INTRODUCTION

The following document outlines the operational policy of the dialysis unit on ward 20 at UHA.

The unit is available to patients in need of haemodialysis, haemofiltration or haemodiafiltration, who have been referred to and accepted by the nephrology consultants, Drs Abraham, Gradden or Pandya.

BACKGROUND

The kidneys play a pivotal role in maintaining the body’s acid base balance, excreting waste products, excess water and certain salts. When kidneys fail, these processes are affected and if severe enough can result in death. In such situations the only way to keep the patient alive is by replacing the kidneys functions. Dialysis is one such mode of renal replacement.

Acute Renal Failure (ARF) is a sudden rapid decline in renal function. It may occur following a shock to the kidneys such as injury, surgery or severe infection (NSF pt1 2004). People with ARF do not always recover full renal function and may progress to End Stage Renal failure (ESRF). ARF if severe, requires renal replacement therapies (RRT) to keep the person alive and is often an emergency situation. Mortality rates are very high; around 50% will die within 90 days of developing ARF (NSF pt 2 2004). The number of patients with ARF has risen over the past 15 years and is more frequent in older people with co-existing illnesses, making both short and long term treatment more complicated.

ESRF is an irreversible long-term condition for which regular dialysis treatment or transplantation is required (NSF pt 1 2004).

The expected number of people receiving treatment for established kidney failure in England is set to rise by 50% over the next 10 years. Despite rising number of patients and increased investment, treatment rates are lower in England than the rest of Europe and there are wide variations in treatment rates around the country (Reid 2004).

NHS trusts need to increase capacity and need to offer a choice of treatments to patients. The Government is supporting expansion of renal services by investing £60m between 2000 and 2006, increasing the capacity and increasing the use of dialysis facilities (Reid 2004).
NEW DEVELOPMENT

This said, the development of a renal unit on ward 20 is in line with the Governments planned expansion to help combat lack of facilities across the country and help support the rise in patient numbers expected over the next 10 years.

Initially a 2-bedded acute renal unit opened in May 2003, and expanded to a 4 station unit in December 2004.

MANAGEMENT RESPONSIBILITY

Management responsibility for the Dialysis Unit is with the Renal Specialist Nurse and Ward Manager of Ward 20, who are accountable to the Nephrology Directorate Manager.

LOCATION

The Dialysis unit is located in room 4 of ward 20. Which is situated on the 7th floor of the tower block building in UHA.

MEDICAL EMERGENCIES

The medical and nursing staff on duty deal with medical emergencies. ECG machine and cardiac arrest trolley are located on the ward and staff would telephone 2222 in the event of a cardiac arrest. The staff present would deal with all other emergencies in accordance to trust policies.

The staff on the ward adheres to all trust policies as with any ward in the trust.

FIRE

Trust policies are adhered to the same as policies for wards in the tower block.
NURSING STAFF AND OPENING HOURS

At present the unit is open 6 days a week, Mon – Sat. Mon, Wed and Friday 07.00 – 21.00 and Tues, Thurs, Sat 07.00 – 14.30.

Patients who require emergency dialysis outside these hours will have to be referred to the Intensive Care/Critical Care team as per previous agreements. The same applies when such patients present on those weekends/bank holidays that none of the renal consultants are on call.

There are plans to extend the opening hours of the unit once more staff are in place.

Trained nurses on Ward 20, who have been trained in RRT, staff the unit. A renal specialist nurse supervises them.

Trained nurses are also rotated into the unit to be trained in RRT whilst undertaking the renal course at John Moores University. There are plans to rotate HCA’s into the unit in the future, whilst they are completing the NVQ level 3.

Staffing levels are in accordance with the British Renal Society Workforce Planning Standards (2002).

A dedicated renal pharmacist is attached to the unit and applications have been invited for the post of a renal dietician.

The patients also have access to all other ancillary staff normally associated with a ward i.e. cleaners, hostesses and porters etc. All nursing care needs, meals and drinks are provided whilst the patient is on the unit.

AIMS AND OBJECTIVES

The aim of the dialysis unit is to provide RRT to patients in a safe environment by relevantly trained nurses.

The Dialysis Unit will provide haemodialysis, haemofiltration or haemodiafiltration to patients who require these therapies and have been accepted by a renal consultant. These patients are normally in-patients on ward 20, but patients from other wards will also be treated if agreed by a consultant.
TREATMENT CRITERIA & GUIDELINES

The Dialysis Unit will treat all patients with renal failure who require dialysis and are stable enough to undergo this treatment outside the HDU setting. The patients will have to be referred to and accepted by a Renal Consultant prior to dialysis. Dialysis capacity is limited; therefore, patients should be referred as soon as the possibility arises that they may require this treatment.

The unit will also treat patients who have ESRF and require commencement of dialysis. These patients will be treated in the Dialysis unit until they are stable enough to be transferred to the Fresenius Dialysis Unit or to Waterloo Satellite Unit.

The unit will treat patients from Waterloo Satellite Unit and the Fresenius Dialysis Unit at UHA whom, for whatever reason, have become too unstable to be treated there. These patients will continue to be dialysed in the Dialysis Unit on ward 20 until their condition improves and they can return to their respective unit. Patients from the Waterloo Satellite Unit who require isolation for infection control purposes will also be treated on Ward 20 until a suitable chronic dialysis slot can be arranged. Patients from other chronic haemodialysis units, admitted to UHA will only be dialysed if referred to and accepted by one of the Nephrology Consultants.

Patients have to be negative for Hepatitis B infection within thirty days of requiring dialysis for patients new to the service and 3 months for the rest. Serum samples for Hepatitis C and HIV have to be sent prior to commencing dialysis. (See attached Blood Borne Virus Protocol)

Patients who require long term dialysis will have one arm protected for creation of suitable vascular access. The designated arm should be left free from any arterial or venepuncture.

Dialysis lines are not to be handled by any staff for any reason other than dialysis, except in the case of a medical emergency. Arteriovenous fistulae or grafts should not be needled for any reason other than dialysis. (Please see attached Vascular Access Pathway)

Patients on peritoneal dialysis will have to be referred back to their parent unit until such a programme is developed at UHA.
The telephone extension is 3814, or for personal visits, the Bronte Suite on Ward 20.

**MATERIAL MANAGEMENT**

Supplies for the dialysis machines are available from Fresenius Medical Care. Orders must be placed by 12pm Friday for delivery on Wednesday am. The storeroom for these supplies is opposite room 4 and deliveries are put away by the unit staff.

All other supplies are accessed from Runcorn stores via supplies dept on site and are stored in the treatment room of ward 20.

All other supplies that are not available via Fresenius or supply top-up system must be requisitioned using a sub 10 form and signed by the appropriate manager.

**ANCILLARY STAFF**

All ancillary staff including catering, security, cleaning, portering and linen services are available to patients during their stay on the unit.

The system remains the same as for any ward located in the tower block.
REFERENCES


