



Royal Berkshire
NHS Foundation Trust

Haemodialysis

Information for patients, relatives and carers

Contents

Philosophy of care	3
About this folder	4
Who are the Renal Team?	4
Haemodialysis at the Royal Berkshire NHS Foundation Trust	6
What is haemodialysis.....	7
How do we get to your bloodstream?.....	7
What to expect on haemodialysis.....	8
How will you feel?	9
Care of your access.....	10
Fistula care	10
Fistula problems and troubleshooting	10
Care of your tunnelled dialysis catheter	11
Blood tests	11
Medications.....	12
Holidays	13
Exercise	14
Sexual relationships	14
Fluid balance	14
General information about care	17
Other useful information	18
Patient and public feedback	19
Nurse checklist	20

Dialysis unit:	
Unit telephone number:	
Your shift is:	
Your appointment time is:	
Your named nurse is:	

Philosophy of care for our renal patients

- We believe everyone has the right to holistic-based care and the right to be treated as an individual.
- We believe that everyone has the right to be fully involved in Shared Decision making
- We aim to involve family and friends in your care (with your agreement).
- You will be encouraged to engage in shared care for yourself where possible and will be involved in shared decision making and planning and evaluating your care in order to achieve high standards.
- We believe that the use of research and new or improved ideas must be encouraged and tested to ensure quality care is given.
- We believe in the multidisciplinary team approach to your care, and welcome comments and feedback from all involved.
- We accept individual values and cultures and will do our best to respect individual needs.
- We believe in assisting each of you to achieve the optimum level of functioning and well being that we can possibly obtain with your help.
- Dialysis care is a partnership between you and the staff. We need to work together to keep you fit and well.

If you have any comments that you wish to make – positive or negative – please direct them to Angela Clarke, Renal Matron.

About this folder

This folder has been put together for you, your family and your friends, to give you information about haemodialysis treatment at the Royal Berkshire Hospital and its satellites.

We know this is going to be an anxious time for you, whether you have known about your kidney problems for a while or whether it has all happened recently.

Please look at the information enclosed and a nurse will give you the opportunity over the next few weeks to go over anything that you are unsure about.

At the back of the folder, you will find a list of websites that might be worth a visit. They explain all aspects of renal care and some include animations. There is also other information you might find useful.

Who are the Renal Team?

Consultants

Dr Emma Vaux

Dr Mobin Mohteshamzadeh

Dr Nitin Bhandary

Dr Oliver Flossmann

Dr Bassam Alchi

Dr Carolyn Amery

Dr Rabya Sayed

Dr Harry Wakefield

Dr Carolina Canepa

Dr Hasan Sajjad

Dr Murthy (Haemodialysis specialist registrar). Contact via dialysis units.

Denise Howard – Renal Social Worker:

Kevin Jesty – Renal Dietitian

Bernice Boore – Lead Nurse – RBH - Acute Sites

Rizhuanah Wiles – Lead Nurse Haemodialysis – Satellite Units

Alison Swain – Renal Vascular Access Nurse/Home Haemodialysis Manager

Benyon Dialysis Unit

Ion Buric – Unit Manager

0118 322 8524 pager 40675

Mark Moya – Senior Staff Nurse

0118 322 8360

Paula Antonio – Senior Staff Nurse

0118 322 8360

Sonia – Ward Clerk

0118 322 8631

Huntley and Palmer Dialysis Unit

Ion Buric Unit Manager

0118 322 8524 pager 40675

Jomon Abraham – Senior Staff Nurse

0118 322 8519

Carmina Villanueva

0118 322 8519

Jennifer – Ward Clerk

0118 322 8520

Bracknell Dialysis Unit

Grace Silva – Unit Manager

01344 662961

Tina Quaye – Senior Staff Nurse

01344 662961

Daniel McMullen – Senior Staff Nurse

01344 662963

Sandra – Ward Clerk

01344 662960

Windsor Dialysis Unit

Sanjeela Khadka – Unit Manager

01753 866008

Reji Augustine – Senior Staff Nurse

Elizabeth Perialva – Senior Staff Nurse

Renjitha Unnikrishnan

Shobi Dinesh Babu

Karen – Ward Clerk

01753 866008

Enborne Dialysis Unit

Marion Weaver – Unit Manager

01635 273640

Ken Dizon – Senior Staff Nurse

Julie – Ward Clerk

01635 273638

Home HD training (Based at Bracknell)

Jennie Cadiz

Rodante Canson

Victoria Ward – Renal ward and out of hours queries

Sister – Laura Kabambe

0118 322 8135 / 7476 / 7462

Angela Clarke – Renal Matron

0118 322 5111 pager 40839

Haemodialysis at the Royal Berkshire NHS Foundation Trust

We have two haemodialysis units at the Royal Berkshire Hospital, Benyon and Huntley and Palmer. They both work in the same way and you will be allocated to one or other, depending on spaces. If you live in East Berkshire, you will most likely be allocated a space at one of our two satellite units based in Bracknell and Windsor.

