has reassessed the patient, developed and documented a plan of care to address the disruptive behavior including counseling and monitoring of the patient's status and, all attempts to resolve the behavior	1. A patient discharge letter, providing 30 day notice of discharge is provided to the patient and the ESRD Network is notified. 2. The State survey agency is also notified of the discharge. 3. Contact with another facility to obtain dialysis for the patient must be made and the outcomes of this effort must be documented in the medical record.

	have been unsuccessful….	
5. The patient's behavior is an immediate and severe threat that is deemed dangerous to the health and safety of others…. Examples: A patient with a gun or knife or who is making credible threats of physical harm.	Local authorities, Corporate Legal Counsel and Corporate Health, Safety, Environmental Affairs, Engineering & Risk Management (HSEAA & RM) have bee contacted…	1. An immediate notice of discharge is provided to the patient. 2. The ESRD Network and State survey agency are notified of the discharge after the safety of facility patients and staff has been secured.
6. The patient's physician practice has discharged the patient…	The physician's practice has notified the patient in writing of its decision and the facility has supplied the patient with a list of all other attending physicians at the facility an no other attending physician has accepted the patient.	1. A notice of discharge providing 30 days or such shorter time as specified by the attending physician who is discharging the patient is provided to the patient and the ESRD Network is notified. 2. The State survey agency is also notified of the discharge.

VIII. DOCUMENTATION

A. In cases of involuntary transfer or discharge, there shall be evidence in the patient's medical record of:

1. Reassesssments, ongoing problem(s), and efforts made to resolve the problem(s).

2. A written physician's order signed by both the Medical Director and the patient's attending physician concurring with the patient's transfer or discharge from the facility.

3. Contact with another facility to attempt placement of the patient and the outcome of the effort made. The patient is also provided a list of all facilities within a reasonable distance of the patient's home.
4. A copy of the discharge notice provided to the patient is forwarded to the following:
   a. Regional Vice President
   b. Clinical quality Manager,
   c. The Corporate Legal Department
   d. The Corporate Social Worker
   e. Corporate Health, Safety, Environmental Affairs, Engineering & Risk Management
5. Contact with the local ESRD Network and State survey agency to include date and time of notice and to whom notification was made.
6. Return receipt notification from discharge notification.

For all transfers and discharge, staff must comply with Medical Record policies and procedures regarding necessary documentation to close the medical record of a discharged patient.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-00-4a
Page Number: 1 of 11

Effective Date: 8/22/2008
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TITLE: **DISRUPTIVE PATIENT BEHAVIOR POLICY**

PURPOSE: To encourage the use of appropriate methods to effectively manage conflict.

GUIDELINES/PROCEDURES STATEMENT:

To establish guidelines for Harris Health System Dialysis Center at Quentin Mease Health Center.

ELABORATIONS:

I. DEFINITIONS:

A. Lack of payment: Refusal to maintain or apply for coverage or misrepresentation of coverage.

B. Physical Harm: Any bodily harm or injury; attack upon another person or the facility.

C. Physical Threat: Gestures or actions expressing intent to harm, abuse or commit violence toward another person or the facility.

D. Property damage/theft: Theft or damage to property on premises of the facility.

E. Verbal or Written Abuse: Use of words, written or spoken, that demean, insult, belittle or degrade another person.

F. Verbal or Written Threat: Use of words, written or spoken, expressing intent to harm, abuse, or commit violence toward another person or the facility.

G. Non-adherence: Non-adherence with treatment such as, prescribed treatment time on dialysis, medications, diet or other treatment related issues.

Use of the above definitions provides a common language that can be used by everyone to describe behaviors that result in conflict and enables us to develop processes to address these behaviors more effectively. These definitions should be used by the staff to describe conflict situations.

II. PROCEDURES/GUIDELINES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

ESRD National Coordinating Center, Network 14 of Texas: Alliant Health Solutions. https://esrdncc.org/en/network-14/.

Harris Health System Policies and Procedures. 8.09 Governance of and Patient Care at Harris Health System Dialysis Center at Quentin Mease Health Center.

Harris Health System Policy 4150 Patient Rights and Responsibilities.

Harris Health System Policy 3.11.102 Complaints Regarding Privacy and Security.

Harris Health System Policy 4200 Patient Complaints Grievances.

Harris Health System Policy 4200.01 Grievances Regarding Discrimination.

Harris Health System Policy 3001 Abuse, Neglect and Exploitation of Patients.

Harris Health System Policies and Procedures 3000 Standard and Transmission Based Precautions.

25 T.A.C., Chapter 117, End Stage Renal Dialysis Facilities Licensing Rules.

U.S. Department of Health & Human Services Centers for Medicaid and Medicare, Center for Medicaid and State Operations/Survey & Certification Group, Conditions

for Coverage for End-Stage Renal Disease (ESRD) Program Interpretive Guidance Version 1.1, October 3, 2008.

DEPARTMENT OF PRIMARY RESPONSIBILITY:

Dialysis Center at Quentin Mease Health Center

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	2.0	Reviewed 7/18/2014	Riverside Dialysis Center Governing Board
	2.0	Reviewed 10/22/2015	Riverside Dialysis Center Governing Board
	2.0	Reviewed 7/25/2019	Riverside Dialysis Center Governing Board

APPENDIX A

PROCEDURES/GUIDELINES:

The purpose of this procedure guideline is to encourage the use of appropriate methods to effectively manage conflict by providing information that:

A. Identifies risk factors that may contribute to conflict.

B. Describes staff behaviors that may contribute or exacerbate conflict

C. Promotes the use of effective communication.

D. Identifies processes to address conflict and resulting behaviors.

E. Defines appropriate steps to take to ensure the safety of patients and staff.

F. Defines behaviors that may warrant involuntary discharge.

All incidents involving disruptive or dangerous behaviors must be reported to the Team Leader or Clinical Manager. The behavior should be factually documented in the patient's medical record. Any interventions and outcomes of interventions that follow should also be well documented.

Subpart U Section 405.2138 of the Code of Federal Regulations for End Stage Renal Disease Services mandates that all patients in dialysis facilities "are fully informed of their rights and responsibilities and regulations governing patient conduct and responsibility."

All patients have the right to be treated with dignity and respect by staff. Additionally, patients are expected to treat others patients and staff with dignity and respect (Patients Rights and Responsibilities). This helps facilities ensure that patients receive safe treatment and a safe environment exists for everyone.

I. INTRODUCTION

The process of dialysis can be stress full and burdensome. The requirement of being connected to a machine 3-4hours a day, three days a week, adhering to dietary and fluid restrictions, and experiencing distress or observing others' distress can result in increased fears, anxiety and sense of loss of control.

In addition to the difficulties inherent in having chronic kidney disease, patient often undergo psychosocial stresses that further burden their ability to cope with their disease. Relationship changes, loss of job and income, diminished ability to maintain previous levels of activity all impact on how the patient views his or her world. Lack of meaningful and supportive family and social relationships can affect the patient's ability to make a positive adjustment to dialysis. Difficulty in understanding the complexity of kidney failure and treatment can result in confusion or barriers that impact the patient's ability to fully participate in his or her care.

Most patients have or are able to develop the necessary coping mechanisms to help them manage and adapt to dialysis. Some, however already lead a difficult or chaotic lifestyle and kidney disease and dialysis further stress what little emotional or social resources they have.

Dialysis patients also undergo a new socialization process when they become a patient of a dialysis facility. They must rely on others to start and end their treatment and attend to their needs during treatment. When assistance is not immediately available, they must cope with waiting until a staff member can attend to them.

Some examples of situations in the dialysis facility that may result in a patient becoming verbally inappropriate or abusive are:

A. A staff member not listening and responding to needs being expressed by the patient within reasonable time.

B. Not being treated courteously or with respect.

C. Not feeling that he/she has control in regards to the treatment plan.

D. Not being informed in advance of changes in the facility that directly impact patients.

Most patients adjust over time to living with dialysis, but some experience difficulty in adjusting to the expectations that accompany being a dialysis patient. In addition to receiving medical education about CKD, patients should be provided information about what to expect during treatment as well as the importance of their participation in their treatment. Providing this information may help reduce treatment adherence issues and prevent patient / provider conflict.

Conflict in the dialysis facility can occur for a number of reasons and may not always be attributable to patient behavior. A framework for classifying the interplay between the behavior of patients, staff and others provides an understanding of the nature of conflict that can occur in a dialysis facility. One framework developed by the Dialysis Patient Provider Conflict Taskforce (2004) is that, when conflict occurs in the dialysis facility:

A. Behaviors by a patient, staff, family members or others may result in placing the patient's own health, safety and well being at risk.

B. Behaviors by patients, staff, family members or others may put the safety and effective operations of the dialysis facility at risk.

C. Behaviors by patients, staff, family members or others may put the health, safety or well being of others at risk. (Others include other patients, staff or anyone else in the dialysis facility).

Consideration of a framework such as this may help facility management to better understand the risk associated with behaviors such that management can determine the best course of intervention. For example, a patient behavior that puts only the patient at risk such as occasionally missing or shortening a treatment might not require an involuntary discharge. On the other hand, involuntary discharge might be appropriate when a patient's behavior involves verbal or physical threats or aggressive acts against another patient, staff or a visitor in the facility.

II. FACILITY MANAGEMENT RESPONSIBILIY

It is important for facility management and staff to be aware of potential behaviors and situations in a dialysis setting that could lead to patient/staff conflict. The team is encouraged to utilize all resources at their disposal to provide staff with appropriate direction to prevent conflict from occurring between them and patients.

In order for the management team to promote a safe environment for both patients and staff, it is important for staff to:

A. Understand the psychosocial impact of chronic illness on the patient and family.

B. Relate appropriately to patients within professional boundaries.

C. Understand risk factors that may contribute to inappropriate behaviors.

D. Prevent any actions on the staff's part that might encourage or escalate inappropriate patient behaviors or responses.

E. Understand and utilize Customer Service principles.

Facility social workers can work with management to assist in either providing staff education or in locating educational resources in the community. ESRD Networks are also on appropriate resources regarding available educational tools, programs or trainings. Resources are also available in the Reference section of this policy.

III. STAFF RESPONSIBILITY

Staff should be aware of and recognize potential behaviors, beliefs and values that may interfere with their ability to work with patients with behavioral issues.

Staff members are accountable for any actions on their part that may contribute to or intensity patient/staff conflict. There may be times when personal issues play a role in

affecting the manner in which a staff member behaves or reacts in some situations. Some factor that could impact how staff relates to patients includes:

A. Personal biases or prejudices.

B. Bringing personal issues to the workplace.

C. Substance abuse.

D. Psychological problems.

E. Fatigue

F. Stress.

If a staff member is experiencing any of the above, he or she should discuss the issue with his or her supervisor in an attempt to reduce the potential impact on the staff member's ability to be effective and professional in working with patients.

If a staff member finds dealing with a particular patient difficult, he or she should immediately bring this to the attention of the team leader and/or Clinical Manager so that appropriate processes can be put in place to prevent a problem from either occurring or escalating.

Facility management and staff should be familiar with facility policies and procedures and apply these similarly across the board to all patients. Staff must no give the appearance of favoring one or some patients over others.

Staff interactions with each other and patients affect the atmosphere in the treatment area. Maintaining appropriate professional boundaries with patients and other staff members is crucial to providing good care and preventing conflict. Refraining from sharing personal business with colleagues during work hours or sharing personal information with patients is recommended. Staff is discouraged from socializing with patients outside of the facility or patient organization sponsored programs or events.

Developing a personal relationship with a patient sends confusing messages to the patient that can result in conflict.

IV. BEHAVIOR THAT MAY CAUSE DISRUPTION IN DIALYSIS:

A study of behaviors that contributed to involuntary discharge of dialysis patients conducted by several ESRD Networks (2002) identified several categories of behaviors that most frequently contribute to conflict in dialysis facilities.

These behaviors are:

A. Lack of payment

B. Physical Harm

C. Physical Threat

D. Property damage/theft

E. Verbal or Written Abuse

F. Verbal or Written Threat

G. Non-adherence

V. VERBAL ABUSE OR WRITTEN ABUSE:

Verbal abuse is the most frequently cited behavior that results in conflict. Written abuse occurs with less frequency. Inappropriate verbal expression is often triggered when a person experiences anger, frustration, anxiety or some other emotion they are unable to manage or control.

A. When a patient is verbally abusive, an appropriate response on the part of staff is to:

1. Approach the patient calmly and stand or sit in order to be at eye level with the patient. Gain the patient's attention by speaking in a calm and quiet tone. Be sure to maintain a safe and appropriate distance from the patient. The use of street language or abusive language or behavior in response to a patient is never appropriate.

2. Help the patient express the nature of the problem in concrete terms (i. e "Mr. Jones, I can see that you are upset about something, can you tell me what is it so we can figure out a solution together?")
3. Address the behavior directly after identifying the problem (i. e., Mr. Jones, I understand that you are upset about not getting on the machine on time but screaming at me does not help the situation. If you can wait five minutes, while I finish assisting another patient, I will glad to put you on ….")
4. Request assistance from your team leader or a colleague if you feel the patient is not calming down or responding appropriated to you intervention.
5. Arrange to meet with the patient after or prior to the next treatment to discuss what caused the verbal outburst and how to prevent the problem from occurring again.
6. Request social work involvement if you feel it is appropriated.

B. Staff or visitors in the facility can also be verbally abusive, advertently or inadvertently. When a staff member is observed verbally abusing a patient or visitor, the incident should immediately be reported to the Clinical Manager for appropriate action.

C. Visitors who are verbally abusive to either staff or other patients should be asked to stop the behavior. If the behavior continues the visitor should be told they must leave the facility. If necessary, the police should be called to ensure the safety of everyone in the facility.

VI. Verbal or Written Threat

Threats, either verbal or written, frequently cause alarm and fear in the recipient (s) of this behavior. Threats may be vague or specific but shuld be take seriously and never be ignored. Threats may be made by patients, staff or visitors to the facility.

VII. Facility and Management Response to Any Threat or Harm

A. When anyone in the facility (patient, staff, visitor or others exhibits behavior that could result in harm, immediate action is necessary.

B. Any attempt to call a person who is verbally acting out in the facility should be approached with care and caution.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-001
Page Number: 1 of 4

Effective Date: 8/22/2008
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TITLE: **ASSESSMENT OF PATIENT FOR TREATMENT**

PURPOSE: To provide guidelines to ensure patients are dialyzed safely.

GUIDELINES/PROCEDURES STATEMENT:

All patients will receive an assessment both mentally and physically prior to the initiation of treatment.

ELABORATION:

I. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

Harris Health System Policy 468 Interdisciplinary Plan of Care.
Harris Health System Food and Nutrition Services Departmental Policy 807 Nutrition Assessment Outpatient-Ambulatory Care Services.

Harris Health System Policy 4215 Consent for Medical Treatment and Identification of a Surrogate Decision-Maker.

25 T.A.C., Chapter 117, End Stage Renal Dialysis Facilities Licensing Rules.

U.S. Department of Health & Human Services Centers for Medicaid and Medicare, Center for Medicaid and State Operations/Survey & Certification Group, Conditions for Coverage for End-Stage Renal Disease (ESRD) Program Interpretive Guidance Version 1.1, October 3, 2008.

DEPARTMENT OF PRIMARY RESPONSIBILITY:

Dialysis Center at Quentin Mease Center

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	7.0	Reviewed 07/27/2018	Riverside Dialysis Center Governing Board
		07/25/2019	Riverside Dialysis Center Governing Board

APPENDIX A

I. SUPPLIES:

A. Blood Pressure Cuff (manual or automated)

B. Stethoscope

C. Thermometer

D. Watch or Clock w/second hand

II. PROCEDURES:

A. Weigh the patient using kilograms (kg).

B. Obtain and record patient's blood pressure, sitting and standing.

C. Obtain and record patient's apical pulse rate/rhythm, and temperature.

D. Ask the patient about any problems since the last treatment. Observe the patient and note any differences.

E. Check for signs of fluid overload. Assess for edema in the hands, feet and face. Auscultate lung fields. Ask the patient if they have had any chest pain or shortness of breath since the least treatment. Ask if the patient has been hospitalized since the last visit and why.

F. Assess vascular access for redness, swelling, or drainage. Note excessive bruising or open areas.

D Document findings in electronic medical record.

