

SKILLS ORIENTATION CHECKLIST

DEPARTMENT - ACUTE HEMODIALYSIS

KEY- Orientation Self Assessment/Observation
 Annual Self Assessment/Observation

1. New, never performed
2. Some experience, need review
3. Experienced, need hospital standards
4. Experienced, no problem

Performance Review

1. Fails to meet standards
2. Needs improvement
3. Meet standards
4. Exceeds standards

Employee Name: _____ Date: _____

Assessed by: _____

CRITERIA COMPETENCY	SELF- ASSESS	OBSERVED PERFORMANCE	DEMONSTRATED
ASSESSMENT AND TEACHING:			
Predialysis nursing assessment			
Patient teaching			
DIALYSIS EQUIPMENT SET-UP:			
Bicarbonate dialysate			
Conductivity testing			
Priming dialyzer			
Machine/alarm checks			
INITIATE DIALYSIS TREATMENT:			
Vascular access prep			
Dialysis catheter			
Fistula/vein graft			
Collect appropriate blood specimens			
ANTICOAGULATION:			
Regular			
Low Dose			
No Heparin			
MONITOR THE PATIENT AND EQUIPMENT DURING DIALYSIS:			
Vital signs			

SUBJECT: OPERATION OF THE MYRON L DIALYSATE METER	REFERENCE #2003
DEPARTMENT: HEMODIALYSIS SERVICES	PAGE: 2 OF: 3
APPROVED BY:	EFFECTIVE:
	REVISED:

- DO NOT dip the meter into water or dialysate - use the sample dipper to take sample.

EQUIPMENT:

- Myron L meter with sample dipper
- Standard solution

PROCEDURE:

- Standardization of Myron L meter:
 - Using the appropriate standard solution, rinse the cell cup and plunger three times.
 - Fill the cell cup with enough standard solution to cover the silver electrode. Use the dipper to obtain the sample. Hands should be clean and dry.
 - Place the dipper handle in the cell cup and raise and lower the handle quickly three times.
 - Push the button on the front of the meter. When the pointer stops, read IMMEDIATELY and release the button.
 - Repeat the last three steps two more times. Record the last reading.
 - If the meter does not calibrate to 12.5 millimhos, remove the cap underneath the meter. Using new standard solution in the cell, turn the saw-toothed knob until the pointer is directly on 12.5 millimhos. Correct standardization of the meter prevents incorrect dialysate readings.
- Conductivity readings:
 - Using the dipper, rinse the cell three times with dialysate before each reading.
 - Using the dipper, fill the cell cup with enough dialysate to cover the silver electrode.
 - Place the dipper handle in the cell cup and raise and lower the handle quickly three times.
 - Push the button on the front of the meter. When the pointer stops, release the button.

SUBJECT: PATIENT ASSESSMENT AND REASSESSMENT	REFERENCE #4003
DEPARTMENT: HEMODIALYSIS SERVICES	PAGE: 1
	OF: 3
APPROVED BY:	EFFECTIVE:
	REVISED:

PURPOSE:

To provide a safe and effective hemodialysis by assessing the patient and monitoring equipment.

POLICY:

- Patient assessment and reassessment is a series of repeated or continuous observations of the patient's appearance and physiologic state before, during and after the dialysis procedure. These observations are recorded and made part of the patient's record. The objective is to provide a comfortable and safe procedure for the patient and to identify and respond to any complication that may result from the patient's disorder or from some untoward event as a part of the procedure.
- The patient shall be assessed prior to initiation of dialysis. In addition to the physical assessment, vital signs and clotting studies (if necessary) shall be observed.
- The patient's general condition, changes and response to treatment shall be observed throughout the procedure. This observation shall be noted at least once every hour. Machine parameters including blood flow, arterial and venous pressures, dialysate flow and temperature and ultrafiltration shall be noted. Vital signs and machine parameters shall be recorded together. Vital signs must be observed at least once every 30 minutes and more often if the patient's condition warrants it. The dialyzer is observed routinely for signs of clotting.
- Post dialysis monitoring shall include an assessment of patient's response to treatment. Vital signs and a summary of fluid or medications given, a summary of total volume of fluid removed if possible, and weight. Clotting studies may be done as needed.