If you live in West Berks you will most likely be allocated a space at our satellite unit in Enborne unit in Newbury.

At the Royal Berkshire Hospital we are open from 6.00am to 11.00pm and during that time we dialyse three shifts of patients and they all dialyse three times per week on either Monday / Wednesday / Friday or Tuesday / Thursday / Saturday. Each patient comes for dialysis at the same time on each of their allocated days. At Windsor, Bracknell and Enborne the opening times are slightly different, and you will be advised of these as necessary.

Each patient is an individual and each dialysis treatment is prescribed specifically for that patient. Each dialysis treatment lasts between three and five hours.

Most patients dialyse on a reclining chair and pass the time by watching TV, reading, doing crosswords or puzzles. Some people bring portable DVD players (we have an extensive DVD library at RBH), radios with headphones, chat to other patients and staff or just have a nap!



It is a good idea to wear loose clothing and if you have a fistula then wear a top with short or loose sleeves. If you have a line (tunnelled dialysis catheter), then wear either a top that unbuttons or is loose enough to allow staff to gain access to your line.

We provide tea and coffee, cooled water or squash, and biscuits.

It is a good idea to bring a snack or sandwich with you too.

What is haemodialysis?

Haemodialysis literally means 'blood filtering'. Haemodialysis does the job that the kidneys would normally do by removing waste products and excess water. It is done by pumping your blood through a special filter called a dialyser (or artificial kidney, see photo) and returning the cleansed blood to your body. (For the scientists amongst you it works using osmosis and diffusion, across a semi-permeable membrane.)

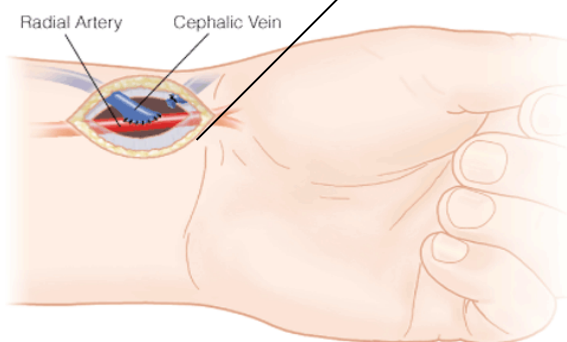


How do we get to your blood stream?

Before you can start haemodialysis we need to have access to your blood stream. This can be done in two ways: Ideally, you will start haemodialysis treatment with an AVF (or arterio-venous fistula). A fistula is when a connection is made between an artery and a vein in your arm. As a result of this, the veins in your arm grow larger and stronger (as the artery causes more blood to flow through the vein) making it easier for the dialysis unit staff to insert the fistula needles, through which you will dialyse.

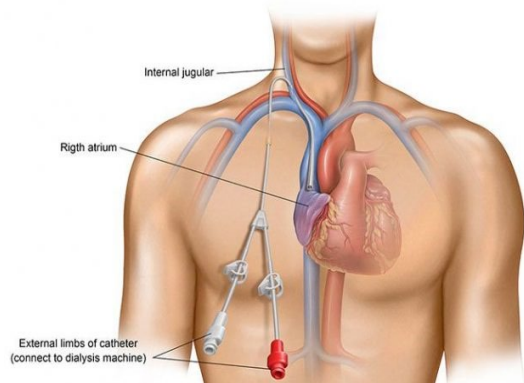
Arteriovenous fistula

Artery joined to vein



The diagram shows how a fistula is made in the wrist area, and the photo is of a patient with dialysis needles in an upper arm fistula.

If you need to start dialysis urgently, you may need a temporary or semi-permanent catheter (called a tunnelled dialysis catheter or a line) which will be inserted into a large vein in your neck. Your tunnelled dialysis catheter, or line, will be inserted under local anaesthetic in the X-ray Department at the Royal Berkshire Hospital. It will be done as a day case, so no overnight stay is usually necessary.