Note: Anything that is unusual for the patient or any improvement the patient mentions in the notes. This would include any abdominal pain, diarrhea, or

constipation, nausea/vomiting, unusual itching, problems with access, abnormal cramping, change in amount or appearance or urine or any other unusual symptoms. Report new problems to the Charge Nurse

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-001a
Page Number: 1 of 4

Effective Date: 8/22/2008
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Due for Review: 2/27/2026

TITLE: **ADMISSION & DISCHARGE CRITERIA**

PURPOSE: To identify the criteria for admission and discharge at Dialysis Center at Quentin Mease Health Center.

GUIDELINES/PROCEDURES STATEMENT:

This departmental guideline applies to patients admitted to Dialysis Center at Quentin Mease Health Center.

ELABORATION:

I. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

25 T.A.C., Chapter 117, End Stage Renal Dialysis Facilities Licensing Rules.

42 C.F.R. § 494, Condition: Governing Body and management.
Harris Health System Policy 3.11.102 Complaints Regarding Privacy and Security.

Harris Health System Policy 4200 Patient Complaints Grievances.

Harris Health System Policy 4200.01 Grievances Regarding Discrimination.

Harris Health System Policy 3001 Abuse, Neglect and Exploitation of Patients.

Harris Health System Policies and Procedures. CP-00-3a. Routine and Involuntary Patient Discharge.

Harris Health System Policies and Procedures. 8.09 Governance of and Patient Care at Harris Health System Dialysis Center at Quentin Mease.

U.S. Department of Health & Human Services Centers for Medicaid and Medicare, Center for Medicaid and State Operations/Survey & Certification Group, Conditions for Coverage for End-Stage Renal Disease (ESRD) Program Interpretive Guidance Version 1.1, October 3, 2008.

DEPARTMENT OF PRIMARY RESPONSIBILITY:

Dialysis Center at Quentin Mease Health Center

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		07/25/2019	Riverside Dialysis Center Governing Board

APPENDIX A

I. PROCEDURES/GUIDELINES:

A. End Stage Renal Disease of sufficient severity that chronic dialysis or kidney transplantation is necessary to ameliorate uremic symptoms and maintain life.

B. At least twenty-one (21) years of age at the time of admission.

C. Admission arrangements and Nephrology care performed by a physician on the Internal Medicine and Nephrology staff of Harris Health System Harris Health Dialysis Center at Quentin Mease.

D. Willingness to follow the dialysis regimen prescribed by the patient's attending Nephrologist in consultation with the patient.

E. Approval for chronic dialysis therapy by The Harris Health System Business Office.

F. Patients with the following conditions will be considered for chronic peritoneal dialysis therapy:

1. Repeated and intractable episodes of angina during dialysis.
2. Patients who lack suitable vascular access for hemodialysis.
3. Patients who have profound, symptomatic and recurrent hypotension on hemodialysis.
4. Patients who have other indications not listed above.

G. Patients are discharged from the dialysis unit when:

1. They have recovered kidney function or no longer require dialysis.
2. Patients that received a successful renal transplant.
3. When they have, of their own volition, or with their consent, been transferred to another unit.

4. Uncooperative individuals who despite appropriate warning are repeatedly abusive and disruptive to the unit routine and are non-compliant with the unit's rules and regulations.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-001b
Page Number: 1 of 4

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TITLE: **HEMODIALYSIS FLOWSHEET IN THE ELECTRONIC MEDICAL RECORD (EMR)**

PURPOSE: To provide documentation of vital signs, nursing care, medications and fluids, and other data pertaining to each hemodialysis treatment.

GUIDELINES/PROCEDURES STATEMENT:

Documentation of the patient condition before, during, and after completion of treatment, as well as nursing care and medication administered must be completed in all patients receiving hemodialysis.

ELABORATION:

I. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

Harris Health System Policy 4616 Electronic Medical Record Downtime Policy.

Harris Health System Policy 3.63 Incident Reporting and Response.

Harris Health System Policy 286 Nursing Documentation.

25 T.A.C., Chapter 117, End Stage Renal Dialysis Facilities Licensing Rules.

U.S. Department of Health & Human Services Centers for Medicaid and Medicare, Center for Medicaid and State Operations/Survey & Certification Group, Conditions for Coverage for End-Stage Renal Disease (ESRD) Program Interpretive Guidance Version 1.1, October 3, 2008.

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		07/25/2019	Riverside Dialysis Center Governing Board

APPENDIX A

I. PROCEDURES/GUIDELINES:

A. FREQUENCY

To be performed at each dialysis treatment.

B. INSTRUCTIONS:

1. Complete the pre-hemodialysis flowsheet
- **a.** Present weight
- **b.** Weight gained from previous treatment.
- **c.** Estimated dry weight.

2. Complete the post dialysis information section, to include: Hemodialysis Flowsheet
- **a.** Post dialysis weight
- **b.** Weight lost during the treatment.
- **c.** Number of liters of blood processed during the treatment and the patient discharge status.
- **d.** Comment the reason for early termination of dialysis if this occurs and the patient's signature if patient terminated treatment against medical advice

II. GENERAL INFORMATION:

A. The Hemodialysis Flowsheet is to be used for all hemodialysis outpatients treatments.

B. Charting on the treatment record is done at the initiation and termination of treatment, and at time intervals specified by departmental guidelines (at least every 30 minutes at Dialysis Center at Quentin Mease Center.

C. The administration of all prn medications, antibiotics, or other specified medications are documented on the Medication Administration Record (MAR) in EMR.

D. Complete all applicable areas under the Hemodialysis Navigator, including but not limited to Assessment, Interventions and Handoff

E. Additional relevant information is to be included in the progress note, if needed.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-002
Page Number: 1 of 10

Effective Date: **8/22/2008**
Last Review Date: 2/27/2024
Due for Review: 2/27/2026

TITLE: **PATIENT COMPLAINTS AND GRIEVANCES**

PURPOSE: To describe the process for the reporting and timely resolution of patient complaints including anonymous complaints and grievances regarding care and services received at the Dialysis Center at Quentin Mease Mease Health Center.

GUIDELINES/PROCEDURES STATEMENT:

The Dialysis Center at Quentin Mease Health Center has an established process for the prompt resolution of patient complaints and grievances with the assurance that there will be no discrimination, reprisal, or unreasonable interruption of care, treatment, or services for bringing such concerns to the attention of the Dialysis Center at Quentin Mease Health Center staff.

ELABORATION:

I. DEFINITIONS:

A. **COMPLAINT:** A request or concern that is communicated by a complainant regarding patient care or services that is resolved at the time of the Complaint by staff present.

B. **COMPLAINANT:** A patient or the patient's representative or surrogate who submits a Complaint or grievance related to the care or service received, or regarding abuse, neglect, or Dialysis Center at Quentin Mease Health Center compliance issues.

C. **GRIEVANCE:** A formal or informal written or verbal Complaint that is made to the Dialysis Center at Quentin Mease Health Center by a patient or the patient's representative or surrogate, regarding:

a. The patient's care (when the Complaint is not resolved at the time of the Complaint by staff present) or when the Complaint is written;

b. Abuse or neglect; or
c. Issues related to the Dialysis Center at Quentin Mease Health Center compliance with the federal Conditions for Coverage.
d. Written Complaints from a patient or the patient's representative or surrogate that request resolution and are attached to a patient satisfaction survey.
e. When a patient or the patient's representative or surrogate requests that his or her Complaint be handled as a formal Complaint or Grievance or when the patient or the patient's representative or surrogate requests a response from the Dialysis Center at Quentin Mease Health Center, the Complaint is also considered a Grievance.

D. PATIENT GRIEVANCE COMMITTEE: Members of the Harris Health System Patient/Customer Relations Department and the Risk Management Department are assigned to oversee the Patient Complaint/Grievance process at the Dialysis Center at Quentin Mease Health Center, per the Letter of Agreement between Harris Health and the Dialysis Center at Quentin Mease Health Center.

E. PATIENT LIAISON: A Patient/Customer Relations Department staff member who acts as an intermediary between the patient and the Dialysis Center at Quentin Mease Health Center and facilitates Complaint resolution and the provision of quality care and customer service.

F. STAFF PRESENT: Any Dialysis Center at Quentin Mease Health Center workforce members present at the time of the Complaint or who can quickly be at the patient's location to resolve the patient's Complaint.

G. WORKFORCE: The members of the governing body of the Dialysis Center at Quentin Mease Health Center, employees, medical staff, trainees, contractors, volunteers, and vendors.

II. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

42 Code of Federal Regulations (C.F.R.) §416.50(d).

25 T.A.C., Chapter 117, End Stage Renal Dialysis Facilities Licensing Rules.

Harris Health System Policy 4150 Patient Rights and Responsibilities

Harris Health System Policy 4200.01 Grievances Regarding Discrimination

Harris Health System Policy 3001 Abuse, Neglect and Exploitation of Patients

DEPARTMENT OF PRIMARY RESPONSIBILITY:

Harris Health Dialysis Center at Quentin Mease

REVISION HISTORY: REVISION HISTORY:

Effective Date	Version # (If Applicable)	Review/ Revision Date (Indicate Reviewed or Revised)	Approved by:
	1.0	Original 2/4/2020	Riverside Dialysis Center Governing Board

APPENDIX A

I. PROCEDURES/GUIDELINES:

A. The Dialysis Center at Quentin Mease Health Center governing body has delegated the management responsibility of the Complaint/Grievance process to Harris Health's Patient/Customer Relations Department pursuant to the Letter of Agreement between Harris Health and Dialysis Center at Quentin Mease Health Center.

The Harris Health Patient/Customer Relations Department:

1. Tracks and trends Complaint and Grievance data;
2. Monitors the effectiveness and timeliness of the Grievance process; and
3. Reports data to the internal Quality Committee monthly.

B. Notification of the Complaint/Grievance process is made during the patient admissions process.

C. Complaints that are not promptly resolved will be forwarded to the Harris Health Patient/Customer Relations Department and will be handled as a Grievance.

D. Letters from an attorney on behalf of a patient regarding care or services will not be managed as a Grievance and will be forwarded to the Harris County Attorney's Office for appropriate handling.

II. STEPS FOR ADDRESSING PATIENT COMPLAINTS AND GRIEVANCES

A. Complaints:

Any Workforce member present will attempt to resolve the Complaint in a timely manner. The Nurse Manager, Director, or Medical Director will be notified of any Complaint requiring further intervention and will assist in the resolution of the Complaint.

B. Grievances:

1. Harris Health Dialysis Center at Quentin Mease's Case Managers will manage the initial grievance process. If resolution is not achieved at the facility level within seven (7) business days, he Harris Health Patient/Customer Relations Department will be contacted to assist in managing the Grievance processs. The Harris Health Patient Liaison will gather information about the Grievance from the Complainant.

2. The Harris Health Patient/Customer Relations Department will send a "Grievance Acknowledgment Letter" to the Complainant within seven (7) business days of receipt of the Grievance.

3. The Harris Health Patient Liaison will forward a Grievance Notification Memo and any other Grievance information to the Dialysis Center at Quentin Mease Health Center Leadership..

4. Upon completion of the facility level investigation, the Dialysis Center at Quentin Mease Health Center Director will send a Grievance Response letter to the Complainant or via patient/family conference. Harris Health Patient/Customer Relations Department will send a Grievance Response letter to the Complainant. Except for Grievances referred to Harris Health's Risk Management Department, a copy of the Grievance response letter will be forwarded to the Harris Health Patient/Customer Relations Department. The Grievance response letter must include the following:
   a. The name of the Harris Health contact person;
   b. The steps taken on behalf of the patient to investigate his or her Grievance;
   c. The results of the Grievance process; and
   d. The date the investigation was completed.

5. If it is determined that the investigation will be extensive and will not be completed within thirty (30) business days, the Complainant will be notified by the center Director of the estimated completion date.

6. Grievances that make allegations related to mistreatment; neglect; verbal, mental, sexual, or physical abuse; or other allegations of harm must be reported as soon as possible to Nurse Manager, Case Manager, and Director and the Harris Health Patient's Rights Officer. Additionally, Grievances alleging mistreatment, neglect, abuse or other allegations of harm must be fully documented in the electronic incident reporting system, including at a minimum:
   a. The date and time of the alleged incident;
   b. The location of the alleged incident;
   c. The names of all individuals involved; and
   d. A description of the behavior that is alleged to have occurred that constituted mistreatment, neglect, abuse, or other serious harm.

7. In collaboration with the center Director, or his or her designee and the Medical Director and his or her designee, grievances regarding the following matters will be referred to the corresponding Harris Health department for investigation and response:

Matter	Department
Grievances concerning the quality of care provided to the patient	Harris Health Risk Management Department
Medical Staff and Advanced Practice Professionals	Harris Health Medical Staff Services
Psychiatric care and services	Harris Health Patient Rights Officer
Regulatory matters	Harris Health Accreditation and Regulatory Affairs
Patient privacy; protected health information; HIPAA; fraud, abuse, other wrong doing; or violations of law	Harris Health Corporate Compliance
Discrimination in access to services	Harris Health Corporate Compliance
Failure to provide interpretation services to patients and their representatives or surrogates	Harris Health Corporate Compliance
Premature discharges and utilization review	Harris Health Clinical Case Management
Appeals of financial assistance determination	Harris Health Eligibility and Registration Services
Allegations of abuse, neglect, mistreatment, or other serious harm	Harris Health Patient Rights Officer
Pre-existing abuse, neglect, mistreatment allegations or pre-existing allegations of serious harm	Harris Health Clinical Case Management
Submissions by healthcare insurance providers regarding the quality of care to their beneficiary	Harris Health Risk Management
Billing	Harris Health Patient Financial Services

8. A Grievance is considered to be resolved when the patient is satisfied with the actions taken on their behalf. If the Dialysis Center at Quentin Mease Health Center Director and Harris Health have taken appropriate and reasonable actions on the patient's behalf in order to resolve the Grievance and the Complainant remains unsatisfied with the Dialysis

Center at Quentin Mease Health Center Director and Harris Health's actions, the Dialysis Center at Quentin Mease Health Center Director and Harris Health will consider the Grievance closed. Harris Health will maintain documentation of its efforts to resolve the Grievance.

9. A Complainant may submit a written appeal of the Grievance response to the Harris Health's Patient/Customer Relations Department for review and final resolution by the Harris Health Patient Grievance Committee.

10. If a patient's Complaint or Grievance regarding mistreatment, abuse, neglect or other serious harm is substantiated, Harris Health Dialysis Center at Quentin Mease's Director will coordinate with Harris Health Workforce member to make the necessary notifications to the regulatory and state agencies as required by law.

11. If a Medicare beneficiary has a Complaint regarding quality of care, a disagreement with a coverage decision, or if the Medicare beneficiary wishes to appeal premature discharge, the Medicare beneficiary may request to have his or her concerns forwarded to the Centers for Medicare and Medicaid Services. If the patient requests that Harris Health forward the Grievance to the CMS/DSHS or the Network of Texas Harris Health will comply with the request.

    Network of Texas

    Harris Health
    Anonymous Compliant Hotline
    Address

12. If a Complainant wishes, the Complainant may direct his or her Grievance to the following agencies:

    Health Facility Compliance Group (MC 1979)
    Texas Department of State Health Services: PO Box 149347

Austin, Texas 78714-9347
Complaint Hotline: 888-973-0022
Fax- 512-834-6653

III. PROTECTED INVESTIGATIONS

A. Privileged and Confidential Records and Proceedings:

1. The records and proceedings of the Harris Health Risk Management department pertaining to investigating and responding to a Grievance may be confidential, legally privileged, and protected from discovery. These records and proceedings are prepared and conducted at the direction of the Harris Health Quality Governance Council, which is a medical committee and medical peer review committee and are not kept in the ordinary course of business.

2. The records and proceedings of the Harris Health Office of Corporate Compliance pertaining to investigating and responding to a Complaint or Grievance may be confidential, legally privileged and protected from discovery.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-004
Page Number: 1 of 5

Effective Date: 8/22/2008
Last Review Date: 2/27/2024
Due for Review: 2/27/2026

TITLE: **ASSESSMENT OF VASCULAR ACCESS**

PURPOSE: To provide guidelines to be utilized to assess A-V fistula or graft.

GUIDELINES/PROCEDURES STATEMENT:

Permanent accesses will be assessed and evaluated prior to treatment initiation, monitored during treatment, and assessed and evaluation on treatment termination.

ELABORATION:

I. DEFINITIONS:

A. **Arteriovenous fistula (AVF):** Dialysis vascular access of choice created by a surgical connection of an artery directly attached to a vein.

B. **Arteriovenous graft (AVG):** Dialysis vascular access created by connecting an artery to a vein using a length of exogenous graft material.

C. **Anastomosis:** the area where an artery is surgically attached to a vein or artery.

D. **Bruit**: a buzzing sound, swishing, or vibration caused by flow of blood form the artery of the patient's fistula or graft. A bruit is heard with a stethoscope.

