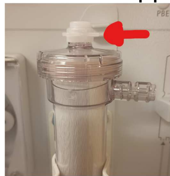
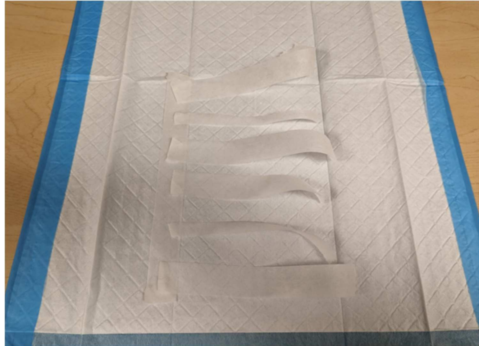
Corrections & Updates

The following are corrections & updates to be addressed in clinics with all clinical staff – these topics are based on feedback from what is seen & heard in clinics that differ from current policy or procedure (P&P) & best practices.

- **SETTING UP, PRIMING, & COUPLING:**
  - **Use blue clamp above the "T" when priming arterial line**
    - **Related P&P**: Setting Up & Priming Fresenius Dialyzers- Long Form
    - **Video Link**: BBraun support videos
  - **Prime Normal Saline (NS) through dialyzer & venous tubing at 100mL/min speed**
    - **Related P&P**: Setting Up & Priming Fresenius Dialyzers- Long Form
  - **Wait to "Start Dialysis" until QB is at prescription flow rate**
    - **Related P&P**: Coupling Procedure- Long Form
  - **Wait to Increase QB until Blood Pressure is completely captured at 200QB for relevant art & ven pressures**
    - **Related P&P**: Coupling Procedure- Long Form
  - **The pH must be pulled correctly prior to *every* treatment during "Rinsing with UFP" cycle**
    - **Related P&P**: Setting Up & Priming Fresenius Dialyzers- Long Form ; Conductivity & pH Testing: Use of the D4 Myron L Digital Dialysate Meter & pH Test Strips
  - **Keep Blood Port Cap on Dialyzer during set up until Bloodlines are ready to be attached, then move caps to dialysate ports of dialyzer**
    - **Related P&P**: Setting Up & Priming Fresenius Dialyzers- Long Form ; Change Alert for New Supply (Fresenius Dialyzer Changes)
    - 
- **UNCOUPLING:**
  - **Post Dialysis Postural BP needs to be taken before venous line is removed**
    - **Related P&P**: Uncoupling - Short Form ; Fistula Needle Removal
  - **Do not press "Drain Dialyzer" until after patient is completely disconnected from bloodlines; Read all notifications on screen before resetting & restarting pump**
    - **Related P&P**: Uncoupling - Long Form
  - **Wait until patient leaves patient area to wipe down machine & patient zone (including wall box cleaning)**
    - **Related P&P**: Uncoupling - Long Form

- **ACCESS:**
    - **Do not hang tape off table**
        - **Related P&P**: Fistula Needle Insertion

          
    - **Needle Removal – 2 techniques allowed to engage needle guard (index finger or thumb method), but needle guard must be engaged**
        - **Related P&P**: Fistula Needle Removal; Fistula needle removal using thumb technique
    - **Two (2) clean absorbent pads (chux) are used each time for every access & de-access or needle insertion & removal (one for access, one for clean supplies)**
        - **Related P&P**: Fistula Needle Removal ; Fistula Needle Insertion; Catheter Accessing ; Catheter De-Accessing
    - **Do not instill heparin bolus until both needles/lumens are confirmed patent with aspiration & NS bolus first**
        - **Related P&P**: Fistula Needle Insertion; Catheter Accessing
    - **Clamps: only for mature fistulas, only if needed, & only one at a time**
        - **Related P&P**: Clamp Usage/Holding Puncture Sites
    - **Tourniquets used for all fistulas**
        - **Related P&P**: Guidelines for Punctures
    - **Do not flip needles when troubleshooting access issues**
        - **Related P&P**: Guidelines for Punctures
    - **CATHETERS: UPDATED POLICIES & PROCEDURES (See updated P&P & training videos) – Go Live 6/3/24 (Email sent to Leaders 5/24)**
        - DT can now draw & instill 5000u/mL heparin
        - Turbulent Technique
        - Cleaning Lumens of CVC
        - Palpating skin prior to CVC dressing removal
        - Orders for flushes if unable to aspirate
        - 2nd chux pad
        - Aspiration amounts (5mL non-lab; 10mL lab)
        - Heparin bolus is last after checking patency in both lumens with NS
        - Dressing change done prior to coupling
        - tPA timing changes
        - only 10mL syringe for aspiration
        - Reversing bloodlines only once as needed -not ongoing solution

- **<u>PATIENT ASSESSMENT/DATA COLLECTION:</u>**
  - **Two (2) *postural* blood pressures every time before & after treatment**
    - **Related P&P**: Pre and Post Dialysis Patient Assessments
  - **Need oxygen saturation level if giving oxygen for any reason**
    - **Related P&P**: Chronic In-Center Standing Orders
  - **Blood glucose level to be taken from finger stick, not bloodlines**
    - **Related P&P**: Using the Assure Prism Multi Glucometer
  - **Techs should not cannulate/couple prior to nurse assessment**
    - **Related P&P**: Coupling Procedure- Long Form
  - **Nurses must then also check prescription within 15 minutes of starting dialysis**

- **<u>PATIENT COMMUNICATION:</u>**
  - **Patients need to clean hands <u>& access</u> prior to cannulation**
    - **Related P&P**: Guidelines for Punctures ; Pre and Post Dialysis Patient Assessments
  - **Patients need to use wheelchair for bathroom during dialysis**
    - **Related P&P**: Restroom Use on Dialysis

- **<u>YOU ARE IN THE DRIVER'S SEAT</u>**
    - **Related P&P**: Various P&P
    - **Rationale**: Dialysis is a partnership with the entire IDT, including the patient. You should listen to the patient & incorporate their needs & desires in planning for their treatment. However, clinical staff are responsible for keeping the patient safe & doing what is needed. Clinical staff are in the driver's seat. There have been instances (see examples below) that should be addressed with the patient, education provided, and then the safety of the patient should dictate therapy. Any deviations must be documented and will necessitate follow up.
        - **Example 1**: We should not be asking the patient "How much fluid do you want to take off today?" . Talking with patients about fluid removal goals & previous treatment symptoms & concerns, assessing the patient current signs & symptoms of fluid overload, looking at trends – all of these things are in play when deciding UF goal. The patient should be able to voice their concerns, but encouraging them to reach their dry weight if able to achieve optimal health is ideal. Doing this with negotiation, education & reassurance is important.
        - **Example 2**: Some patients are using 2 clamps at the end of treatment as they find it faster to get out of the clinic. This is not permitted by our policy; clamp use is only permitted if needed for mature fistulas, one at a time. Patients must be educated about the reason why this is done to keep their access functioning longer and staff must continue to follow our policy.
        - **Example 3**: Patients have been noted to sometimes refuse postural BP taken at the end of treatment because they are tired and "don't feel like standing" for example. This is not permitted. Per policy, two postural BP must be taken pre & post dialysis to ensure the patient is safe. If a patient is ambulatory, they must take first a sitting then a standing BP before discharge. Education is critical to ensure the patient is safe.