What to expect on haemodialysis

Your first dialysis session will be for two hours, and the second session will be for three hours. After that, you will most likely have four hours at each session. This length of time may be increased, depending on your blood test results.

You will be given an 'appointment guide time' which is the time you can expect to start your dialysis. It may be slightly different to that time but usually within 30 minutes of the guide time. Planning appointment times is quite tricky so we appreciate your patience if the day is not going as planned!

We will show you where to hang up your outdoor clothes and where to weigh yourself.

If you would like to we are very happy for you to participate in self or shared care as it is good for you to retain as much independence as possible. You can help with anything from taking your own blood pressure all the way through to putting yourself on the machine!

Please ask a nurse about this if you are interested.

You may also be interested in doing Home Haemodialysis.

This is where you are trained to do your own treatment and look after yourself at home. A different, much smaller dialysis machine is used and you do shorter treatment times, but more frequent sessions. Training usually takes about 4 weeks



and then you transition to home treatment, supported by the Home HD nurses. Ask the nurses on your unit if you are interested in this.

(Physidia Home HD machine)

You will be asked to wear a mask to help prevent infection.

We will ask you to wait in the waiting area until your machine is ready, it can get quite congested in the changeover period... lots of comings and goings!

When we are ready, you will be called or escorted through to your machine. Please wash your fistula arm with the Octenisan hand wash provided.

Discuss your dialysis with your nurse, he or she will take your blood pressure and will want to know how you are and if you have had any problems since last time.

Your nurse will programme the machine to take off the correct amount of fluid for you to reach your dry weight.

The nurse will insert your needles if you have a fistula, and connect you to the machine. If you have a tunnelled dialysis catheter then the nurse will join up the tubes from the machine directly to your catheter. If you have a tunnelled dialysis catheter, the nurse can preserve your privacy and modesty by drawing the curtains. All units have men and women dialysing at the same time, if you have concerns about this please talk to the Unit Manager.

The dialysis machine will monitor what is going on and record all the information which is then stored on the computer. It may 'bleep' or alarms may sound at times. This is normal and the staff will quickly attend to it. We will monitor your blood test results over the first few sessions and adjust your treatment accordingly.

With your consent, your photo will be added to our renal IT system called CV5. All patients are also issued with a computer card, which is kept at your dialysis unit. When you come for dialysis you will be shown where your card is kept and how to use it. Its purpose is to link all your dialysis information with our IT database to keep a record of all your treatment.

How will you feel?

Everyone is different. Talk to us. We have quite a small team so you will get to know us all.

This is likely to be an anxious time for you and your family. Please share your concerns with the staff.

The needles may hurt a little when they go in - you can choose to have a local anaesthetic spray if you wish. Once you are on dialysis, it is painless. It is quite common that you may experience some bruising on your fistula initially. Once the fistula has been used regularly this generally will not be a problem.

Again, if you would like to insert your own needles, we would encourage this and you may find that this is easier and less daunting for you to do yourself.

For your first few dialysis sessions, you may feel very tired and sometimes your blood pressure may drop during treatment. Your blood pressure will be taken regularly throughout your dialysis, usually every 20 to 30 minutes. If you feel light headed at all during dialysis please let one of the nurses know and they will attend to you. You may experience headaches and possibly nausea. These symptoms will pass as you get used to dialysis.

The doctor will see you during the first week or two of dialysis and often you will be able to stop some of your medication. As we monitor your blood result levels very closely, we may need to adjust your medication. If you are on EPO this is given into the machine so there will be no need to self inject anymore!

If you need to talk to our renal social workers about financial issues/benefit entitlement or social matters we can arrange it for you.

Care of your access

Your access: this is your fistula or your tunnelled line, it is very precious and needs to be looked after very carefully. If you waiting to have a fistula created you will be asked to 'save' an arm. **It is usually the arm of the hand that you do not write with.** This means do not let anyone take blood tests or do blood pressures on this arm. Avoid watches and tight sleeves on your fistula arm. This avoids unnecessary damage to the blood vessels.

Fistula care

It is important to regularly check the 'buzz' or thrill in your fistula, get to know the sound well and let your dialysis unit know of any changes. Also, if you feel you are dehydrated following a bout of diarrhoea or in that rare British heatwave or if the fistula feels faint please call your unit for advice.

You need to maintain good hygiene to prevent infection. Make sure you wash your arm with soap and water regularly and do not pick any scabs from your needle sites with your finger nails. Please do not shave your fistula arm!

If your fistula arm becomes red and inflamed, you need to call your dialysis unit or Victoria Ward if it is out of hours.