E. **Induration:** a hardening of tissue, particularly the skin.

F. **Thrill**: the vibration of blood flowing through a patient's graft of fistula.

II. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

42 C.F.R. 494.30 Condition: Infection Control.

25 T.A.C. § 117.33(a)(1)(B), Standard Infection Control Precautions.

Guide to the Elimination of Infections in Hemodialysis. APIC, 2010.

Harris Health System Policy 4616 Electronic Medical Record Downtime Policy.

Harris Health System Policy 3.63 Incident Reporting and Response.

Harris Health System Policies and Procedures. 1402 Hand Hygiene Guidelines.

Harris Health System Policy 286 Nursing Documentation.

Harris Health System Policies and Procedures 3000 Standard and Transmission Based Precautions.

U.S. Department of Health & Human Services Centers for Medicaid and Medicare, Center for Medicaid and State Operations/Survey & Certification Group, Conditions for Coverage for End-Stage Renal Disease (ESRD) Program Interpretive Guidance Version 1.1, October 3, 2008.

DEPARTMENT OF PRIMARY RESPONSIBILITY:

Dialysis Center at Quentin Mease Health Center

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8/22/08	1.0	Original 8/22/2008	Riverside Dialysis Center Governing Board
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	3.0	Reviewed 12/16/2010	Riverside Dialysis Center Governing Board
	4.0	Reviewed 1/30/2014	Riverside Dialysis Center Governing Board

	5.0	Reviewed 7/18/2014	Riverside Dialysis Center Governing Board
	6.0	Reviewed 10/22/2015	Riverside Dialysis Center Governing Board
	7.0	Reviewed 07/27/2018	Riverside Dialysis Center Governing Board
		07/25/2019	Riverside Dialysis Center Governing Board

APPENDIX A

I. SUPPLIES:

A. Exam Gloves

B. **Stethoscope**

II. PROCEDURES:

A. Wash hands and put on gloves.

B. Observe the approximation of the suture line.

C. Observe for any signs and symptoms of infection. Note any redness, swelling, lesions, heat or drainage.

D. Observe for areas of induration.

E. Auscultate the bruit; note clarity at anastomosis and along the course of the fistula or graft.

F. Report any changes to the charge nurse prior to cannulation.

G. Document the condition of the access on the treatment flow sheet. Documentation should include any redness, swelling lesions, warmth, drainage, aneurysms or bruising.

H. Document findings in electronic medical record.

IV. RATIONALE

A. Complications of infection can cause thrombosis, erosion of skin over infected area and sepsis.

B. Diminished thrill may indicate potential stenosis. Absence of thrill indicates thrombosis. Avoid areas not equidistant due to difficult cannulation.

C. Change in quality may indicate stenosis. Absence of bruit indicates thrombosis.

D. Access may not be used due to infection.

E. Accurate documentation enhances quality patient care.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-100
Page Number: 1 of 4

Effective Date: 8/22/2008
Last Review Date: 2/27/2024
Due for Review: 2/27/2026

TITLE: **PRIMING A DRY PACK DIALYZER**

PURPOSE: To set guidelines to assure that priming a dry pack dialyzer will be performed accurate and safely.

GUIDELINES/PROCEDURES STATEMENT:

Non reuse dialyzer will be primed with a minimum of 300 cc's for normal saline forFresenius 2008T.

ELABORATION:

I. Definitions

A. **Dialyzer:** The filter or "artificial kidney" that is part of the extracorporeal circuit used during conventional hemodialysis.

B. Bloodlines: refer to the arterial and venous ends of the extracorporeal circuit that connect the patient's catheter to the dialyzer.

II. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

Fresenius 2008T Hemodialysis Machine Operators Manaul.

DEPARTMENT OF PRIMARY RESPONSIBILITY:

Dialysis Center at Quentin Mease Health Center

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

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		07/25/2019	Riverside Dialysis Center Governing Board

APPENDIX A

I. SUPPLIES:

A. Dry pack dialyzer

B. Fresenius 2008T

C. Bloodlines

D. 1 bag – 1000cc normal saline

II. PROCEDURES:

A. Verify that the correct dialyzer has been selected for this patient; also check the dialyzer for visual defects.

B. Verify that the hemodialysis machine is at the prescribed conductivity, temperature, and pH using an independent meter.

C. Connect the dialysate line to the dialysate concentrates.

D. Connect arterial and venous blood lines onto the dialyzer. Make sure connections are secure. Ensure medication and monitor lines are clamped.

E. Prime the arterial line with normal saline to gravity and clamp off the patient end of the line. Connect the venous line to the dialyzer.

F. Press PRIME to start blood pump. Prime the dialyzer and venous bloodline, at a rate about 150-200 ml/min

G. In outpatient setting, obtain second signature to verify correct dialyzer per patient prescription.

III. RATIONALE

A. This is a part of the dialysis prescription and must be ordered by the physician.

B. Connecting the dialysate lines to the concentrates will achieve the conductivity and ph level.

C. Prevent air form entering the system.

D. Priming with maximum volume of normal saline helps to prevent first time use syndrome.\

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-101
Page Number: 1 of 3

Effective Date: 8/22/2008
Last Review Date: 2/27/2024
Due for Review: 2/27/2026

TITLE: **PRETREATMENT PROCEDURES-ALARM TEST-FRESENIUS 2008T**

PURPOSE: To set guidelines to ensure that an alarm test will be performed before each dialysis treatment.

GUIDELINES/PROCEDURES STATEMENT:

Pretreatment hemodialysis machine testing shall be completed prior to every patient use to ensure the delivery system is reliable, safe, and will provide an accurate result.

ELABORATION:

I. Definitions

A. Bloodlines: refer to the arterial and venous ends of the extracorporeal circuit that connect the patient's catheter to the dialyzer.

B. Dialyzer: The filter or "artificial kidney" that is part of the extracorporeal circuit used during conventional hemodialysis.

II. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

Fresenius 2008T Hemodialysis Machine Operators Manual.

DEPARTMENT OF PRIMARY RESPONSIBILITY:

Dialysis Center at Quentin Mease Health Center

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		07/25/2019	Riverside Dialysis Center Governing Board

APPENDIX A

I. SUPPLIES:

A. Dialysis bloodlines

B. **Dialyzer**

C. Fresenius 2008T B

D. 1- bag 1000cc normal saline

II. PROCEDURES/GUIDELINES:

A. Place primed venous dialysis line in air detector.

B. Make sure machine is alarm free and verify that the machine performs automatic alarm test.

C. Document on electronic treatment flow sheet.

D. If machine does not pass the alarm test, remove the machine from the treatment area and service.

E. Complete biomdedical equipment repair form.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-102
Page Number: 1 of 3

Effective Date: 8/22/2008
Last Review Date: 2/27/2024
Due for Review: 2/27/2026

TITLE: **SEQUENTIAL ULTRAFILTRATION**

PURPOSE: To set guidelines for administering sequential ultrafiltration when ordered by a Nephrologist.

GUIDELINES/PROCEDURES STATEMENT:

Sequential Ultrafiltration shall be performed to remove a large amount of fluid from a patient on dialysis and minimize the side effect of vigorous ultrafiltration.

ELABORATIONS:

I. DEFINITIONS

A. **QUALIFIED LICENSED PRACTITIONER (QLP):** Any individual permitted by law and by Harris Health System (Harris Health) to provide care and services, without relevant direction or supervision within the scope of the individual's license and consistent with individually granted clinical privileges.

B. **SEQUENTIAL ULTRAFILTRATION:** removal of large volumes of fluids without inducing hemodynamic instability.

C. **ULTRAFILTRATION (UF):** Membrane filtration in which hydrostatic pressure forces a liquid against a semipermeable membrane causing suspended solids of high molecular weight to be retained while water and low molecular weight solids are removed.

II. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

Counts, C. S. (2020). *Core Curriculum for Nephrology Nursing / editor, Caroline S. Counts.* American Nephrology Nurses' Association.

Harris Health System Policy 286 Nursing Documentation.

Fresenius 2008T Hemodialysis Machine Operators Manual.**DEPARTMENT OF PRIMARY RESPONSIBILITY:**

Dialysis Center at Quentin Mease Health Center

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	7.0	Reviewed 07/27/2018	Riverside Dialysis Center Governing Board
		07/25/2019	Riverside Dialysis Center Governing Board

APPENDIX A

I. PROCEDURES/GUIDELINES:

***Note**: Diffusion does not take place during sequential ultrafiltration. Since diffusion does not occur during this process the time the patient is on sequential ultrafiltration cannot be counted as time on dialysis. This process requires a nephrologist's order.

A. Obtain Nephrologist order for sequential ultrafiltration and routine hemodialysis phase. The QLP shall decide how much fluid to be removed in the prescription for ultrafiltration.

B. Begin sequential ultrafiltration as soon as possible after initiation of treatment.

C. Calculate amount of weight to be removed during the entire treatment.

D. Maintain blood pump speed at that ordered by physician.

E. Document vital signs and volume removal in the electronic medical record.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-104
Page Number: 1 of 3

Effective Date: 8/22/2008
Last Review Date: 2/27/2024
Due for Review: 2/27/2026

TITLE: CALCULATION OF ULTRAFILTRATION RATE

PURPOSE: This policy provides a standard for the evaluation of estimated dry weight and parameter for referral to a physician.

GUIDELINES/PROCEDURES STATEMENT:

Patient Ultrafiltration (UF) rate will be set to maintain estimated dry weight within one kg. Patients who are present with symptoms indicative of fluid overload or dehydration will be evaluated to adjust to their estimated dry weights. Ultrafiltration rate and fluid removal should not exceed 5.5 kilos per treatment, unless ordered by a physician.

ELABORATION:

I. DEFINITITIONS:

A. **ULTRAFILTRATION (UF):** Membrane filtration in which hydrostatic pressure forces a liquid against a semipermeable membrane causing suspended solids of high molecular weight to be retained while water and low molecular weight solids are removed.

II. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

Counts, C. S. (2020). *Core Curriculum for Nephrology Nursing / editor, Caroline S. Counts.* American Nephrology Nurses' Association.

Fresenius 2008T Hemodialysis Machine Operators Manual.

Kallenbach, J. Z. (2016). Review of hemodialysis for nurses and dialysis personnel. St. Louis: Elsevier/Mosby

Harris Health System Policy 286 Nursing Documentation.

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Dialysis Center at Quentin Mease Health Center

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		07/25/2019	Riverside Dialysis Center Governing Board

APPENDIX A

I. PROCEDURES/GUIDELINES:

After careful and thorough assessment of the patient:

A. Review estimated dry weight and current predialysis weight. Determine the amount of fluid to be removed in cc's or kg.

B. Add 300cc-400cc for rinse back depending on the type of dialyzer.

C. Ask the patient if they will be drinking any fluids. Add the amount to the sum.

D. Add in any extra IV solution to be given (i.e. antibiotics,flushing of extracorpeal with normal saline.)

E. Post dialysis, if the patient is above or below estimated dry weight by 1 kilo, the charge nurse must be notified.

F. Document fluid removal totals in electronic medical record.

II. RATIONALE:

A. The estimated dry weight is the desired weight of the patient without any excessive fluid. When the patient is above estimated dry weight it can lead to complications such as shortness of breath, pulmonary edema, or congestive heart failure.

B. All extra fluids during treatment must be added into calculation or patient will leave above estimated dry weight.

C. All extra fluids during treatment must be added into calculation or patient will leave above estimated dry weight.

D. Reassessment of the patient is necessary to evaluate the need for extra treatment or sequential ultrafiltration.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-00-105
Page Number: 1 of 3

Effective Date: 8/22/2008
Last Review Date: 2/27/2024
Due for Review: 2/27/2026

TITLE: **SODIUM VARIATION**

PURPOSE: To help alleviate patients from having hypotension and/or cramps during dialysis.

GUIDELINES/PROCEDURES STATEMENT:

The guideline and procedures herein shall be used when sodium variation is ordered by the Nephrologist.

ELABORATION:

I. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

25 T.A.C., Chapter 117, End Stage Renal Dialysis Facilities Licensing Rules.

Counts, C. S. (2020). *Core Curriculum for Nephrology Nursing / editor, Caroline S. Counts.* American Nephrology Nurses' Association.
Fresenius 2008T Hemodialysis Machine Operators Manual.

Kallenbach, J. Z. (2016). Review of hemodialysis for nurses and dialysis personnel. St. Louis: Elsevier/Mosby

Harris Health System Policy 286 Nursing Documentation.

DEPARTMENT OF PRIMARY RESPONSIBILITY:

Dialysis Center at Quentin Mease Health Center

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

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	4.0	Reviewed 1/30/2014	Riverside Dialysis Center Governing Board
	5.0	Reviewed 7/18/2014	Riverside Dialysis Center Governing Board
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	7.0	Reviewed 07/27/2018	Riverside Dialysis Center Governing Board
		07/25/2019	Riverside Dialysis Center Governing Board

APPENDIX A

I. GENERAL PROVISIONS:

Physician orders shall be required for sodium variation usage.

II. PROCEDURES/GUIDELINES:

A. Sodium variation is considered to be part of prescription and must be ordered by the physician.

B. Review the patient's current chemistry labs.

C. Obtain Nephrologist's order for type of sodium variation program, length of sodium variation program, starting and base sodium levels.

D. Initiate treatment. Set desired blood flow and ultrafiltration rate.

E. Document program parameter on the electronic treatment flow sheet.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-106
Page Number: 1 of 3

Effective Date: 8/22/2008
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TITLE: ULTRAFILTRATION PROFILES

PURPOSE: To maximize fluid removal from patients with volume overload during the dialysis treatment.

GUIDELINES/PROCEDURES STATEMENT:

Ultrafiltration Profiles shall be used to remove variable amount of fluid from a patient on dialysis and minimize the side effects of vigorous ultrafiltration. This process requires a nephrologist's order.

ELABORATIONS:

I. DEFINITIONS:

A. **Ultrafiltration (UF):** Membrane filtration in which hydrostatic pressure forces a liquid against a semipermeable membrane causing suspended solids of high molecular weight to be retained while water and low molecular weight solids are removed.
B. **Ultrafiltration profile:** alternating patterns of high and low rates of ultrafiltration that allows fluid to equlilibrate more completely between the intracellular and extracellular compartments.

II. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

Fresenius 2008T Hemodialysis Machine Operators Manual

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DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

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APPENDIX A

I. PROCEDURES/GUIDELINES:

A. The ultrafiltration profile is considered to be part of dialysis prescription and must be ordered by the physician. Obtain Nephrologist's order for ultrafiltration profiling. The physician will decide which profile to use.

B. The ultrafiltration goal and time must be set before the profile can be initiated.

C. Initiate the treatment.

D. When the ultrafiltration profile has ended, the ultrafiltration profile will automatically turn off and the completed program will be cleared.

E. Document program parameter in the electronictreatment flow sheet.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-002
Page Number: 1 of 9

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TITLE: **PATIENT ASSESSMENT**

PURPOSE: The purpose of this guideline is to establish a baseline data to keep patients in stable condition while on dialysis

GUIDELINES/PROCEDURES STATEMENT:

Patient assessment is necessary to evaluate patient condition pre, intra, and post dialysis. To be able to identify signs and symptoms and to apply necessary intervention.

ELABORATION:

I. DEFINITIONS:

A. **Blood Pressure (B/P): -** a measurement of blood against the arterial walls.

B. **Diastolic:** Referring to the time when the heart is in a period of relaxation and dilatation (expansion). This is the minimal amount of pressure the arteries sustain constantly.

C. **Dry Weight:** is the ideal post-dialysis weight that would occur form the removal of all or most of excess body fluids.

D. **Hyperthermia:** is a high temperature/fever that is greater >100 F

E. **Hypothermia:** is a low temperature, typical in renal patients and is due to an elevated BUN and metabolic changes.

F. **Pre-Dialysis Assessment:** is essential to establish baseline findings, in order to set a treatment plan and monitor patient progress throughout the dialysis treatment.

G. **Systolic:** The blood pressure when the heart is contracting. It is specifically the maximum arterial pressure during contraction of the left ventricle of the heart. The time at which ventricular contraction occurs is called systole.

II. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

Harris Health System Policy 4616 Electronic Medical Record Downtime Policy.

Harris Health System Policy 3.63 Incident Reporting and Response.

Harris Health System Policy 468 Interdisciplinary Plan of Care.

Harris Health System Policy 286 Nursing Documentation.

Harris Health System Food and Nutrition Services Departmental Policy 807 Nutrition Assessment Outpatient-Ambulatory Care Services.

