

Guide for real-time calling and/or paging NKC Medical Staff for Urgent Issues

This document is intended as a *guide and is not a policy* for NKC Clinic Staff to contact NKC Medical Staff in real time, via page or phone. Timely and effective communication is essential to address urgent NKC patient issues and avoid delays in patient care that could lead to adverse patient outcomes.

Please use your clinical judgement if other issues arise that are not on this list but require real-time communication and need immediate attention within 24 hours. This document is NOT exhaustive.

When to consider calling or paging the medical staff member:

- 1) Dialysis related concerns including:
 - a. Dialysis Disequilibrium (altered mental status during first 3-4 HD treatments)
 - b. Dialyzer reaction.
 - c. Clotted dialysis access or inability to use access for dialysis
 - d. Unable to accommodate dialysis after a missed treatment- either patient declines or NKC cannot find a treatment slot.
 - e. Missed 2 treatments in a row without ability to contact patient -or- 3 in a row under any circumstance.
- 2) Clinical concerns directly related to kidney failure
 - a. Potassium ≥ 7.0 mEq/L. <Use clinical judgment for 6.6-6.9 mEq/L.>
 - b. Blood Pressure > 200 mmHg systolic or 120 mmHg diastolic, new SBP < 80 mmHg or BP values that are concerning & outside of patient's normal range
 - c. New hemoglobin < 6.5 g/dL. Use clinical judgment for other noted hgb changes.
 - d. Volume overload requiring orders for SUF or extra dialysis treatment
- 3) Other serious patient concerns – with emphasis to use clinical judgment
 - a. Suspected infections & new + cultures. <Includes when BCx drawn, new signs or symptoms such as fever, or pus, or other concern for infection>.
 - b. Vancomycin troughs not at goal (above or below)
 - c. Suicidal Ideation/Homicidal Ideation
 - d. Behavioral concerns endangering patient or staff
 - e. Code Blue/CPR

- f. Patient Death (whether or not on dialysis)
- g. **Urgent orders needed** for medications, such as antibiotics, anti-nausea medications, TpA or anti-hypertension medications.
- h. Seizures or other neurological changes
- i. Chest pain –If not relieved with minor intervention- such as minimizing O2, minimizing UF, lowering pump speed and/or giving NS. Still call if nitroglycerin is given.
- j. Loss of consciousness
- k. Drug reaction/Anaphylaxis
- l. Sending patient to a hospital from dialysis facility (e.g. send to ER/EMS call)
- m. When patient receives a kidney transplant (Notify MD Office or MD, during regular business hours).
- n. Fall in the clinic