It is usually ok to play racket sports, or swim, but avoid using heavy weights in the gym and lifting heavy objects with your fistula arm. Take care in the garden that you do not scratch your arm or get your fistula dirty.

Do not let anyone take blood samples, do your blood pressure, or give intravenous drugs through your fistula.

Fistula problems and troubleshooting

If you have any blood leaking from the needle puncture sites at home, apply pressure firmly over the sites with a milk bottle top (known as the Sopp stop) You will be given this in an emergency pack when you start dialysis and your nurse will explain how to use it. If your fistula starts to bleed profusely and you cannot get the bleeding under control, call 999. The A&E department will call the renal team for advice. Under no circumstances should you remove the top. Leave this for the doctor to do.

Care of your tunnelled dialysis catheter

It is important to keep the exit site dry, so no showering is allowed or deep soaks in the bath or swimming. Keep it covered with a dressing. This will help prevent the exit site or the catheter tunnel from becoming infected.

Do not allow anyone to take blood out of the catheter, except dialysis nurses!

Do not take off the caps.

Let your dialysis unit know if your exit site bleeds or is sore.

Blood tests

Once you have started on dialysis the staff will be happy to do any blood tests you need, even if they are requested by another department, just bring the relevant blood form in with you.

Blood tests: what do they mean?

Renal profile – provides valuable information on how your treatment is going. This includes dialysis and medications.

Full blood count – measures haemoglobin (Hb) red blood cells monitoring for anaemia.

Iron levels – monitoring the iron stores in the body, you require a good iron store for Epo to work. These both help to maintain your haemoglobin level.

Parathyroid hormone (PTH) - a hormone excreted by the parathyroid gland found in the neck. PTH assists the body in maintaining blood calcium levels.

KT/V – this allows us to look at removal of waste, an equation which shows the clearance during dialysis of specific substances. You will be given a target range for your KT/V to ensure adequate dialysis.

Cholesterol – A fatty substance needed for normal body function but too much can lead to increased risk of heart disease. This level is checked six monthly as a random test. If found to be high you may require a tablet to help lower your cholesterol.

Viral screen – monitors lots of different viruses in the body e.g. Hepatitis B and C, CMV, HIV. This is a routine 3 monthly test required by all patients having dialysis and prior to travelling to another unit for holiday dialysis.

Would you like to:

- Find out your latest test results?
- Read online information about your kidney condition and treatment?
- Read letters about you from the Renal Unit?
- Read about renal diets?
- Check the Transplant List?
- Find any other information about kidney disease?

If you answered YES to any of these questions, you should take a look at Renal Patient View: www.renalpatientview.org Ask your nurse for details.

Medications

Phosphate binders e.g. Calcichew, Renagel, Phosex

Phosphates from the diet, in people with healthy kidneys, pass out in urine. In renal failure the phosphate levels build up in the blood causing itching, and if left uncontrolled can result in bone disease. In order to prevent complications, binders must be taken with food; they will bind with the phosphates and allow it to be passed out in stools.

Note: Calcichew must be taken with the first mouthful of food.



Intravenous iron. In order to produce healthy red blood cells our bodies require a good iron store, to maintain this, you may be given intravenous iron on dialysis.

Erythropoietin (Eprex or EPO). A hormone produced in healthy kidneys. The hormone assists the body to produce new red blood cells. In kidney failure the hormone may need to be artificially replaced, not all patients require it. It will be given to you on dialysis if you need it.

Alpha Calcidol also known as One Alpha. If you need this medication it will be given to you on dialysis. It is a vitamin D supplement which is given to help keep bones strong.

Anti-hypertensives. These are given to lower blood pressure. Hormones, which normally control blood pressure, do not always work efficiently in kidney failure. Therefore help is sometimes needed in the form of drugs such as Lisinopril, Amlodipine and Doxazosin. On the day of dialysis you should avoid taking your antihypertensive medication unless the nurses advise you to continue.

Holidays

We hope you will be able to carry on doing the things you enjoy doing. You are able to go on holiday and dialyse either at another UK unit or abroad. Once you have been on dialysis for a little while you may well start to think about dialysing away from home. With a little planning, holidays can be arranged.

Check with the doctors in clinic that you are fit to travel before you book your holiday.