Harris Health System Policy 4215 Consent for Medical Treatment and Identification of a Surrogate Decision-Maker.

25 T.A.C., Chapter 117, End Stage Renal Dialysis Facilities Licensing Rules.

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APPENDIX A

I. PROCEDURES/GUIDELINES:

A. A general survey of a patient will be conducted the moment the patient is seen. The survey should include:

1. Level of awareness/consciousness
2. Mobility
3. Visible signs of distress
4. Patient history/verbalization of concerns

B. Vital Signs and Weight

1. Temperature
a. Normal – approximately 97-99 F orally
b. Abnormal – 99.1 and above

C. Heart rate and rhythm
1. Where is heart rate monitored:
a. We monitor heart rates on dialysis patients. Auscultate (listen with a stethoscope) the patient's heart for the rate and rhythm for one full minute.
2. Interpreting heart rate:
a. Normal adult heart rate is 60-100 beats per minute and the rhythm should be normal. Tachycardia is a rapid heart rate and bradycardia is a slow heart rate. Heart rates >120 and <60 need to be reported to the charge nurse and the patient's physician. Irregular rhythms are fairly common among dialysis patients, often due to underlying cardiac conditions but should be documented and reported.

D. Respiratory rate:

1. Count each breath for one full minute. Normal adult respiratory rate is 12 to 20 breaths a minute.
2. Observe for shortness of breath or difficulty of breathing (dyspnea).

E. Weight

Pre-dialysis weight must be done pretreatment on each patient since it is essential that an accurate weight be obtained. This will be used to calculate the ultrafiltration rate. The patient must remove any heavy clothing and be able to stand without support while weighing.

1. Dry weight:
   When the patient is at his or her dry weight, they will usually be normotensive and feel well. If the "dry weight" is set too high, the patient may then be on the borderline overload state. If the dry weight is set to low, the patient may be made hypovolemic.
2. Evaluate fluid volume status:
   - **a.** Signs and symptoms of hypervolemia (fluid overload):
     - i. Usually elevated B/P
     - ii. S.O.B. (Shortness of breath), crackles in lungs and inability to sleep laying flat
     - iii. Edema
     - iv. Distended neck veins
   - **b.** Signs and symptoms of hypovelemia (excess fluid loss):
     - i. Hypotension (especially postural hypotension)
     - ii. Dizziness
     - iii. Nausea & vomiting
     - iv. Weakness
     - v. Muscle cramps
3. Determining fluid removal goal:
   Document the interdialytic weight gain and calculate the amont of ultrafiltration to be performed by subtracting the target weight from the pre-dialysis weight.

F. Physical Exam/System Survey

1. Skin:
- **a.** Inspect the skin for color, bruising, or evidence of bleeding
- **b.** Palpate for temperature, moisture and turgor
- **c.** Observe for any lesions, open wounds, or rashes

2. Peripheral Vascular System:
- **a.** Inspect for adequacy of circulation. Observe nail beds for color.

G. Thorax and Lungs

1. Inspection:
- **a.** Observe rate, rhythm and efforts of breathing

2. Auscultation:
- **a.** Listen to the patient's lung sounds with diaphragm of a stethoscope after instructing the patient to breathe deeply through an open mouth. Assess quality and intensity of the sounds. Note if the sounds are equal in both the lungs fields.
- **b.** Avoid placing stethoscope over scapula (shoulder blades) or spine, posteriorally; and over clavicles (collar bones) anteriorally
- **c.** Avoid listening for breathing sounds over multiple layers of clothing

3. Interpretation of abnormal findings:
- **a.** Normal breath sounds are usually low and soft, heard over most of both lungs. Breath sounds are usually louder in the lower posterior lung fields.
- **b.** Crackles are indicative of fluid in the lung tissue.
- **c.** Decreased or absent sounds may be due to obstractive lung disease, pleural effusion (fluid in the space around the lung), or a collapsed lung. Thick chest walls and obesity can also decreased normal sounds.

H. Heart

1. Normally the heart has two distinct sounds per beat. Listen for regularity of rhythm and any sounds.

2. Harsh, scratchy, scraping or squeaking sounds indicate a pericardial friction rub. This is a symptom of pericarditis and a significant finding to be reported.

II. INTRA-DIALYTIC ASSESSMENT

It is important to do ongoing assessment of the patient and equipment throughout the hemodialysis treatment. Careful monitoring will prevent and minimize potentially serious complications. Our goal is to protect our patients and keep them safe. After initiating dialysis, the patient and machine are monitored every 30 minute to one hour by the care giver. Frequency will vary according to local Network, State or facility requirements. Monitoring will need to be more frequent in unstable patients.

A. Patient Monitoring

1. Vital Signs

a. Evaluate Patient complaints. These may be warnings or indications of a change in clinical condition.

b. Any observed change in clinical condition or verbal complaint by the patient should be addressed and documented.

B. Machine Monitoring

The hemodialysis machine is designed to protect the patient from complications that could occur during the treatment. However, machines are non infallible and can malfunction. Remember the caregiver is the most important monitor of the dialysis equipment and the patient.

1. Machine parameters to be monitored and documented include:

a. Arterial pressure, if available

b. Venous pressure

c. Fluid removal
d. Dialysate flow
e. Blood flow rate
f. Visual check of the dialyzer, blood line, connections and access
g. Visual check that the alarm limits are set
h. Visual check of the air/foam alarms status
i. Heparin infusion status

III. POST DIALYSIS ASSESSMENT

The patient needs to be assessed after the treatment to evaluate the effectiveness of the treatment, to document changes in the patient's overall condition, and to assure the stability of the patient for discharge from the facility.

A. Vital Signs - compare to pre-treatment

1. B/P – is the patient hypotensive or hypertensive?
2. Is the heart at an acceptable rate and has the patient developed an irregular rhythm?

B. Lungs – note rate and any signs of respiratory distress. Are lungs clear of any pre-treatment crackles?

C. Edema – any residual or persistent edema? Note quantity and location.

D. Access – Assure the bleeding has stopped form the needle sites and that they are dressed appropriately. Document condition and patency of access at time of discharge.

E. Post weight - Is the patient at the desired weight for this treatment? Report any significant differences from actual weight and desired before patient is discharged.

F. General Condition - Is the patient stable for discharge? Any overall changes from pre-treatment status?

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-200
Page Number: 1 of 6

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TITLE: **ADMINISTRATION OF HEPARIN BOLUS AND HEPARIN THERAPY DURING DIALYSIS**

PURPOSE: To provide a safe and efficient method of administering heparin therapy during hemodialysis in according to the nephrologist's orders.

GUIDELINES/PROCEDURES STATEMENT:

Heparin will be administered by the licensed registered nurse (RN) or the certified hemodialysis technician who have demonstrated competency following the nephrologist's order. The Medical Director will verify and document annual competency of the certified hemodialysis technician to administer heparin and grant authority to do so in accordance with the Medical Practice Act.

ELABORATION:

I. DEFINITIONS

A. Ordered dose: refers to the dosing of a drug or medication that will be administered over a specified period of time.

B. Heparin Bolus: an amount of intravenous (IV) heparin administered as a loading dose prior to dialysis to prevent clotting of the dialysis extracorporeal circuit.

C. Hourly Infusion: Intermittent dose delivery of heparin to prevent clotting of the dialysis extracorporeal circuit.

D. Qualified licensed practitioner (QLP): Licensed individuals that are determined qualified by the Medical Staff to provide appropriate medical screening and who may be able to provide necessary stabilizing treatment in the event of an emergency. The QLP must be credentialed and must perform within the scope of their licensure as designated by the Medical Staff Rules and Regulations. For this policy, this definition is limited to nephrologists.

II. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

42 C.F.R. 494.30 Condition: Infection Control.

25 T.A.C. § 117.33(a)(1)(B), Standard Infection Control Precautions.

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Harris Health System Policy 565.40 Medication Storage, Labeling and Disposal

Harris Health System Policy 7.31 Patient Care Orders.

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APPENDIX A

PROCEDURES/GUIDELINES:

I. All medications administered shall have a medication order entered by a prescriber in the patient's electronic medical record.

A. Medications from containers with illegible labels or drugs that have changed color, consistency, or are found to be outdated shall be returned to pharmacy for disposal.

B. Medications to be administered shall follow the guidelines set forth by Harris Health.

C. Medications shall be administered utilizing the "eight rights:"

1. Right Drug;
2. Right Dose;
3. Right Route;
4. Right Time;
5. Right Patient;
6. Right Reason;
7. Right Documentation; and
8. Right Assessment for administration and response to medication

II. HEPARIN ORDER

A. A qualified license practitioner order is required for initial heparin therapy and at any time there is a change in heparin dosage.

B. Heparin bolus is based on patient's weight and is approximately 50 to 75 units per kilogram of dry weight.

C. An hourly infusion is ordered for catheter patients or for patients with a clotting history.

III. PREPARATION AND ADMINISTRATION

A. Preparation

1. Prior to administration, the heparin dose shall be prepared by the licensed RN or certified hemodialysis technician and include the following:
2. Check patient's heparin order as entered in the dialysis therapy plan.
3. Obtain medications from secured medication room or from APMS.
4. Draw up prescribed dose using proper aseptic technique. For infection control purposes, doses drawn up from multi-dose vials shall be prepared in the medication storage area or other designated area away from patient care.
a. Wash Hands
b. Wear Gloves
c. Assemble supplies
d. Wipe heparin vial with alcohol swab
e. Withdraw heparin bolus dose
f. Withdraw heparin maintenance dose (1000u), unless otherwise specified
g. If doses will not be administered immediately, each syringe must be labeled with the following:
i. patient's name,
ii. date and time of preparation,
iii. medication name and dose, and
iv. preparer's initials.
h. Unused heparin syringes must be discarded after procedure is complete.

B. Administration

1. Obtain prepared syringe at time of administration.
2. RN to verify bolus or infusion dose to be administered with certified hemodialysis technician with patient at chairside using patient name and date of birth as identifiers

3. RN and certified hemodialysis technician to document verification of heparin dose to be administered in the pretreatment flowsheet of the electronic medical record.
4. Connect heparin infusion syringe to the heparin infusion line on arterial blood infusion line with a small line clamp.
5. Insert fistula/graft needles as per procedure.
6. Attach heparin bolus syringe to venous needle tubing.
7. Aspirate blood from venous needle and remove air from venous needle tubing.
8. Flush heparin back and forth into venous needle by pulling plunger on syringe back and forth and wait for 3-5 minutes prior to initiating dialysis
9. Document heparin bolus administration on the hemodialysis flowsheet.
10. Set heparin infusion pump per order. Chart hourly heparin infusion dose on the hemodialysis flowsheet.

IV. EQUIPMENT

a. Heparin

b. 10cc. syringe(s)

c. 21 gauge needles

V. SPECIAL CONSIDERATIONS

A. It takes 3-5 minutes for the heparin bolus to disperse into the patient's circulatory system and for the entire blood volume to become anticoagulated.

B. The heparin infusion is normally stopped 30-60 minutes before the end of the treatment to allow the patient's clotting time to begin its return to normal. Observe patient for prolonged bleeding of cannulation sites after treatment.

C. The half life of heparin is 30-120 minutes.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-201
Page Number: 1 of 4

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TITLE: **PREPARATION AND CANNULATION OF AV-GRAFT/AV-FISTULA**

PURPOSE: To provide information and guidelines to hemodialysis personnel. This will allow them to choose the best cannulation site. Cannulation Sites will provide quality arterial and venous blood flow.

GUIDELINES/PROCEDURES STATEMENT:

All cannulation sites will be scrubbed with an antimicrobial before cannulation is performed.

ELABORATION:

I. DEFINITIONS:

A. Fistula Needle: needle used to cannulate patient for hemodialysis

B. Tourniquet: a device typically a tightly encircling bandage, used to check bleeding by temporarily stopping the flow of blood through a large artery in a limb.

C. Venipuncture: puncture of a vein, as for drawing blood, intravenous feeding, or the administration of medicine.

II. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

42 C.F.R. 494.30 Condition: Infection Control.

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APPENDIX A

I. SUPPLIES

A. Alcohol Prep Pads (need two)

B. Fistula Needles (need two)

C. Personal Protective Equipment

D. Tape

E. Two Band aids or 2x2 sterile gauze

F. Underpad

I. PROCEDURES/GUIDELINES:

A. Have patient wash access arm and hands with soap and water.

B. Wash hands, assemble equipment and put on PPE.

C. Explain the procedure to the patient.

D. Complete assessment of fistula.

E. Select 2 sites for venipuncture. Arterial needle facing the arterial anastomosis. Venous needle facing the venous anastomosis. ****Fistula needles insertion direction may vary depending on patient's access***. Sites should allow for 1½ to 2 inches between bevel openings of the needles. Do not place needle within 1½ inch of anastomosis.

F. Clean each insertion site in an outward circular motion. Place alcohol prep over each insertion site. Do no palpate insertion sites once area has been prepared.

G. If cannulating AV-Fistula, apply tourniquet to upper arm, assure tourniquet is tight enough to impede flow but not occlude flow. You should still be able to feel a pulse on both sides of the tourniquet.

H. Pull the skin taunt (with the nondominant thumb below the anticipated insertion site) in the opposite direction of the needle insertion.

I. The angle of insertion should be 20-35 degrees. Flatten or level off soon after flashback of blood is obtained in the needle cannula. Remove the tourniquet.

J. Once flashback is established, advance the needle.

K. After insertion of fistula needle, cover site with a sterile 2 x 2 gauze or bandaid. Place a 5-6 inch piece of one inch tape underneath the cannula line near the butterfly wings on the patient's skin. Do not place the tape over the exit site. Use a second piece of tape to secure the tubing to the arm. Do not secure the tubing to the chair.

L. Repeat the steps above to insert the other fistula needle.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-202
Page Number: 1 of 6

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TITLE: **INITIATION OF TREATMENT USING CENTRAL VENOUS CATHETER USING ALCAVIS AND EXSEPT**

PURPOSE: To ensure that each patient will receive a safe, effective dialysis treatment and is protected from preventable complications.

GUIDELINES/PROCEDURES STATEMENT:

To establish guidelines for licensed nurses for safe care, treatment, mitigation of infection risks, and non-infectious complications.

ELABORATION:

I. DEFINITIONS:

A. **Bloodlines:** refer to the arterial and venous ends of the extracorporeal circuit that connect the patient's catheter to the dialyzer.

B. **Cap:** refers to a device that screws on to and occlude the hub.

C. **Catheter:** refers to a central venous catheter (CVC), hemodialysis catheter, or a central line.

D. **Hub:** **r**efers to the end of the CVC that connects to the bloodlines or cap.

II. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

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APPENDIX A

I. SUPPLIES

A. 1 underpad

B. 4-10-cc pre-filled normal saline syringes

C. 4-4 x4 gauze

D. Antimicrobial Solution (Alcavis and ExSept)

E. Gloves (non-sterile)

F. Tape

G. Personal Protective Equipment- 2 mask (1 for patient & 1 for nurse)

H. 2- 10 cc. syringes

I. Heparin (if ordered**)**

J. Hemodialysis Catheter Dressing

II. PROCEDURES:

A. Wear glove and personal protective equipment.

B. Place underpad under catheter to prevent clothing from staining.

C. Remove tape and dressing. Assess site for drainage, redness swelling, bleeding or pain. Make sure hemodialysis catheter sutures are present and intact.

D. Discard contaminated gloves, perform hand hygiene, and put on a new pair of gloves.

E. Open antimicrobial solution use 4x4 gauze and scrub hemodialysis catheter caps at the connection site. Place one 4x4 gauze pad with Alcavis on each cap and scrub catheter caps at the connection sites.

F. Allow to soak for 3 minutes.

G. Remove gloves, perform HH, and don new clean gloves.

H. Use 4x4 gauze with ExSept and wipe in circular motion with each pad, starting at insertion site and working outward. Allow site to dry.

I. Use one sterile, dry 3x3 or 4x4 to remove caps. With hemodialysis catheter clamped, remove arterial cap carefully and scrub the hub thoroughly with friction, making sure to remove any residue (e.g., blood). Allow to dry. Attach dry 10-cc syringes to catheter hub. Repeat same procedure on venous port. After this is done, carefully open arterial clamp and aspirate 3-5 cc of blood with 10-cc syringe. Discard blood. **DO NOT USE FOR LAB WORK!** Attach pre-filled normal saline 10 cc syringe Repeat aspiration procedure on venous port.