PROCEDURE:

- PATIENT:
 - Observe patient for changes in sensorium and unusual physical responses. Patient may not verbalize or be aware of signs representing complications.
 - Hemodynamic Complications
 - Hypotension

SUBJECT: PERITONEAL DIALYSIS - INTRAPERITONEAL MEDICATION	REFERENCE #6002
DEPARTMENT: HEMODIALYSIS SERVICES	PAGE: 1
	OF: 2
APPROVED BY:	EFFECTIVE:
	REVISED:

PURPOSE:

The prescribed intraperitoneal medications will be appropriately, safely and accurately delivered.

KEY POINTS:

- Careful technique is required because of the risk of peritonitis.
- Most medications will be absorbed systemically through the peritoneal membrane so use usual IV medication precautions. An exception is heparin - it will remain in the peritoneal cavity so the patient will not be systemically heparinized.
- Heparin is used intraperitoneally to dissolve fibrin.
- If unsure of medication's ability to be absorbed through the peritoneal membrane, consult staff pharmacist, attending nephrologist or peritoneal dialysis nurse.
- Needles must be 21 gauge or smaller to prevent damage to rubber stopper, and 1" or longer to puncture the medication port diaphragm.
- This procedure is to be done in the patient's room with windows and doors closed to minimize air current.
- If adding more than one medication, use a different needle and syringe for each medication.
- Use a TB syringe when adding insulin to the dialysate as the insulin syringe needles are too short to puncture the diaphragm. Use regular insulin only in the dialysate.

EQUIPMENT:

- Masks
- Povidone -Iodine Pledgets (2-3)
- Medication(s), as prescribed

SUBJECT: HEMODIALYSIS INFECTION CONTROL GUIDELINES	REFERENCE #7003 PAGE: 1
DEPARTMENT: HEMODIALYSIS SERVICES	OF: 2
	EFFECTIVE:
APPROVED BY:	REVISED:

POLICY:

- Patients requiring isolation shall be served in a designated room with specialized nursing care, using isolation techniques as outlined by Centers for Disease Control and Prevention.
- All infections shall be immediately reported to the Infection Control Coordinator who in turn will give advice regarding isolation requirements and techniques. Isolation requirements are followed as outlined in Isolation Precautions (see #7002) and the Infection Control Manual.
- Sterilization of Equipment:
 - All equipment is terminally cleaned after every patient treatment. It is monitored each month with cultures for bacterial contamination. If any machine culture is positive for bacterial contamination with a colony count greater than 2000 per ml, it is taken out of use, decontaminated and recultured.
 - The dialysis machine shall be cleaned with bleach after each use. An acceptable disinfectant is used to decontaminate the machine after any blood contamination or Hepatitis positive patient use. Hemodialysis Services complies with hospital procedure for disposal of contaminated materials. All disposable supplies used during dialysis treatment are considered contaminated materials.
 - There shall be a written procedure on sterilization of equipment.
 - Hemodialysis filters: There will be no reprocessing and reuse of hemodialysis filters. Disposable hemodialysis filters will be used for one time use only.
 - The same machine will be used on all known Hepatitis B Surface Antigen (HBsAg) positive patients. All recommended control measures for Hepatitis B are followed and all disposable supplies and accessories are used for one patient treatment only.
- Cultures:
 - Cultures will be obtained from dialysis catheters, fistulas or grafts for any sign of infection.
 - Culture shall be obtained from the water and dialysates on a monthly basis.
- The Hemodialysis Services nurses are not permitted to eat, drink, smoke or put on make-up while performing dialysis treatments.