- It is up to you to find a Unit to dialyse in and make contact with them. That unit will usually then fax or email us for relevant information regarding your condition and treatment. They often get very busy during the peak holiday season. They will request specific dialysis related information and ask for bloods tests to be done including Hepatitis B, C and HIV. You will have a named nurse who will be able to help you with the process. We do need at least 6 weeks notice get the paperwork and tests sorted out. We have had patients visit Norfolk, Cornwall, Devon, Lake District, Wales, Bournemouth, Weston-Super-Mare, Greece, Madeira, Portugal, and cruises all over the world! If you go abroad you will need to be isolated when you come back for 2 months. We would need to plan for this, so lots of notice is essential to make sure we have the right equipment in the right place when you return. Remember, if it is hot you may need to drink a little more than normal to stop yourself becoming dehydrated. If you become dehydrated your fistula may stop working.
- Don't go out in the middle of the day in hot climates, wear a hat and sunblock.
- You can swim in the sea, or pool, if you have a fistula, but **not** with a tunnelled line.
- Drink bottled water and avoid ice cubes and salads when abroad to avoid tummy upsets.
- If you are on the transplant list you will need to inform Oxford that you are away from home. If you are abroad, you will probably need to be suspended from the list whilst you are away.

Exercise

Sport and exercise

Most types of sports and exercise are possible for patients on haemodialysis, but always start gently and gradually build up. Just 30 minutes of walking two to three times a week can make a real difference, starting by walking from the front door to the garden gate. Set achievable goals that can be increased as time goes on.

Swimming is a gentle form of exercise suitable for most patients; we would encourage swimming, jogging and cycling

For the more energetic, please check with your doctor before going to the gym or starting any workouts using weights

Exercise not only gives you a greater sense of wellbeing but also helps you to stay fit if you are waiting for a transplant.

Sexual relationships

Sexual intercourse is possible for people on haemodialysis and some people notice an improvement in their sex lives when they start dialysis.

Patients with renal failure are still able to conceive. If you are of child bearing age, contraception is still necessary even if your periods have stopped because of your renal failure. You should discuss the different options available with your doctor or nurse.

Unfortunately, some people with kidney failure will experience sexual problems, such as reduced sex drive, impotence (difficulty in getting and sustaining an erection) and problems with fertility. If you do experience any difficulties then do discuss them with your renal doctor or nurse because there is help available.

Fluid balance

One of the functions of the kidney is to remove excess fluid from the body. In chronic renal failure this is ineffective on its own and dialysis is required. Dialysis is not as efficient at fluid removal as healthy kidneys, as you only have dialysis 3 times a week; therefore, the amount of fluid that is taken in through food and drink needs to be restricted.

When you start on haemodialysis you will be given a 'dry weight', or 'target weight'. This is the weight you should be when you finish a dialysis session. At this weight your blood pressure should be within normal limits and have no signs of either too much fluid (overloaded) or too little fluid (dehydrated).

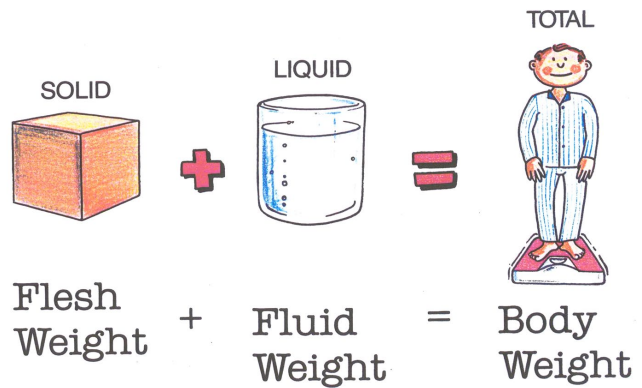
Excess fluid in the body will cause the heart to work harder and this causes high blood pressure. Persistent high blood pressure will cause a strain on your heart, increasing the risk of a heart attack and strokes.

Therefore, it is important that you understand this to minimise the unnecessary strain on your cardiac system.

Fluid balance

Your total weight is made up of two parts:

- Flesh weight
- Fluid weight



Flesh weight: this remains fairly constant. Any gain in flesh weight is gradual.

Fluid weight: this is affected by the amount of fluid you take in, how much urine you pass, and will account for any weight gain between dialysis sessions. Any sudden change in your weight will be due to an **increase** or **decrease** in the amount of fluid in your body.