J. Check for patency by flushing in and out briskly, leaving 10-cc syringe in place in both the arterial and venous ports. **DO NOT LEAVE PORTS OPEN TO AIR!**

K. Give Heparin bolus as per patient's prescriptions. Flush with 10 cc normal saline. Wait 3-5 minutes for circulating the heparin in the patient's blood.

L. Connect both venous & arterial blood lines to the patient.

M. Turn on blood pump to 200 cc/minute blood flood flow (BFR) rate.

N. Then gradually increase to prescribed BFR.

O. Anchor bloodlines securely to prevent pull of the hemodialysis catheter, and then remove gloves and perform hand hygiene

P. Obtain blood pressure for onset of dialysis.

Q. Ensure machine is set at prescribed parameters and machine is in alarm free state.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTERCENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-203a
Page Number: 1 of 4

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TITLE: **CENTRAL VENOUS CATHETER DRESSING CHANGE, WITH CHLORAPREP AND EXSEPT SOLUTION**

PURPOSE: To provide site care to the hemodialysis catheter.

GUIDELINES/PROCEDURES STATEMENT:

To establish guidelines for licensed nurses for safe care, treatment, mitigation of infection risks, and non-infectious complications.

ELABORATION:

I. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

42 C.F.R. 494.30 Condition: Infection Control.

25 T.A.C. § 117.33(a)(1)(B), Standard Infection Control Precautions.

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U.S. Department of Health & Human Services Centers for Medicaid and Medicare, Center for Medicaid and State Operations/Survey & Certification Group, Conditions for Coverage for End-Stage Renal Disease (ESRD) Program Interpretive Guidance Version 1.1, October 3, 2008.

DEPARTMENT OF PRIMARY RESPONSIBILITY:

Dialysis Center at Quentin Mease Health Center

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APPENDIX A

I. SUPPLIES

A. Alcavis Solution / ChloraPrep

B. Clean gloves

C. Dressing Label

D. Gauze 2x2 and 4x4

E. Mask and face shield for staff member

F. Mask for patient

G. Tegaderm Dressing

II. GENERAL INFORMATION:

A. The hemodialysis catheter is used to provide an access for hemodialysis treatments.

III. SPECIAL CONSIDERATIONS:

Different cleaning agents can damage different catheters, i.e., determine whether ChloraPrep or ExSept is appropriate for flexible portion of the hemodialysis catheter.

IV. PROCEDURES:

A. Put on disposable clean gloves and a mask. Provide the patient with a mask.

B. Remove hemodialysis catheter site dressing and assess catheter site(s) for signs of infection

C. Remove contaminated gloves and perform hand hygiene. Don new clean gloves.

D. Open sterile 2x2 gauze, sterile 4x4 gauze, and transparent dressing.

E. Use Chloraprep or apply Exsept solution in 4x4 gauze. With each pad, wipe in circular motion starting at catheter insertion site and continue onward in a circular motion. Allow to dry.

F. Remove gloves and perform hand hygiene. Don new clean gloves.

G. Fold one sterile 2x2 gauze in half. Lift catheter(s) and place folded gauze under hemodialysis catheter site(s) with clean gloved hand. Then place second sterile 2x2 gauze over hemodialysis catheter exit site.

H. Apply transparent dressing over 2x2 gauze. Secure hemodialysis catheter to patient with tape.

I. Label dressing with initials, date, and heparin strength. If catheter is packed with something other than heparin, indicate on dressing.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-203b
Page Number: 1 of 4

Effective Date: 8/22/2008
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Due for Review: 2/27/2026

TITLE: **CENTRAL VENOUS CATHETER DRESSING CHANGE, WITH ALCAVIS AND CHLORA PREP ONE-STEP**

PURPOSE: To provide site care to the hemodialysis catheter.

GUIDELINES/PROCEDURES STATEMENT:

To establish guidelines for licensed nurses for safe care, treatment, mitigation of infection risks, and non-infectious complications.

ELABORATION:

I. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

None

DEPARTMENT OF PRIMARY RESPONSIBILITY:

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		07/25/2019	Riverside Dialysis Center Governing Board

APPENDIX A

I. SUPPLIES:

A. Tegaderm CHG Dressing

B. Alcavis Solution / Chlora Prep One-Step

C. Mask and face shield for staff member.

D. Clean gloves.

E. Mask for patient.

II. PROCEDURES:

A. Put on disposable clean gloves and a mask. Provide the patient with a mask.

B. Remove site dressing and assess catheter site(s) for signs of infection, change gloves.

C. Wear clean gloves and open Chlora Prep One-Step and clean at catheter insertion site and continue outward in a circular motion. Allow to dry.

D. Change gloves and apply CHG dressing with the gel covering the exit site.

E. Label dressing with initials and date.

F. Secure catheter to patient with tape.

III. GENERAL INFORMATION:

A. The CVC is used to provide an access for hemodialysis treatments.

B. A Registered Nurse or a Licensed Vocational Nurse will maintain and perform site care of a CVC following demonstration of competence.

C. Site care will be performed using sterile technique on dialysis days.

IV. SPECIAL CONSIDERATIONS:

Different cleaning agents can damage different catheters, i.e., determine whether Alcavis or Chlora Prep One-Step is appropriate for flexible portion of the catheter.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-204
Page Number: 1 of 4

Effective Date: 8/22/2008
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Due for Review: 2/27/2026

TITLE: **MONITORING PATIENT'S TREATMENT**

PURPOSE: To observe the patient and machine to prevent or detect and treat complications.

GUIDELINES/PROCEDURES STATEMENT:

All associates who have completed the clinical orientation program will monitor the patient in this facility by following these procedures.

ELABORATION:

I. DEFINITIONS:

A. Blood pressure monitor/automatic blood pressure: A device that automatically obtains and usually records the blood pressure at certain intervals, using the direct or indirect method of determining pressure.

B. Electronic Medical Record (EMR): systematized collection of patient electronically stored health information in a digital format.

C. Stethoscope: a medical instrument for listening to the action of someone's heart or breathing, typically having a small disk-shaped resonator that is placed against the chest, and two tubes connected to earpieces.

II. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

None

DEPARTMENT OF PRIMARY RESPONSIBILITY:

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APPENDIX A

I. SUPPLIES:

A. Stethoscope

B. Blood pressure cuff and sphygmomanometer or automatic blood pressure module on dialysis machine.

II. PROCEDURES/GUIDELINES:

A. Report anything unusual to the Charge Nurse and follow his/her instructions. Document results in the electronic medical record flowsheet (EMR).

1. Blood pressure will be monitored every 30 minutes or more frequently depending on the patient's needs. Record all blood pressures on the patient's hemodialysis sheet.
2. Make sure that the patient is comfortable and bloodlines are visible.
3. Observe the level of consciousness of the patient. Is the patient alert, drowsy or sleepy? Does he/she respond when spoken to?
4. Check the temperature of the patient's skin. Is it cold, clammy, warm, hot? Is the patient perspiring?
5. Check the color of the patient's skin. Is it pink, flushed, gray, yellow or pale?
6. Is the patient breathing normally? Is breathing labored, shallow, deep, rapid, or slow?

B. Machine checks take only a few minutes to complete and are essential to assuring patient safety.

1. Observe that dialysate lines are attached properly.
2. Visually inspection dialysis machine and area to look for leaks on and around machine. Record machine readings in EMR.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-205
Page Number: 1 of 4

Effective Date: 8/22/2008
Last Review Date: 2/27/2024
Due for Review: 2/27/2026

TITLE: **DISCONTINUING HEMODIALYSIS - CATHETER**

PURPOSE: To assure patient safety in accordance with Texas State Law.

GUIDELINES/PROCEDURES STATEMENT:

All patients with external accesses will be rinsed back by licensed personnel (LVN's or RN's) with this procedure.

ELABORATION:

I. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

Fresenius 2008T Hemodialysis Machine Operators Manual.
42 C.F.R. 494.30 Condition: Infection Control.

25 T.A.C. § 117.33(a)(1)(B), Standard Infection Control Precautions.

Guide to the Elimination of Infections in Hemodialysis. APIC, 2010.

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Harris Health System Policies and Procedures 3000 Standard and Transmission Based Precautions.

U.S. Department of Health & Human Services Centers for Medicaid and Medicare, Center for Medicaid and State Operations/Survey & Certification Group, Conditions for Coverage for End-Stage Renal Disease (ESRD) Program Interpretive Guidance Version 1.1, October 3, 2008.

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

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		07/25/2019	Riverside Dialysis Center Governing Board

APPENDIX A

I. SUPPLIES

A. 2 -10cc prefilled normal saline syringes

B. 2 -3cc Syringes

C. Alcavis Solution

D. 1 – set catheter ports

E. Gloves

F. 1- mask and face shield

G. Heparin 5,000 units/cc

H. 1 - mask for patient

I. 1- pack sterile 4 x 4 gauze

J. Underpad

II. PROCEDURES:

A. Wash hands, don PPE. Be sure patient has face mask on covering mouth and nose.

B. Place the underpad under the catheter.

C. Verify that at least 400cc remains in the saline bag.

D. Prepare heparin syringes to fill catheters based on fill volume on arterial and venous ports.

E. Turn off the blood pump disconnect arterial line from patient and connect to Y line of saline bag. Turn the blood pump on to 200cc/min and rinse until all the blood is returned.

F. When all the blood returns, be certain all clamps are closed.

G. Scrub arterial and venous ports of catheter with Alcavis.

H. Do not allow ends of catheters to touch nonsterile surface. Do no touch the internal lumen of the catheter.

I. Using one 10cc prefilled syringe of normal saline per port, flush the arterial port and clamp and repeat for venous port.

J. Place the 3cc syringe containing the prescribed amount of heparin into the each catheter port. Do not pull back. Inject heparin to the each catheter lumen and clamp immediately.

K. Individually remove syringes and place catheter cap on ports of external catheters. Do no touch inside the caps.

L. Label dressing heparin dose, date and initial.

M. Document procedure on the electronic treatment flow sheet.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-205a
Page Number: 1 of 4

Effective Date: 8/22/2008
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Due for Review: 2/27/2026

TITLE: **DISCONTINUING HEMODIALYSIS – PERMANENT ACCESS (AVG OR AVF)**

PURPOSE: To safely return blood to the patient at the end of treatment.

GUIDELINES/PROCEDURES STATEMENT:

All associates who have completed the clinical orientation program will assure themselves that all patients with AVG or AVF will be rinsed back by following this procedure.

ELABORATION:

I. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

Fresenius 2008T Hemodialysis Machine Operators Manual.
42 C.F.R. 494.30 Condition: Infection Control.

25 T.A.C. § 117.33(a)(1)(B), Standard Infection Control Precautions.

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	7.0	Reviewed 07/27/2018	Riverside Dialysis Center Governing Board
		07/25/2019	Riverside Dialysis Center Governing Board

APPENDIX A

I. SUPPLIES

A. 1-10 cc prefilled 0.9% normal saline syringe

B. Alcohol Swabs

C. 2 - Band-Aids

D. Sterile 4 x 4 gauze sponges

E. Personal Protective Equipment

II. PROCEDURE GUIDELINES

A. Monitor patient's blood pressure.

B. Put on Personal Protective Equipment

C. Be certain that at least 400cc normal saline remain in bag

D. Turn blood pump to 200cc/min.

E. Clamp arterial needle and line. Disconnect arterial line from the patient and connect to "y" tubing of saline line. Open saline line. Turn on the blood pump to 200 cc/min until the dialyzer and lines are clear.

F. Use 10 cc syringe with saline to clear arterial fistula needle.

G. Make sure arterial and venous fistula line remains clamped and capped.

H. During the rinse back you must observe the following:

1. The patient for symptoms of circulatory or hypotension.

2. The color of blood in the venous drip chamber (and arterial drip chamber if used) and blood lines.

3. The amount of saline left in the bag.

4. Venous pressure.

I. Remove one needle at a time holding pressure, for at least 5 minutes, at each site. Cover each site with a band aid. Discard needles in the proper receptacle. The patients allergic to band aids use sterile 2 x 2 and secure with appropriate tape.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-206
Page Number: 1 of 4

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TITLE: **ACCESS CARE POST TREATMENT**

PURPOSE: To assure patient safety and long term access patency.

POLICY STATEMENT:

Assessment of the patient access, post treatment will be completed prior to discharge.

ELABORATION:

I. PROCEDURES:
See Appendix A

REFERENCES/BIBLIOGRAPHY:

42 C.F.R. 494.30 Condition: Infection Control.

25 T.A.C. § 117.33(a)(1)(B), Standard Infection Control Precautions.

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DIALYSIS CENTER AT QUENTIN MEASE CENTER

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APPENDIX A

I. SUPPLIES

A. 2 - Band Aids

B. Gauze Sponges

C. Personal Protective Equipment

II. PROCEDURE GUIDELINES

A. Explain procedure to patient.

B. Put on PPE or keep PPE on following discontinuation dialysis treatment.

C. Disconnect dialysis lines from fistula needles.

D. Remove arterial and venous needle one at a time by covering one needle with folded 4x4.

E. Pulling needle out smoothly and quickly.

F. Apply firm pressure to needle sites until bleeding stops.

G. Apply ice glove and/or elevate extremity if bleeding is excessive.

H. Apply band aids to sites after bleeding ceases.

I. Cover band aids or fold 4x4 and tape.

J. Remove gloves and wash hands.

K. If a hematoma has formed, instruct patient to apply ice for 20 minutes every two hours for 24 hours, and then apply heat the following day if there is a hematoma or severe bruising of the fistula.

L. Document appropriately on treatment flow sheet.

III. RATIONALE:

A. Protects association from blood borne pathogen exposure.

B. Removing both needles at the same time can impede blood flow through the access.

C. Prevent damage (nicks, scrapes) to internal access.

D. Minimize blood loss.

E. Expected bleeding time of post treatment is 5-10 minutes per site

F. Provides a clean environment for the site and prevents infection.

G. Patient may experience breakthrough bleeding after leaving the facility. This is a level of comfort measurement for the patient.

H. Prevents cross contamination.

I. Prevents blood loss form venipuncture sites.

J. To insure that blood flow has not been totally occluded through the fistula.

K. Keeping venipuncture sites clean will prevent infection.

L. Ice will minimize the bleeding. Heat helps absorb the blood that has accumulated in the surrounding tissue.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-207
Page Number: 1 of 3

Effective Date: 8/22/2008
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TITLE: PREFILLED 0.9% NORMAL SALINE SYRINGE FLUSH

PURPOSE: To ensure that each pagtien will receive a safe, effective dialysis treatment and is protechted from preventable complications.

GUIDELINES/PROCEDURES STATEMENT:

Licensed nurses and dialysis technicians shall use pre filled 0.9% normal saline flush for hemodialysis initianion, hemodialysis termination, catheter care, and nay procedure where 0.9% normal saline flushing is indicated.

ELABORATION:

I. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

42 C.F.R. 494.30 Condition: Infection Control.

25 T.A.C. § 117.33(a)(1)(B), Standard Infection Control Precautions.

Guide to the Elimination of Infections in Hemodialysis. APIC, 2010.

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DIALYSIS CENTER AT QUENTIN MEASE CENTER

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APPENDIX A

I. SUPPLIES:

A. 1 underpad

B. 10cc pre-filled normal saline syringe(s)

C. Gloves

D. Mask

E. Protective gown

II. PROCEDURE GUIDELINES

A. Don gloves and personal protective equipment.

B. Place underpaad under catheter or access as protective barrier.

C. Obtain 0.9% pre-fillled normal saline syringe for procedure.

D. Observe lines, fistula needles, or catheter to ensure air is not present.

E. Slowly administer of flush line wit 0.9% normal saline.

F. Discard empty syringe in biohazardous waste resceptacle.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-301
Page Number: 1 of 4

Effective Date: 8/22/2008
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TITLE: **COMPLICATION-BLOODLEAK**

PURPOSE: To provide guidelines to follow the correct procedure when a bloodleak is detected.

GUIDELINES/PROCEDURES STATEMENT:

This policy is to insure patient safety form blood loss and systemic contamination, due to ruptured dialyzer membrane. This procedure is to be performed by any associate who has completed the clinical orientation program.

ELABORATION:

I. DEFINITIONS:

A. **Bloodleak:** blood may leak during treatment when an internal membrane ruptures

B. **Dialyzer:** Artificial kidney

C. **Dialysate:** the part of a mixture which passes through the membrane in dialysis

II. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

Fresenius 2008T Hemodialysis Machine Operators Manual.

