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End of Orientation Objectives & Expectations – for In Center Hemodialysis Nurses

(Below are expectations of a nurse who successfully completed the In-Center hemodialysis orientation-may or may not have included training program)

At the end of orientation, the nurse will be able to:

- A. Demonstrate an understanding of the basic principles of dialysis.
- B. Work within the unit's team structure under the supervision of the unit leadership.
- C. Perform pre-dialysis patient assessments as indicated in Nephrology Nurse Standards of Practice, including postural pressures, apical pulse, temperature, patient's mental status, S/S of edema, lung sounds, and indications of infection. Analyze data collected by the dialysis technicians and self-reported information from the patient. Pass along significant information to the next appropriate team member (nurse in charge, provider, or other IDT (Interdisciplinary Team) members).
- D. Be able to answer this question, "Is this patient stable enough to begin dialysis?"
- E. Appropriately assess the patient's access, determine correct direction of flow, type of access, maturity of fistula, appropriate placement the arterial and venous needles, and address any access abnormalities.
- F. Successfully cannulate vascular accesses (AVF/AVG).
- G. Safely couple a patient with an AVF/AVG. This includes both patient and staff wearing a mask, checking integrity and patency, troubleshooting technical problems, meticulous use of aseptic technique, hand hygiene, and identifying situations that require sending the patient for further evaluation.
- H. Successfully access a central venous catheter for hemodialysis treatments and perform dressing change, including assessing the catheter exit site for infection. Takes appropriate action upon noting any signs or symptoms of infection.
- I. Safely couple a patient with a central venous catheter. This includes both patient and staff wearing a mask, checking for catheter integrity and patency, troubleshooting technical problems, meticulous use of aseptic technique, hand hygiene, and identifying situations that require sending the patient for further evaluation.
- J. Calculate and evaluate the patient's fluid status, including fluid removal or fluid replacement needs. If the patient requests a different target than was calculated, can discuss rationale and negotiate a safe target to allow for a reasonable outcome. Document this discrepancy in EMR (Electronic Medical Record). Able to identify the need for a new DW.
- K. Complete the EMR pre-treatment screen.
- L. Understand how to verify pre dialysis data entered in EMR.
- M. Manage time by completing a patient assignment within 30 minutes of starting the procedure. This means to completely do an "on" from the time the patient arrives. (This includes cleaning up the work area, etc.)

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- N. Correctly and independently draw common labs including blood sugar checks.
- O. Recognize abnormal lab values, initiate appropriate follow up, and identify lab values that require notification to the provider.
- P. Monitor the patient at least every half hour as per policy. Recognize the need to monitor the patient more frequently if necessary and modify the dialysis treatment as needed.
- Q. Safely handle and initiate problem-solving for routine dialysis alarms (including arterial/ venous pressure, air in blood, and dialysate alarms).
- R. Successfully monitor multiple patients at one time.
- S. Safely uncouple the patient from the machine. This includes making sure two postural blood pressures are stable prior to disconnection.
- T. Properly remove and dispose of needles by engaging the needle guard prior to disposal into sharps container to prevent accidental needlesticks.
- U. Safely uncouple a patient with a central venous catheter, including instilling locking solution (heparin) under positive pressure to maintain catheter patency. Accurately identifies situations that need referral to the provider.
- V. Performs post-dialysis patient assessments, including (but not limited to):
 - a. Evaluating postural pressures, apical pulse, temperature, patient's mental status, S/S of edema, lung sounds, and indications of infection. Analyzes data collected by the dialysis technicians and information self-reported from the patient
- W. Demonstrate how to properly tear down the machine including safe disposal of extracorporeal circuit. Demonstrate proper steps to clean the dialysis station.
- X. Recognize machine technical problems, handle if able, or refer appropriately.
- Y. Knows the chain of command for escalating concerns.
- Z. Knows how to respond to emergency dialysis situations as outlined in the emergency procedures. Knows limitations and requests assistance for patient safety.
- AA. Consistently apply the principles of aseptic technique in the clinical setting (moving from clean to dirty). Can identify areas of the unit that are clean and dirty.
- BB. Successfully complete orientation to the isolation rooms and universal precautions. Includes demonstration of the correct donning and doffing of isolation Personal Protective Equipment (PPE) and follows all current protocols for COVID-19.
- CC. Able to correctly enter an order into the EMR.

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- DD. Able to correctly enter a basic lab order.
- EE. Able to correctly chart administration of medications into the EMR.
- FF. Competently administer and read TB tests.
- GG. Efficiently use SBAR (Situation Background Assessment Recommendation) format for shift report, SAS (Safety Alert System) reports, MD calls, etc.
- HH. Understands differences in scope of practice between dialysis technicians, LPNs (Licensed Practical Nurses), and RNs (Registered Nurses) and how all roles complement each other.
- II. Administer routine and standing order medications correctly and safely and knows how to use resources for gathering information on new or unfamiliar medications.
- JJ. Perform the required patient assessments as required, including Dry Weight Evaluations, Fall Risk Assessments, and Medication Reconciliations.
- KK. Know the steps for admitting a new patient for both chronic and acute kidney failure patients.
- LL. Provide accurate and thorough documentation of all non-routine occurrences, and/or problems utilizing appropriate forms found on K-Net, such as SAS Reports, B i o m e d i c a l E n g i n e e r i n g R e q u e s t s , e t c .
- MM. Explain the principles and the value of adequate dialysis (Kt/V and URR).
- NN. Recognize the presence of physical and psychological complications of dialysis and seek assistance or refer appropriately for intervention. Examples include disruptive or aggressive patient behaviors.
- OO. Demonstrate an understanding of the organizational policies, procedures, and communication channels and utilize them appropriately (able to use K-Net, Outlook, Policy Manager, Relias, and EMR).
- PP. Model professional behaviors regarding language, appearance, professional boundaries, and teamwork during patient and staff interactions.
- QQ. Successfully complete the responsibilities of a primary care nephrology nurse for assigned patients. These duties include, but are not limited to:
- a. Access monitoring & management
 - b. Volume, fluid, and dry weight management
 - c. Medication reconciliation
 - d. Patient education
 - e. Patient admissions
 - f. Medication adjustments (using the medication protocols from NKC's Standing Orders)
 - g. Monitor lab results
 - h. Complete the CIA/POC process
 - i. Administer vaccinations that are provided by NKC

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RR. Demonstrate an understanding of one's own knowledge and skill limitations by asking for assistance or making referrals to other staff appropriately in all situations.

I have read and understand the objectives listed above.

_____ I feel that I can successfully meet these expectations.

_____ I feel that I cannot successfully meet these expectations and need to discuss further training and/or orientation:

- Concerns =

- Plan =

Employee Signature: _____ **Date:** _____

Manager's Signature: _____ **Date:** _____