Too much fluid – weight **increases** – This is ***overloaded***

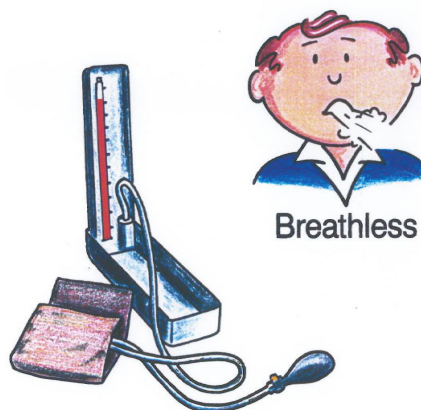
Overloaded

Fluid overload is too much fluid in your body. This could be due to drinking too much (including hidden fluid in food).

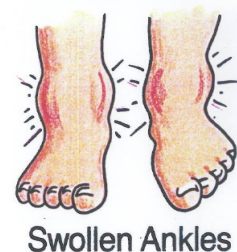
Symptoms of fluid overload:

- Weight increases.
- Swollen feet and ankles.
- Shortness of breath, particularly when lying down in bed.
- Puffy eyes.
- Raised blood pressure.

Too much fluid =
Fluid
Overload



High Blood Pressure



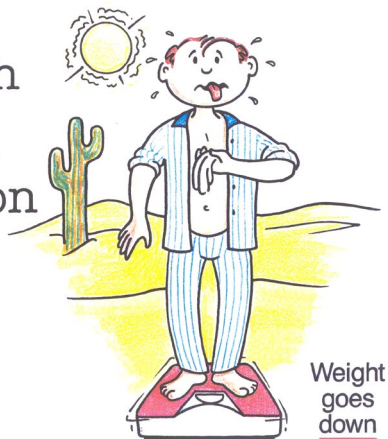
What to do?

- Drink less.
- Tell the nurses when you come for dialysis how you feel.
- If you become breathless on one of your non-dialysis days, call your unit or Victoria Ward if your dialysis unit isn't open.

Dehydration

Not enough fluid – weight **decreases** – this is ***dehydration***

Not enough
fluid =
Dehydration

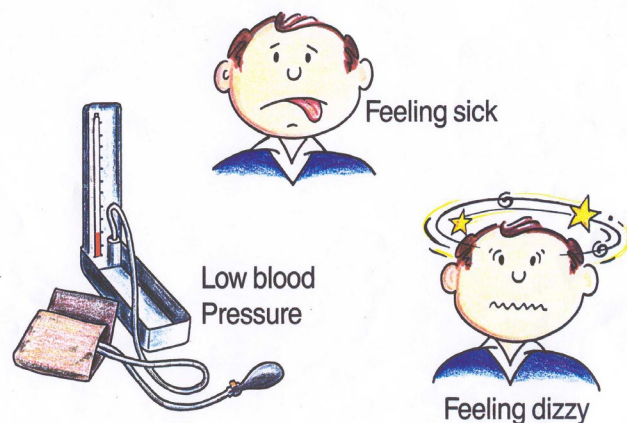


For haemodialysis patients dehydration, which is too little fluid in the body, can be due to illness / diarrhoea/ vomiting. It can also occur if you are over cautious with your fluid restriction and in hot weather if you perspire more.

Symptoms of dehydration:

- Weight reduced.
- Cramps.
- Low blood pressure, which can cause dizziness.
- Thirst and dry mouth.
- Tiredness.
- Nausea and possibly vomiting.

Dehydration =



What should you do?

- If you think you are dehydrated it's a good idea to give your dialysis unit a call. They can advise you on what to do depending on the cause. Keep a close eye on you fistula; check the buzz and if at all concerned ring in. **Being dehydrated can cause your fistula to stop working.**
- They may advise you to drink a little more than usual.
- If you unwell at home with diarrhoea and vomiting it is a good idea to give your dialysis unit a call, or Victoria Ward out of hours.
- Make sure you tell the staff how you have felt when you next come in for dialysis. They may need to adjust your dry weight or suggest you drink a little more.

Fluid removal

There are three possible ways your body removes excess fluid:

- Urine output. This is reduced in renal failure.
- Dialysis.
- Perspiration. This is minimal in renal failure.

As you can see your body's ability to remove fluid is very much reduced. It is important to remove excess fluid to reduce the demand on the heart or it is likely that your blood pressure will rise.

What goes in – must come out

If you take in 1 litre of fluid in drinks or food, you will need to remove 1 litre of fluid. If you don't pass much urine, this will have to be removed on dialysis. If the dialysis needs to remove more than 2.5 litres, you may feel light headed and 'washed out' after dialysis, and may suffer from cramp.