DIALYSIS CENTER AT QUENTIN MEASE CENTER

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APPENDIX A

I. PROCEDURE GUIDELINES

A. After audio and visual alarms sound, press the mute button.

B. Draw sample from the dialysate outflow Hansen (red Hansen). Put a sample of the dialysate on a new hemastix.

C. If the hemastix strip is negative, push reset (no color change).

D. If the hemastix strip reads small to moderate and sample of dialysate is clear, discontinue dialysis. Explain what has happened to the patient. Do not return the blood.

E. If a blood leak is large, dialysate lines will be pink tinge or possibly dark red.

F. Turn U.F. rate to zero. Stop blood pump. Clamp arterial and venous blood lines, Disconnect blood lines form patient's needle and discard blood lines.

G. Attach 10 cc syringe with saline and flush each access line.

H. Remove the dialysate lines from dialyzer and replace to dialysate ports on side of machine.

I. If re-initiating treatment, prime new dialyzer and lines.

J. Monitor patient for hypotension.

K. Re-initiate treatment after performing all normal safety checks. Administer normal saline priming volume unless patient is grossly overloaded. Document on the treatment flow sheet the following pertinent data: time event occurred, patient's response, estimated blood loss, and time lost on treatment.

L. Complete an electronic incident report.

M. Machine must be bleach disinfected prior to the next patient treatment.

III. RATIONALE:

A. For patient safety, audio and visual alarms are always engaged when treatment is in progress.

B. To test for blood content in the dialysate.

C. Do not return blood as the risk of contamination great.

D. To maintain needle's patency.

E. To replace lost fluid volume.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

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TITLE: **HAND CRANKING THE BLOOD PUMP**

PURPOSE: To provide guidelines to ensure that if a power failure or malfunction of the blood pump occurs, hand cranking the blood pump will be performed effectively.

GUIDELINES/PROCEDURES STATEMENT:

To ensure early intervention by manually returning the blood of patients to prevent blood loss by extracorporeal clotting in the event of a power outage.

ELABORATION:

I. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

Fresenius 2008T Hemodialysis Machine Operators Manual.

Kallenbach, J. Z. (2016). Review of hemodialysis for nurses and dialysis personnel. St. Louis: Elsevier/Mosby

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REVISION HISTORY:

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Effective Date	Version # (If Applicable)	Review/ Revision Date (Indicate Reviewed or Revised)	Approved by:
8/22/08	1.0	Original	Riverside Dialysis Center Governing Board
	2.0	Reviewed 1/27/2009	Riverside Dialysis Center Governing Board
	3.0	Reviewed 12/16/2010	Riverside Dialysis Center Governing Board
	4.0	Reviewed 1/30/2014	Riverside Dialysis Center Governing Board
	5.0	Reviewed 7/18/2014	Riverside Dialysis Center Governing Board
	6.0	Reviewed 10/22/2015	Riverside Dialysis Center Governing Board
	7.0	Reviewed 07/27/2018	Riverside Dialysis Center Governing Board
		07/25/2019	Riverside Dialysis Center Governing Board

APPENDIX A

I. GENERAL INFORMATION:

A. In the event of a power failure or malfunction of the blood pump, the pump must be hand pumped to prevent blood from clotting in the extracorporeal system.

B. In the event of a prolonged power failure where the emergency generator does not work, the blood must be returned to the patient using the hand cranking method

C. The dialysis treatment will be terminated after 8-10 minutes of hand cranking.

D. All time loss will be made up either on the same day or the next dialysis treatment.

E. All patients will be instructed on this procedure on a quarterly basis.

F. This procedure will be performed by all associates who have completed the clinical orientation program.

II. SUPPLIES

A. Blood pump hand crank

B. Discontinuation of dialysis supplies

C. Incident report form

III. PROCEDURES:

A. When the blood pump is broken with no available replacement or during a prolonged non emergency power failure:

1. Extracorporeal blood volume may be reinfused to the patient by the hand crank method.
2. Turn off blood pump. Remove venous line from clamp portion of air detector.
3. Watch the venous drip chamber to assure it says ¾ full during hand cranking.
4. Complete termination of treatment per policy.
5. Inform physician of the treatment time lost.
6. Document events on the treatment flow sheet and complete an incident report form.
7. The amount of saline left in the bag.
8. Venous pressure.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-303
Page Number: 1 of 4

Effective Date: 8/22/2008
Last Review Date: 2/27/2024
Due for Review: 2/27/2026

TITLE: **CLOTTED DIALYZER**

PURPOSE: To provide the procedures to be used to replace a clotted dialyzer during dialysis treatment with minimum blood loss.

GUIDELINES/PROCEDURES STATEMENT:

The process and procedures herin shall be used to replace a clotted dialyzer during dialysis treatment with minimum blood loss.

ELABORATION:

I. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

Kallenbach, J. Z. (2016). Review of hemodialysis for nurses and dialysis personnel. St. Louis: Elsevier/Mosby

DEPARTMENT OF PRIMARY RESPONSIBILITY:

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APPENDIX A

I. SUPPLIES

A. Clamps

B. New Arterial and Venous lines

C. New dialyzer

D. Personal Protective Equipment

E. Saline with IV Administration Set

F. (2) prefilled 0.9% normal saline syringes (10 cc)

II. PROCEDURE GUIDELINES

A. If you are able to return blood to the patient per unit Protocol follow this procedure:

1. Turn blood pump to 100 cc/minute.
2. Return blood per facility procedure.
3. Clamp needle, arterial, and venous lines. Disconnect lines per facility protocol from the patient. Maintain sterility.
4. Flush each needle or port with saline.
5. Chart the incident on the EMR treatment flow sheet and in the electronic incident reporting system (EIRS).
6. Set up machine with new blood lines and dialyzer according to facility procedure.

B. If you are unable to return blood to the patient per unit Protocol follow this procedure:

1. Discard arterial/venous bloodlines.
2. Set up machine with new blood lines and dialyzer according to facility procedure.
3. Document the estimated blood loss along with details for the incident on the EMR.
4. Reinitiate treatment.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-304
Page Number: 1 of 10

Effective Date: 8/22/2008
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TITLE: **FRESENIUS 2008T MACHINE TROUBLSHOOTING GUIDE – MACHINE PROBLEMS**

PURPOSE: To provide guidance in resolving machine alarms and problems for safe delivery of hemodialysis treatment.

GUIDELINES/PROCEDURES STATEMENT:

To ensure all staff follow correct procedures for machine troubleshooting.

ELABORATION:

I. DEFINITIONS

A. **Arterial Pressure:** Pressure measured in the extracorporeal circuit between the arterial needle and the dialyzer.

B. **Biomedical Technician:** Dialysis biomedical technicians work with equipment used in dialysis clinics and hospitals to ensure that all specialized machines are running correctly.

C. **Blood Flow Rate (BFR):** The rate at which the blood flows through the extracorporeal circuit.

D. **Blood Leak:** Occurs when the semipermeable membrane in the dialyzer tears, introducing blood into the dialysate.

E. **Blood Lump:** A part of the hemodialysis machine; it pushes blood through the extracorporeal circuit at a fixed rate of speed.

F. **Bicarbonate:** A buffer used by the body to neutralize acids that form when the body breaks down protient and other foods.

G. Conductivity: The ease or ability of a fluid to transfer electrical charge. The conductivity in dialysate is proportional to its electrolyte content.

H. Clotted Dialyzer: Formation of coagulated blood in the dialyzer membranes.

I. Dialysate: A chemical bath used in dialysis to draw fluids and toxins out of the blood stream and supply electolytes and other chemicals into the bloodstream.

J. Dialysate Flow Rate (DFR): The rate at which the dialysate flows through the dialyzer.

K. Dialyzer: An artificial kidney; a semipermeable membrane inside a plastic cylinder used in hemodialysis to filter waste and fluid from the blood.

L. Electronic Incident Reporting System (EIRS): An electronic software system used to report occurrences such as falls, safety/security issues, medication errors, treatment and procedural incidents, medical equipment malfunctions, and near misses.

M. Electronic Medical Record (EMR): An electronic health record, or electronic medical record, is the systematized collection of patient and population electronically-stored health information in a digital format.

N. Extracorporeal Circuit: The path the hemodialysis patient's blood takes outside of the body. It typically consists of plastic tubing, a hemodialysis machine, and a dialyzer.

O. Heparin Pump: Consists of a syringe holder, a piston, and electric motor. It is used to continuously deliver precise amounts of heparin during dialysis.

P. Safety Air Detector (SAD): Detects air and air bubbles in extracorporeal circuit.

Q. Transmembrane Pressure (TMP): The pressure across the dialyzer membrane.

R. Venous Pressure: Pressure measured in the extracorpororeal circuit after the dialyzer and before the blood reenters the patients body.

ELABORATION:

I. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

Fresenius 2008T Hemodialysis Machine Operators Manual.
Kallenbach, J. Z. (2016). Review of hemodialysis for nurses and dialysis personnel. St. Louis: Elsevier/Mosby

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APPENDIX A

I. PROCEDURES:

A. Clotted Dialyzer:

1. Press to put in bypass.
2. Reinfuse blood if possible.
3. Disconnect arterial and venous lines from patient access.
4. Remove clotted system. Return couplings to rinse bridge. You will get an instant SAD (Safety Air Detector) alarm when you remove the venous line from the SAD. The alarm will disable the blood pump. Mute the alarm and proceed with priming and stringing the new lines by joining the arterial and venous patient ends together using a sterile recirculator, occlude both the arterial and venous dialyzer ends using reusable scissor clamps. Clamp the venous pressure monitor line.
5. Spike the saline. Unclamp scissor clamp on the dialyzer end of the arterial blood line and allow to gravity fill. Re-clamp. Unclamp scissor clamp on the dialyzer end of the venous blood line and allow to gravity fill inverting the venous drip chamber to fill. Re-clamp.
6. Place the lines in their appropriate positions on the machine without connecting to the dialyzer. Entire line should be primed. Attach arterial and venous pressure monitoring lines leaving venous pressure monitor line clamped. Connect the dialyzer end of the arterial blood line to the dialyzer. Unclamp scissor clamp on arterial bloodline. Place dialyzer in holder arterial end down.
7. Start the blood pump and increase pump to appropriate speed until the dialyzer is filled with saline.
8. Stop the blood pump and attach the venous blood line to the dialyzer. Remove scissor clamp from venous blood line. Unclamp the venous monitor line.
9. Connect dialysate couplings to dialyzer tilting the arterial end up. Take out of bypass to fill dialysate side of dialyzer.
10. Return dialyzer to holder blue end up.
11. Ensure blood lines are free of kinks and properly primed.
12. Connect lines to patient access per facility protocol.

13. Clamp Saline, and then restart the blood pump.
14. Inspect all related pressure values and document in EMR and EIRS in accordance to unit protocol.

B. Air Detector Alarm: Removing air bubbles (Streamline® bloodlines)

If air bubbles in the venous blood line have triggered the alarm, these bubbles must be removed as follows:

1. Clamp tube between venous pressure POD and venous end of dialyzer.
2. With 10cc syringe apply vacuum of min -75 mmHg at the venous bubble catcher.
3. Press "Enter" key, open venous clamp briefly.
4. When the air has been removed, open clamp and press the key "Reset alarm".
5. Possibly repeat procedure if needed.
6. Document incident in EMR

C. Power Failure:

1. Remove crank from rear of dialysis machine.
2. Open blood pump lid and insert crank into the roller rotor.
3. Disconnect arterial side from patient.
4. Remove venous blood line from the venous tube clamp.
5. Evenly operate the blood pump using the crank. Observe appropriate speed andmaintain an adequate blood level in the venous bubble trap.
6. Continuously monitor venous patient inlet, which must not contain any air.
7. When the physiological saline solution reaches the venous tubing clamp, close the clamp.
8. Disconnect the patient on the venous side.
9. Document incident in EIRS and EMR. Submit Work Order Repair request if power failure is not a result of facility wide outage.

D. Blood Pump Stop Alarm:

1. Assure the Blood Pump door is properly closed.
2. Check if pump tube segment is properly positioned. Correct if necessary.
3. Press the "RESET" pad to reset the alarm.
4. Turn Blood Flow Rate OFF and slowly increase flow to prescribed rate.
5. If unable to resume Blood Flow Rate, remove machine from service, replace machine, and resume treatment. Complete Work Order Repair Request.
6. Document incident in EIRS and EMR.

E. Arterial Pressure Alarm (low):

1. Check arterial tubing for line kinks, clotting or clamps.
2. Check the needle position and for access clots.
3. Ensure blood flow is at prescribed rate.
4. Press "RESET" pad to reset the alarm. Press the "RESET" pad again and hold for 1 second to select new limits. It may be necessary to start the Blood pump at a slow speed and gradually work up to the desired rate.
5. If unable to reset the alarm, contact Biomedical Technician for assistance.
6. Interrupt patient treatment by returing blood, remove machine from service, obtain operable machine, resume patient treatment.
7. Document incident in EIRS and EMR. Submit Work Order Repair request.

F. Arterial Pressure Alarm (high):

1. Check Arterial and Venous tubing for line kinks, clotting or clamps.
2. Check dialyzer to determine if it is clotted.
3. Ensure transducer is dry.
4. Press "RESET" to alarm. Press the "RESET" pad again and hold for 1 second to select new alarm limits.
5. If unable to reset alarm, contact Biomedical Technician for assistance.
6. Interrupt patient treatment by returing blood, remove machine from service, obtain operable machine, resume patient treatment.
7. Document incident in EIRS and EMR. Submit Work Order Repair request.

G. Venous Pressure Alarm (low):

1. Check for line disconnect.
2. Check venous tubing for line kinks, clotting or clamps.
3. Ensure transducer is dry.
4. Replace Transducer protector if necessary.
5. Press "RESET" to reset alarm. Press the "RESET" pad again and hold for 1 second to select new alarm limits.
6. If unable to reset alarm, contact Biomedical Technician for assistance.
7. Interrupt patient treatment by returing blood, remove machine from service, obtain operable machine, resume patient treatment.
8. Document incident in EIRS and EMR. Submit Work Order Repair request.

H. Venous Pressure Alarm (high)

1. Check Arterial and Venous tubing for line kinks, clotting or clamps.
2. Check the needle for position and possible access clots and infiltration.
3. Press "RESET" to reset alarm. Press the "RESET" pad again and hold for 1 second to select new alarm limits.
4. If performing dialysis with a high blood flow, reduce blood flow. Document rationale in EMR.
5. If unable to reset alarm, contact Biomedical Technician for assistance.
6. Interrupt patient treatment by returing blood, remove machine from service, obtain operable machine, resume patient treatment.
7. Document incident in EIRS and EMR. Submit Work Order Repair request.

I. Transmembrane Pressure Alarm (negative: ≥ 500):

1. Check dialysate lines for kinks or dialyzer and extracorperal circuit for clotting. If clotting is present, change dialyzer and bloodlines.
2. Press "RESET" pad to reset alarm.

3. If unable to set alarms, interrupt patient treatment by returing blood, remove machine from service, obtain operable machine, resume patient treatment.
4. Document incident in EIRS and EMR. Submit Work Order Repair request.

J. Blood Leak Alarm:

1. Press "RESET" pad to reset alarm.
2. Check dialysate fluid for presence of blood with Hemastix. If negative, recheck with new Hemastix container. If negative after 3 checks, follow steps below:
   a. Check the dialysate lines for excess air, Dialysate connections, and that Outlet Dialysate screens are tight.
   b. Press the "RESET" pad to reset alarm
   c. If unable to reset alarm, put dialysate in bypass, and return blood.
   d. Remove machine from service, obtain operable machine, resume patient treatment.
   e. Document incident in EIRS and EMR. Submit Work Order Repair request.
3. If Hemastix is positive for Blood Leak, **DO NOT RETURN BLOOD**, proceed per blood leak policy.

   a. Disinfect machine prior to initiation dialysis with next patient.
   b. Document incident in EIRS and EMR.

K. Conductivity Alarm (low: Put Unit in Bypass):

1. Check for prescribed baseline dialysate setting.
2. Ensure dialysate flow is on and lines appropriately connected to acid and bicarbonate concentrates.
3. Check for adequate supply of concentrates.
4. Check that concentrate nozzles are pulling concentrate, if not, follow the steps below:

a. Turn off dialysate flow. Disconnect and reconnect acid tubing from machine and ensure bicarbonate cartridge is properly aligned in holder.

b. Set dialysate flow to ON. Allow 5-10 minutes for conductivity to reach prescribed level.

If conductivity alarm is not resolved then follow these steps:

a. Set Dialysate flow to OFF.

b. Interrupt patient treatment by returing blood, remove machine from service, obtain operable machine, resume patient treatment.

c. Document incident in EIRS and EMR. Submit Work Order Repair request.

L. Conductivity Alarm (high: Put Unit in Dialysate Bypass):

1. Check for prescribed baseline dialysate setting.

2. Ensure dialysate flow is on and lines appropriately connected to acid and bicarbonate concentrates.

3. Allow 5-10 minutes for conductivity to reach prescribed level and adjust the conductivity alarm limit window if appropriate.

4. If unable to attain prescribed conductivity, interrupt treatment, remove machine from service, resume treatment with operable machine.

5. Document incident in EMR. Submit Work Order Repair request.

M. Temperature Alarm (high: Put Unit in Bypass):

1. Assure that water is flowing to machine when turned on.

2. Check the temperature set point and if necessary readjust the temperature and allow to stabilize 5 minutes.

3. Check water supply to machine for excess temperature and correct problem.

4. If unable to attain prescribed conductivity, interrupt treatment, remove machine from service, resume treatment with operable machine.

5. Document incident in EMR. Submit Work Order Repair request.

N. Dialysate Flow Alarm:

1. Check water supply into machine
2. Check water inlet line for kinks.
3. Check in-line water filter is cleaned. If clogged, notify Biomedical Technician.
4. Check dialysate flow is set to ON.
5. Set to 800 cc/min and check that the flow at the drain line is 800 cc/min + 50 ml.
6. If unable to attain prescribed conductivity, interrupt treatment, remove machine from service, resume treatment with operable machine.
7. Document incident in EMR. Submit Work Order Repair request.

O. Heparin Pump Alarm

1. Check heparin line for clamps or kinks and correct.
2. Ensure the heparin maintainance syringe is filled with prescribe dose.
3. Press the "Heparin Reset" field on the heparin screen.
4. To clean the alarm, press the "RESET" touch pad.
5. If the heparin pump is not operating properly, contact Biomedical Technician for assistance.
6. Remove machine from service prior to next use.\
7. Document incident in EMR. Submit Work Order Repair request.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-305
Page Number: 1 of 3

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TITLE: **TROUBLE SHOOTING GUIDE - CATHETER**

PURPOSE: To secure patency of central venous line

GUIDELINES/PROCEDURES STATEMENT:

Keeping a patent central venous line provides a better clearance and quality of care.

ELABORATION:

I. DEFINITIONS:

Central Venous Line (CVC): Refers to a hemodialysis catheter or central line.

II. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

42 C.F.R. 494.30 Condition: Infection Control.

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Guide to the Elimination of Infections in Hemodialysis. APIC, 2010.

Harris Health System Policies and Procedures. 1402 Hand Hygiene Guidelines.

Harris Health System Policies and Procedures 3000 Standard and Transmission Based Precautions.

U.S. Department of Health & Human Services Centers for Medicaid and Medicare, Center for Medicaid and State Operations/Survey & Certification Group, Conditions

for Coverage for End-Stage Renal Disease (ESRD) Program Interpretive Guidance Version 1.1, October 3, 2008.

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APPENDIX A

I. PROCEDURES/GUIDELINES:

A. If the ports do not aspirate with a 10cc syringe, you may attempt to aspirate with a 30cc syringe. If unable to aspirate, contact physician.

B. Use the red port for arterial when adequate flow can be obtained. If red port has inadequate flow, blue port can be used as an arterial port to obtain adequate blood flow. This should be carefully documented on the nurses' notes and the physician notified that the catheter was used reversed (literature has shown negligible to no recirculation due to turbulence and rapid blood flow in the large subclavian or femoral vein.

C. For high resistance on venous side or if above measures do not provide adequate flow to the arterial side, patient may be repositioned.

D. Carefully set limits and observe catheter for adequate flow during treatment due to increased dialysis clotting with inadequate flow.

E. The patient should be checked every 30 minutes for catheter placement and patency. If the catheter is accidentally pulled from the vein, firm pressure should be applied for at least 10min and a tight dressing applies. Call physician IMMEDIATLELY! Be aware of possible complications and notify the physician immediately for: clotting, hemorrhage, infection and/or air embolus.

F. If the subclavian catheter becomes disconnected or if AIR enters the line, particularly with patient complaints of shortness of breath or chest pains, place patient on left side in Trendelenburg position and call Doctor.

G. If patient has a cold, cough, nausea, fever, ask patient to turn opposite direction of catheter and/or put mask on to prevent contamination of catheter.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-306
Page Number: 1 of 3

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TITLE: **COMPLICATIONS OF DIALYSIS AIR EMBOLUS**

PURPOSE: Air entering the patient's blood stream is a serious dialysis emergency, which requires an immediate response.

GUIDELINES/PROCEDURES STATEMENT:

To ensure that patients will be taken care of appropriately if a complication should arise during their dialysis treatment.

ELABORATION:

I. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

Kallenbach, J. Z. (2016). Review of hemodialysis for nurses and dialysis personnel. St. Louis: Elsevier/Mosby

U.S. Department of Health & Human Services Centers for Medicaid and Medicare, Center for Medicaid and State Operations/Survey & Certification Group, Conditions for Coverage for End-Stage Renal Disease (ESRD) Program Interpretive Guidance Version 1.1, October 3, 2008.

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APPENDIX A

I. PROCEDURES/GUIDELINES:

A. Immediately clamp the venous line and turn off the blood pump.

B. Place patient on left side in Trendelenburg position and start oxygen.

C. Call for help from other staff members.

D. Check for a pulse to determine the condition of patient. Assess the patient's other vital signs and general status (color, skill wetness, respiratory status, level of consciousness, BP, etc.)

E. Advise the Charge Nurse of the situation and respond to their direction.

F. Recirculate blood in machine to remove air.

G. Initiate CPR if necessary.

H. If a physician orders a transfer to the hospital, call 911.
- **1.** If CPR is not necessary, transport patient on left side in Trendelenburg position.
- **2.** Paramedic continue CPR if necessary while in route to hospital.

I. Record all pertinent information in progress note section of the medical record.

II. CAUSES OF COMPLICATONS

A. Any break in the extracorporeal circuit

B. Emptied normal saline bag or medication

C. A break in blood line connectors

D. If access not working properly.

E. A crack or loose connection between the arterial line and the access.

III. PREVENTION OF COMPLICATONS

A. Never leave the patient or machine unobserved. Perform documented machine checks every half hour. In addition, monitor patient's machine.

B. Never allow a saline bag to remain hanging with fluid level less than 300 cc's

C. Never remove hand from clamp when administering a bolus of saline.

D. Make sure the air detector works and is always armed. Test the air detector when setting up priming your machine. It is not sufficient to turn on the air detector. Testing ensures its proper functioning.

E. Always have at least 500cc normal saline or reinfusion.

F. Always double clamp saline line.

G. Note-If air or foam is observed in the venous line below the air detector, presume that air has returned to the patient. Patients who receive air complain of chest pain and shortness of breath. They frequently cough. They may also have a seizure or vomit.

A.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

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Dept. Guideline No: CP-307
Page Number: 1 of 2

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TITLE: **COMPLICATIONS OF DIALYSIS: DISEQUILIBRIUM SYNDROME**

PURPOSE: To provide the processes for treatment of dialysis disequilibrium syndrome.

GUIDELINES/PROCEDURES STATEMENT:

The procedures hein shall be used for the care of patient with complcations should arise during dialysis treatment.

ELABORATION:

I. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

KALLENBACH, J. Z. (2016). REVIEW OF HEMODIALYSIS FOR NURSES AND DIALYSIS PERSONNEL. ST. LOUIS: ELSEVIER/MOSBY

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APPENDIX A

I. PROCEDURES/GUIDELINES:

A. Establish that disequilibrium syndrome is occurring and its severity.

B. Immediately reduce blood flow to 150cc/minute return blood and notify physician.

C. Reassure patient.

D. Notify physician

E. If convulsions occur:
- **1.** Call 911
- **2.** Maintain airway and protect patient from injury.
- **3.** Notify the Charge Nurse

F. Depending on the length of dialysis and the patient's condition, the physician may discontinue dialysis.

G. Inform patient that weakness, headache, or irritability may occur.

H. Document observations and intervention.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-308
Page Number: 1 of 3

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TITLE: **COMPLICATIONS OF DIALYSIS: HYPOTENSION**

PURPOSE: To recognize and treat symptomatic low blood pressure and prevent recurrence.

GUIDELINES/PROCEDURES STATEMENT:

It is the intention that patients shall receive dialysis treatment free of complications but if there should be an adverse occurrence it will be handled appropriately.

ELABORATION:

I. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

Fresenius 2008T Hemodialysis Machine Operators Manual.

Kallenbach, J. Z. (2016). Review of hemodialysis for nurses and dialysis personnel. St. Louis: Elsevier/Mosby

DEPARTMENT OF PRIMARY RESPONSIBILITY:

Dialysis Center at Quentin Mease Health Center

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	7.0	Reviewed 07/27/2018	Riverside Dialysis Center Governing Board
		07/25/2019	Riverside Dialysis Center Governing Board

APPENDIX A

I. PROCEDURES/GUIDELINES:

A. Determine that the patient is hypotensive. The following are common signs and symptoms. These symptoms could be gradual or precipitous:

1. Nausea
2. Dizziness
3. Vomiting
4. Restlessness
5. Complaints of vague symptoms such as fatigue, yawning, "strange feeling", or feeling hot.

B. Place patient in modified Trendelenburg position with legs highter than head.

C. Turn ultrafiltration off

D. Give normal saline in 100-200 cc bolus to raise blood pressure.

E. Notify Charge Nurse.

F. If blood pressure does not return to patient's normal limits after giving 500cc of normal saline, notify physician.

G. When stable, gradually increase rate of ultrafiltration.

H. If patient becomes unresponsive or has seizures, maintain airway and begin emergency procedure, notify MD and call 911.

I. Document the incident in the EMR.

II. CAUSES OF COMPLICATIONS

A. Excessive ultrafiltration

B. Antihypertensive medications or other medications with antihypertensive side effects.

C. Hemolysis due to accidental infusion of sterilant/disinfectant, improper dialysate temperature, or transfusion reaction.

D. Blood loss due to dialyzer leak, clotted extracorporeal system.

E. Pericardial effusion or tamponade.

F. Myocardial infarction.

G. Eating large meal while on machine.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-309
Page Number: 1 of 4

Effective Date: 8/22/2008
Last Review Date: 2/27/2024
Due for Review: 2/27/2026

TITLE: COMPLICATIONS OF DIALYSIS: HEMOLYSIS

PURPOSE: To recognize and treat the symptoms of hemolysis.

GUIDELINES/PROCEDURES STATEMENT:

It is the intention that patients shall receive complication free dialysis treatments but if there should be an adverse occurrence, it will be handled appropriately.

ELABORATION:

I. DEFINITIONS

Hemolysis: is the rupture of red blood cells in such a manner that hemoglobin is liberated into the medium in which the cells are suspended, by specific complement-fixing antibodies, hypertonic or hypotonic dialysate or solutions, high dialysate temperature, high negative pressure in the extracorporeal circuit or blood exposure to oxidants i.e. chloramines, nitrate, or copper or exposure to high formaldehyde concentrations.

II. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

Kallenbach, J. Z. (2016). Review of hemodialysis for nurses and dialysis personnel. St. Louis: Elsevier/Mosby

DEPARTMENT OF PRIMARY RESPONSIBILITY:

Dialysis Center at Quentin Mease Health Center

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		07/25/2019	Riverside Dialysis Center Governing Board

APPENDIX A

I. PROCEDURES/GUIDELINES:

A. Put on PPE

B. Stop the blood pump immediately and notify the charge nurse

C. Do not return the blood.

D. Establish that hemolysis is occurring due to the presence of a combination of the following symptoms:

1. Deep burgundy colored clear blood
2. Shortness of breath
3. Localized burning and pain at venous return site
4. Chest pain
5. Hypotension
6. Dysrrythmias
7. Restlessness or agitation
8. Acute decrease in hematocrit
9. Hyperkalemia

D. Immediately clamp the blood lines. Place normal saline syringes on end of hemodialysis access and flush.

E. Remain with patient. Monitor vital signs and observe for hypotension and dyspnea

F. Per MD order, draw hemoglobin and electrolyte panel.

G. Collect a sample of the dialysate solutions and send for labs per MD order.

H. Notify physician.

I. Monitor patient's blood pressure and general condition while executing physician's orders.

J. Document the incident in EMR.

K. Create an incident report in EIRS.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-310
Page Number: 1 of 4

Effective Date: 8/22/2008
Last Review Date: 2/27/2024
Due for Review: 2/27/2026

TITLE: COMPLICATIONS OF DIALYSIS: CHEST PAIN

PURPOSE: To manage that manifest chest pain.

GUIDELINES/PROCEDURES STATEMENT:

It is the intention that patients shall receive complication free dialysis treatments but if there should be an adverse occurrence it will be handled appropriately.

ELABORATION:

I. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

Kallenbach, J. Z. (2016). Review of hemodialysis for nurses and dialysis personnel. St. Louis: Elsevier/Mosby

DEPARTMENT OF PRIMARY RESPONSIBILITY:

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APPENDIX A

I. SUPPLIES:

A. Normal Saline

B. Oxygen

II. CAUSES OF COMPLICATONS

A. Hypotension

B. Increasing blood flow too rapidly.

C. Anxiety

D. Hemolysis

E. Transfusion reaction

F. Air embolus

G. Renalin reaction

H. First use syndrome

I. Anaphylaxis

J. Coronary insufficiency/angina

K. Myocardial infraction

III. PROCEDURE GUIDELINES

A. Immediately notify charge nurse and monitor vital signs.

B. Quickly assess the dialysis machine and extracorporeal circuit.

C. Reduce blood flow rate to 100-200 ml/min.

D. Nasal 02 at 2-4 liters/min.

E. Assess for pallor, diaphoresis, nausea, vomiting, apprehension, weakness, fatigue, dyspnea, or radiation of pain to arm or jaw.

F. Notify physician.

G. Reassure patient

H. Give Nitroglycerin per physician order.

I. Continue monitor vital signs closely.

J. Chart the sequence of events on the treatment flow sheet.

K. If physician transfer the patient to the hospital, follow normal transfer procedure.

IV. RATIONALE

A. Determine that everything is functioning properly (no hemolysis or air emboli, blood flow are at proper speed, etc.)

B. An already debilitated heart may not be able to handle high blood flow rates.

C. To aid in oxygenating the heart tissue. Modify 02 flow per physician orders. Patients with chronic obstructive pulmonary disease.

D. Signs and symptoms of Myocardial Infarction.

E. To obtain further orders and allow physician to make differential diagnosis.

F. Dilates the coronary arteries, allowing improved blood flow and oxygenation of heart tissue. Monitor patient for hypotension following administration of NTG.

G. To inform the physician of any changes.

H. To provide continuity of care.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: RDC-CP-311
Page Number: 1 of 3

Effective Date: 8/22/2008
Last Review Date: 2/27/2024
Due for Review: 2/27/2026

TITLE: **COMPLICATIONS OF DIALYSIS: NAUSEA AND VOMITING**

PURPOSE: To recognize and treat nausea and vomiting and to make the patient more comfortable

GUIDELINES/PROCEDURES STATEMENT:

All staff who have completed theoretical and clinical orientation program. It is the intention that patients shall receive complication free dialysis treatments but if there should be an adverse occurrence it will be handled appropriately.

ELABORATION:

I. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

Kallenbach, J. Z. (2016). Review of hemodialysis for nurses and dialysis personnel. St. Louis: Elsevier/Mosby

DEPARTMENT OF PRIMARY RESPONSIBILITY:

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		07/25/2019	Riverside Dialysis Center Governing Board

APPENDIX A

I. SUPPLIES:

A. Emesis Basin

B. Normal Saline

C. Personal Protective Equipment

D. Wet and dry wash cloths.

II. PROCEDURE GUIDELINES

A. Wear personal protective equipment

B. When patient complains of nausea, give the patient an appropriate receptacle, and monitor patient's blood pressure.

C. If blood pressure is low, give saline bolus, per policy and turn off UF.

D. If saline does not relieve nausea, see if patient has an antiemetic medication ordered.

E. Reassure patient and encourage to breathe deeply

F. If patient vomits, hold receptacle under mouth and turn head to the side.

G. If nausea does not subside, call physician.

H. Document incident noting amount and nature of emesis.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-312
Page Number: 1 of 3

Effective Date: 8/22/2008
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Due for Review: 2/27/2026

TITLE: **COMPLICATIONS OF DIALYSIS: CENTRAL VENOUS DIALYSIS CATHETER DISLODGEMENT**

PURPOSE: To state the guidelines to ensure that administer if a complication was to occur it would be handled appropriately. This is a serious situation and requires action by the staff.