When you come for dialysis, you will be weighed. The nurses will programme the machine to remove enough water to get you as near to your dry weight as they can.

General information about your care at Royal Berkshire Hospital and the satellite units

All the kidney care nurses, dialysis nurses, access nurse, transplant and doctors, dietitians, social workers in the Renal Unit work very closely together. Our nurses work in teams and each patient has a named nurse. He or she will discuss any changes in your treatment, or medication, and blood test results. If he or she is not on duty please feel that you can talk to any staff member. We would also ask you to keep us up to date with any changes to your phone number, address or next of kin.

Name labels

You will be asked to wear a name lanyard while you are on dialysis. This is for your own safety and in accordance with Trust policy. We do give you medication whilst you are on dialysis so identification is necessary.

Blood tests

We monitor your dialysis and blood test results regularly. Blood tests are taken monthly, and the doctors always look at the results and make necessary adjustments to you medication or dialysis treatment. And please let us know if you are having any procedures or operations or appointments in other departments as this may affect your treatment with us.

If you need to have blood tests for your GP or other hospital departments, we can do those on your dialysis day to save you having any extra trips to hospital. You can access your own blood results on the internet, through Patient Renal View, please ask for information and how to register.

Clinics

Our clinics take place whilst you are on dialysis and you will be seen by a doctor every three months. We would be grateful if you could see your GP for non-dialysis related conditions. The environment on each unit allows curtains to be drawn so examinations can take place and the spacing between each machine allows protection of confidentiality. If you feel you would rather talk to a doctor away from the Unit the clinical room is available after dialysis for further discussions, or you can request to be dialysed in a side room on clinic day, if it is available. We will also arrange an interpreter if needed.

If you are unwell on a dialysis day, you still need to come for your treatment. Missing a session is not going to make you feel any better and might make you worse. If you are poorly at home, call your unit for advice especially if you have any diarrhoea or vomiting, you may need to dialyse in a side room. The staff can also speak to the renal doctors and arrange a hospital admission if necessary.

Work

If you are working we will support you as much as we can, by getting you on dialysis promptly and trying to allocate you the shift that best suits your schedule.

Complaints

If you are unhappy about your care please talk to the unit sister, or one of the senior staff nurses, or to our lead nurse or matron, or if you prefer you may talk to the hospital Patient Advice and Liaison Service (PALS) Team. 'PALS' leaflets are available in the waiting areas.

Other useful information

Also look for information online. Several renal support groups have websites: www.kidney.org.uk (National Kidney Federation) Helpline 0845 601 0209
www.nkrf.org.uk (National Kidney Research Fund) Helpline 0845 300 1499
www.britishkidney-pa.co.uk (British Kidney Patients Association) 01420 472021
www.kidneypatientguide.org.uk for general information about all aspects of treatments for renal failure.

Patient and public feedback

The Trust welcomes your comments and suggestions. Please email PALs@royalberkshire.nhs.uk or write to:

Patient Advice & Liaison Service, Royal Berkshire Hospital, London Road, Reading RG1 5AN

You can give feedback on the NHS website www.nhs.uk/comment or Care Opinion www.careopinion.org.uk/youropinion.

Friends and Family Test

Before you leave hospital you will be given a card asking one question “Overall, how was your experience of our service?” Please spare a few moments of your time to give us your feedback.

Royal Berkshire NHS Foundation Trust

London Road, Reading RG1 5AN

Telephone 0118 322 5111 www.royalberkshire.nhs.uk

This information can be made available in other languages and formats upon request.

ਯੋ ਜਾਨਕਾਰੀ ਅਨੁਰੋਧਮਾ ਅਨਯ ਭਾਸ਼ਾਹਰੂ ਰ ਫਾੱਚਾਮਾ ਤਪਲਭਯ ਬਨਾਤਨ ਸਕਿੰਛ।

Na żądanie informacje te mogą zostać udostępnione w innych językach i formatach.

Aceste informații pot fi puse la dispoziție în alte limbi și formate, la cerere.

ਬੇਨਤੀ ਕਰਨ 'ਤੇ ਇਹ ਜਾਣਕਾਰੀ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਅਤੇ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਉਪਲਬਧ ਕਰਵਾਈ ਜਾ ਸਕਦੀ ਹੈ।

يم معلومات درخواست کے بعد دوسری زبانوں اور شکلوں میں بھی دستیاب کی جاسکتی ہے۔

يمكن توفير هذه المعلومات بلغات وأشكال أخرى عند الطلب.

RBFT Renal Services

R Wiles/A Swain, Reviewed: January 2025

Next review due: January 2027

Appendix 1: Haemodialysis New Patient Checklist

Date	Essential assessment checks – first dialysis	Signature
	Orientate patient to the unit and routine. (Patient information booklet- slot times, etc.)	
	Check Virology status, Covid19 and Hepatitis B vaccination & CV5 updated	
	Isolate machine if Virology not available	
	Measure height and weight	
	Assign FMC Therapy Monitor Card – link to CV5	
	Check up to date bloods (no older than 1 week) – FBC and Renal Profile	
	Check known allergies and document on CV5.	
	Check Vascular Access correctly recorded on CV5	
	Assess AVF/AVG using look, listen and feel protocol <ul style="list-style-type: none"> Machine should be lined for single needle 	
	All new AVF MUST be needled by an experienced nurse for the first 2 weeks.	
	For TDC's, check Dr prescribed Heparin Lumen Lock	
	Inform Clerk to log patient's scheduling on EPR	
	Ensure patient folder/notes prepared	

Date	First dialysis treatment – 2 hours	Signature																																			
	Set UF goal of 100mls – unless instructed otherwise																																				
	Line machine for single needle if new AVF/Graft																																				
	Use Dialyser 140H																																				
	Set Blood pump speed 200-250																																				
	Select correct concentrate (acid) – see table below: <table border="1" data-bbox="256 1451 1134 1816"> <thead> <tr> <th>Concentrate No</th> <th>Potassium- K+</th> <th>Blood parameters For K+</th> <th>Calcium- Ca++</th> <th>Glucose</th> </tr> </thead> <tbody> <tr> <td>119/5</td> <td>1</td> <td>> 6</td> <td>1.25</td> <td>1</td> </tr> <tr> <td>219/1</td> <td>2</td> <td>> 4.5-6</td> <td>1.25</td> <td>1</td> </tr> <tr> <td>219/3</td> <td>2</td> <td>> 4.5-6</td> <td>1</td> <td>1</td> </tr> <tr> <td>213/4</td> <td>2</td> <td>> 4.5-6</td> <td>1.5</td> <td>1</td> </tr> <tr> <td>213</td> <td>2</td> <td>> 4.5-6</td> <td>1.75</td> <td>1</td> </tr> <tr> <td>313/2</td> <td>3</td> <td>< 4.5</td> <td>1.25</td> <td>1</td> </tr> </tbody> </table>	Concentrate No	Potassium- K+	Blood parameters For K+	Calcium- Ca++	Glucose	119/5	1	> 6	1.25	1	219/1	2	> 4.5-6	1.25	1	219/3	2	> 4.5-6	1	1	213/4	2	> 4.5-6	1.5	1	213	2	> 4.5-6	1.75	1	313/2	3	< 4.5	1.25	1	
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213	2	> 4.5-6	1.75	1																																	
313/2	3	< 4.5	1.25	1																																	
	Ensure to give no Anticoagulants																																				
	Take Virology screen and pre bloods for FBC, Renal profile, TSH, PTH and liver profile																																				

Date	Second dialysis treatment – 3 hours	Signature
	Set UF goal 300-500mls	
	Dialyser – 140H	
	Line machine for single needle if new AVF/Graft	
	Acid Concentrate – re-check bloods, adjust if needed	
	Set Blood pump speed 250	
	Ensure to do MRSA/MSSA screen if not already done	
	Check contact details are current and correct including Next of Kin.	
	Refer to renal dietitian	

	Medical – Ensure prescriptions for:-	
	<ul style="list-style-type: none"> • IV NaCl (300mls) • IV anticoagulant • Oxygen PRN • EPO • IRON • One alpha • Paracetamol 500mg 	

Date	Third dialysis treatment – 4 hours	Signature
	All patients to have machine lined with BVM lines.	
	Dialyser – use 170H	
	Use Acid Concentrate formulation as appropriate	
	Blood flow – increase as fistula/machine pressures allow	
	UF goal – according to nursing fluid review	
	If patient has AVF/AVG, then give Bottle top with all relevant information	
	Create a fistula needling map for patients with AVF or AVG graft. If required, ask for support from VA Nurse.	
	Request 24hr urine collection from the patient	
	Measure Kt/V	
	Holistic patient assessment – assign/meet Named Nurse – Diabetic screening	
	Confirm first review appointment date	
	Consent patient and take a photo for ID & CV5	

	When this document is fully completed please scan and save on CV5 in Document Repository	
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