GUIDELINES/PROCEDURES STATEMENT:

To assure that the correct procedures are followed when if a complication arises during the dialysis treatment of a patient. Only licensed personnel who have been trained in regards to catheter care may perform the procedure.

ELABORATION:

I. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

42 C.F.R. 494.30 Condition: Infection Control.

25 T.A.C. § 117.33(a)(1)(B), Standard Infection Control Precautions.

Guide to the Elimination of Infections in Hemodialysis. APIC, 2010.

Harris Health System Policies and Procedures. 1402 Hand Hygiene Guidelines.

Harris Health System Policies and Procedures 3000 Standard and Transmission Based Precautions.

U.S. Department of Health & Human Services Centers for Medicaid and Medicare,

Center for Medicaid and State Operations/Survey & Certification Group, Conditions for Coverage for End-Stage Renal Disease (ESRD) Program Interpretive Guidance Version 1.1, October 3, 2008.

Fresenius 2008T Hemodialysis Machine Operators Manual.

Kallenbach, J. Z. (2016). Review of hemodialysis for nurses and dialysis personnel. St. Louis: Elsevier/Mosby

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		07/25/2019	Riverside Dialysis Center Governing Board

APPENDIX A

I. SUPPLIES:

A. 2- 10cc Syringes

B. Gauze Sponges

C. Personal Protective Equipment

II. PROCEDURE GUIDELINES

A. Wear personal protective equipment

B. Establish that catheter is dislodged and not separated.

C. Immediately apply direct pressure over the site of bleeding.

D. Clamp the remaining catheter tubing and attach a 10cc syringe. Use this to maintain patency of the catheter.

E. If necessary, make arrangements to transfer the patient to the hospital by calling 911 as soon as possible, and notify MD.

F. Document incident on the treatment flow sheet.

A.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-314
Page Number: 1 of 3

Effective Date: 8/22/2008
Last Review Date: 2/27/2024
Due for Review: 2/27/2026

TITLE: COMPLICATIONS OF DIALYSIS: MUSCLE CRAMPS

PURPOSE: To alleviate muscle cramping and prevent further cramping.

GUIDELINES/PROCEDURES STATEMENT:

All associates who have completed the clinical orientation program will follow the appropriated procedures if a complication were to arise during the dialysis treatment of a patient.

ELABORATION:

I. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

Fresenius 2008T Hemodialysis Machine Operators Manual.

Kallenbach, J. Z. (2016). Review of hemodialysis for nurses and dialysis personnel. St. Louis: Elsevier/Mosby

DEPARTMENT OF PRIMARY RESPONSIBILITY:

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		07/25/2019	Riverside Dialysis Center Governing Board

APPENDIX A

I. SUPPLIES

A. Normal Saline

II. CAUSES INCLUDE

A. Rapid fluid removal from tissue

B. Ischemia

C. Electrolyte (especially sodium shifts) documentation written on the progress notes of the patient's chart.

III. PROCEDURE GUIDELINES

A. Evaluate ultrafiltration rate and fluid removal. Monitor vital signs.

B. If blood pressure is low, administer 200cc normal saline bolus.

C. Notify Charge Nurse.

D. Lightly massage affected area to help alleviate the pain.

E. Give 200cc normal saline bolus if massage does not alleviate pain.

F. Once cramping is relieved, reassess fluid removal. Adjust ultrafiltration rate as needed.

G. Reassess dry weight.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-315
Page Number: 1 of 4

Effective Date: 8/22/2008
Last Review Date: 2/27/2024
Due for Review: 2/27/2026

TITLE: COMPLICATIONS OF DIALYSIS: PYROGENIC REACTION

PURPOSE: To state guidelines to recognize and treat a patient's reaction to pyrogen

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GUIDELINES/PROCEDURES STATEMENT:

All associates who have completed the clinical orientation program will properly aid a patient who is experiencing a reaction to pyrogen.

ELABORATION:

I. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

42 C.F.R. 494.30 Condition: Infection Control.

25 T.A.C. § 117.33(a)(1)(B), Standard Infection Control Precautions.

Fresenius 2008T Hemodialysis Machine Operators Manual.

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APPENDIX A

I. SUPPLIES

A. 10cc syringes

B. Alcohol prep

C. Blood Culture Bottles

D. Dialysate Culture Media

E. Recirculation Connector

II. CAUSES INCLUDE

A. Bacteria in the dialysate bath. Even though bacteria are tool large to pass through the membrane, they can release endotoxins, which cross the membrane and may produce a fever in patients.

III. PROCEDURE GUIDELINES

A. Determine that the patient is reacting to pyrogen. This is usually manifested by fever and chills developing during the treatment.

B. Check the temperature of the dialysate.

C. Monitor patient's temperature

D. Once you determine a pyrogenic reaction is causing the patient's symptoms, recirculate the patient's blood. Turn off dialysate

E. Check dialysate for transparency

F. Culture dialysate leaving the dialyzer (arterial hanson port**).**

G. Draw blood cultures per procedure.

H. Administer medication if ordered by physician.

I. Chart the sequence of event.

J. Complete EIR and notify physician

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-316
Page Number: 1 of 5

Effective Date: 8/22/2008
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TITLE: **COMPLICATIONS OF DIALYSIS: NEEDLE DISLODGEMENT**

PURPOSE: To state guidelines to prevent blood loss from a dislodged needle and resume treatment immediately.

GUIDELINES/PROCEDURES STATEMENT:

All associates who have completed the clinical orientation program will properly aid a patient who accidentally dislodged needle.

ELABORATION:

I. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

42 C.F.R. 494.30 Condition: Infection Control.

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I. SUPPLIES

A. 2 - Clamps

B. Fistula needle

C. 4 x4 Gauze

D. Personal Protective Equipment

E. 1 – 10cc Syringe

II. CAUSES INCLUDE

A. Inadequately taped needle.

B. Tension on line.

III. PROCEDURE GUIDELINES

A. Wear personal protective equipment.

B. Establish that the needle is dislodged

C. Apply pressure over puncture site with gauze.

D. Turn off blood pump if machine has not already stopped by blood pump related alarm.

E. Disconnect patient from machine.

F. Recirculate blood per procedure.

G. Flush the patient's remaining fistula needle line with 10cc normal saline and leave syringe attached.

H. Insert new needle, per policy.

I. Resume treatment per normal procedure.

J. Estimate the amount of time lost during procedure and add to treatment time.

K. Estimate the amount of blood lost and inform the patient's physician.

L. Document incident on the treatment flow sheet. Notify the physician and complete an Adverse Patient Occurrence Report if blood loss exceeds 100cc.

IV. RATIONALE

A. To prevent self-contamination.

B. To stop bleeding and prevent further blood loss.

C. If arterial needle is dislodge, this prevents additional air entering the system.

D. If venous needle is dislodge, this prevents further blood loss.

E. To prevent blood clotting in the extracorporeal system.

F. To prevent fistula needle clotting during procedure.

G. To resume dialysis.

H. To ensure the patient receives the treatment prescribed.

I. Patient may requires transfusion

J. Continuity of care requires documentation.

K. To alleviate symptoms of fever and chills.

L. To provide continuity of care.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-317
Page Number: 1 of 4

Effective Date: 8/22/2008
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TITLE: **COMPLICATIONS OF DIALYSIS: SUSPECTED DIALYZER REACTION**

PURPOSE: To recognize and treat symptoms of hypersensitivity to dialyzer membrane. This reaction usually occurs at the initiation of the dialysis treatment or within the first one hour of treatment. The severity of the symptoms will very from patient to patient.

GUIDELINES/PROCEDURES STATEMENT:

All associates who have completed the clinical orientation program will properly aid a patient who is experiencing hypersensitivity to a dialyzer.

ELABORATION:

I. PROCEDURES:

See Appendix A.

REFERENCES/BIBLIOGRAPHY:

42 C.F.R. 494.30 Condition: Infection Control.

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APPENDIX A

I. SUPPLIES:

A. 2 - clamps

B. Recirculation Connector

C. 2 - Syringes (3cc)

D. Alcohol swabs

E. 1 - Blood Culture bottles

F. Plastic Zip lock Bags

II. CAUSES INCLUDE::

A. Allergic reaction to dialyzer membrane material.

B. Dialyzer contaminated with bacterial growth.

III. PROCEDURES:

A. Wear personal protective equipment.

B. Establish that a possible reaction is occurring.

C. Stop the treatment and clamp off the bloodlines.

D. Place syringes on the end of fistula needles.

E. Recirculate the extracorporeal system per procedure.

F. The Charge Nurse will notify physician.

G. Give medication as ordered by physician.

H. Support patient with oxygen if necessary. Follow physician orders.

I. To obtain samples to isolate possible cause of reaction.

J. Accurate documentation provides for continuity of care.

IV. RATIONALE

A. Protect from self-contamination.

B. To prevent any more of the reacting blood to return to the patient.

C. To prevent contamination

D. To prevent blood from clotting in the extracorporeal system. Depending on severity of the reaction, the physician may order re-initiation of the treatment.

E. To receive orders for medication, if any. Most commonly given medications are Benadryl Po in mild reactions and Benadryl IV, Epinephrine SQ, Solu-Medrol and Aminophylline IV for severe reactions.

F. To relieve respiratory distress and/or anxiety.

G. To obtain samples to isolate possible cause of reaction.

H. Accurate documentation provides for continuity of care.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-318
Page Number: 1 of 4

Effective Date: 8/22/2008
Last Review Date: 2/27/2024
Due for Review: 2/27/2026

TITLE: **COMPLICATIONS OF DIALYSIS: SEIZURES**

PURPOSE: To recognize and treat seizures in order to alleviate the problem and prevent injury to the patient.

GUIDELINES/PROCEDURES STATEMENT:

All associates who have completed the clinical orientation program will properly aid a patient who is experiencing a seizure by following the appropriate procedures.

ELABORATION:

I. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

42 C.F.R. 494.30 Condition: Infection Control.

25 T.A.C. § 117.33(a)(1)(B), Standard Infection Control Precautions.

Guide to the Elimination of Infections in Hemodialysis. APIC, 2010.

Harris Health System Policies and Procedures. 1402 Hand Hygiene Guidelines.

Harris Health System Policies and Procedures 3000 Standard and Transmission Based Precautions.

U.S. Department of Health & Human Services Centers for Medicaid and Medicare, Center for Medicaid and State Operations/Survey & Certification Group, Conditions for Coverage for End-Stage Renal Disease (ESRD) Program Interpretive Guidance Version 1.1, October 3, 2008.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Effective Date: 8/22/2008
Last Review Date: 2/27/2024
Due for Review: 2/27/2026

DEPARTMENT OF PRIMARY RESPONSIBILITY:

Dialysis Center at Quentin Mease Health Center

REVISION HISTORY: REVISION HISTORY:

Effective Date	Version # (If Applicable)	Review/ Revision Date (Indicate Reviewed or Revised)	Approved by:
8/22/08	1.0	Original 8/22/2008	Riverside Dialysis Center Governing Board
	2.0	Reviewed 1/27/2009	Riverside Dialysis Center Governing Board
	3.0	Reviewed 12/16/2010	Riverside Dialysis Center Governing Board
	4.0	Reviewed 1/30/2014	Riverside Dialysis Center Governing Board
	5.0	Reviewed 7/18/2014	Riverside Dialysis Center Governing Board
	6.0	Reviewed 10/22/2015	Riverside Dialysis Center Governing Board
	7.0	Reviewed 07/27/2018	Riverside Dialysis Center Governing Board
		07/25/2019	Riverside Dialysis Center Governing Board

APPENDIX A

I. SUPPLIES:

A. 1 - Emesis Basin

B. Normal Saline

C. 1 - Oral Airway

D. 1 - Suction Machine and Catheter

E. 1 - Tonsil Tip Suction

F. Personal Protective Equipment (PPE)

II. CAUSES INCLUDE

A. Extreme hypotension

B. Cerebral hypoxia

C. Persistent high blood pressure

D. Disequilibrium syndrome

E. Extreme low magnesium level

F. Hemolysis

G. Seizure disorder

Note: The dialysis therapist is familiar with those patients who have a history of seizure disorders and is prepared for the possibility of those patients having seizures during dialysis treatment. In addition, many of these patients experience an "aura" proceeding the seizures and warm you of an impending seizure.

III. PROCEDURES:

A. Turn patient's head to the side.

B. Call for assistance.

C. Have suction available.

D. Immobilize vascular access.

E. Move equipment out of the way.

F. Administer normal saline if the patient is hypotensive.

G. Notify physician.

H. Chart sequence of events on computer record and complete and EIR.

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: RDC-CP-319
Page Number: 1 of 3

Effective Date: 8/22/2008
Last Review Date: 07/25/2019
Due for Review: 07/25/2020

TITLE: **COMPLICATIONS OF DIALYSIS: PERICARDITIS AND PERCARDIAL EFFUSION (PREVENTION OF CARDIAC TAMPONADE)**

PURPOSE: To recognize the symptoms of pericarditis and to prevent the complications associated with cardiac tamponade.

GUIDELINES/PROCEDURES STATEMENT:

All associates who have completed the clinical orientation program will identify the signs and symptoms and prevention of cardiac tamponade.

ELABORATION:

I. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

DEPARTMENT OF PRIMARY RESPONSIBILITY:

Dialysis Center at Quentin Mease Health Center

REVISION HISTORY: REVISION HISTORY:

Effective Date	Version # (If Applicable)	Review/ Revision Date (Indicate Reviewed or Revised)	Approved by:
8/22/08	1.0	Original 8/22/2008	Dialysis Center at Quentin Mease Health Center Governing Board
	2.0	Reviewed 1/27/2009	Dialysis Center at Quentin Mease Health Center Governing Board
	3.0	Reviewed 12/16/2010	Dialysis Center at Quentin Mease Health Center Governing Board

	4.0	Reviewed 1/30/2014	Dialysis Center at Quentin Mease Health Center Governing Board
	5.0	Reviewed 7/18/2014	Dialysis Center at Quentin Mease Health Center Governing Board
	6.0	Reviewed 10/22/2015	Dialysis Center at Quentin Mease Health Center Governing Board
	7.0	Reviewed 07/27/2018	Dialysis Center at Quentin Mease Health Center Governing Board
		07/25/2019	Dialysis Center at Quentin Mease Health Center Governing Board

APPENDIX A

I. SUPPLIES

A. Stethoscope

B. Normal Saline

C. Oxygen

II. CAUSES INCLUDE

A. Severe uremia irritates the pericardium causing inflammation.

III. PROCEDURE GUIDELINES

A. Pericardial friction rub heard over 4th left intercostals space near to the sternum sounds like sawing wood or tearing Velcro.

B. Decreased, muffled or distant heart sounds.

C. Pulsus paradox.

D. Declining blood pressure. Administer normal saline if blood pressure warrants.

E. Decreasing pulse pressure.

F. Administer oxygen at 2-4 liters/minute.

G. Notify physician immediately.

A. .

HARRISHEALTH SYSTEM

DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINES AND PROCEDURES

Dept. Guideline No: CP-320
Page Number: 1 of 2

Effective Date: 8/22/2008
Last Review Date: 2/27/2024
Due for Review: 2/27/2026

TITLE: COMPLICATIONS OF DIALYSIS: BACK PAIN

PURPOSE: To identify the process to address missed dialysis treatments with patients.

GUIDELINES/PROCEDURES STATEMENT:

All associates who have completed the clinical orientation program will identify the cause of back pain.

ELABORATION:

I. PROCEDURES:

See Appendix A

REFERENCES/BIBLIOGRAPHY:

FRESENIUS 2008T HEMODIALYSIS MACHINE OPERATORS MANUAL.**DEPARTMENT OF PRIMARY RESPONSIBILITY:**

Dialysis Center at Quentin Mease Health Center

REVISION HISTORY: REVISION HISTORY:

Effective Date	Version # (If Applicable)	Review/ Revision Date (Indicate Reviewed or Revised)	Approved by:
8/22/08	1.0	Original 8/22/2008	Riverside Dialysis Center Governing Board
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	7.0	Reviewed 07/27/2018	Riverside Dialysis Center Governing Board
		07/25/2019	Riverside Dialysis Center Governing Board

APPENDIX A

I. CAUSES INCLUDE:

A. Reaction to blood transfusion.

B. Reaction to hollow fiber dialyzer.

C. Increasing blood flow too rapidly.

II. PROCEDURE GUIDELINES

A. Reaction to blood transfusion.

B. Reaction to hollow fiber dialyzer.

C. Hemolytic reaction