

Pre Dialysis Assessment

- Identification of patient & dialyser
- Measure
 - ✓ Blood pressure
 - ✓ Pulse
 - ✓ Temperature
 - ✓ Weight
 - ✓ Blood Glucose, if diabetic
- Observe /assess patient for any other problems or needs



Monitoring During Dialysis

- Check BP for every 30 min or depends upon the clinical condition
- Monitor HD circuit for leaks or exsanguinations
- Adjust/mute alarms like VP, TMP conductivity, air detector etc...
- Give second dose of inj heparin
- Check the dialysate fluid concentration
- Check the level of RO water in tank
- Check consumables and disposables
- Payment to get done as per treatment
- Prepare gauze packs/pads
- Educate pt about procedure and diet



Pre H.Dialysis preparation

- Scrub hands using antiseptic solution ,and wear gloves
- Prepare HD machine by completing the test
- Prime dialyser and AV tubing with N/S 800 ml in new set 1500 ml in reuse set
- Recirculate set for 2 min by connecting couplers & 2000 IU of inj heparin



Terminating dialysis & reuse

- Once total treatment time is completed start termination
- Return blood with 100ml of saline and air
- Be alert while returning blood to avoid air-embolism
- Turn machine into rinse mode
- Pre rinse dialyser to avoid clotting
- Remove needles or give hep lock in caths and do dressing



Initiating the H.Dialysis

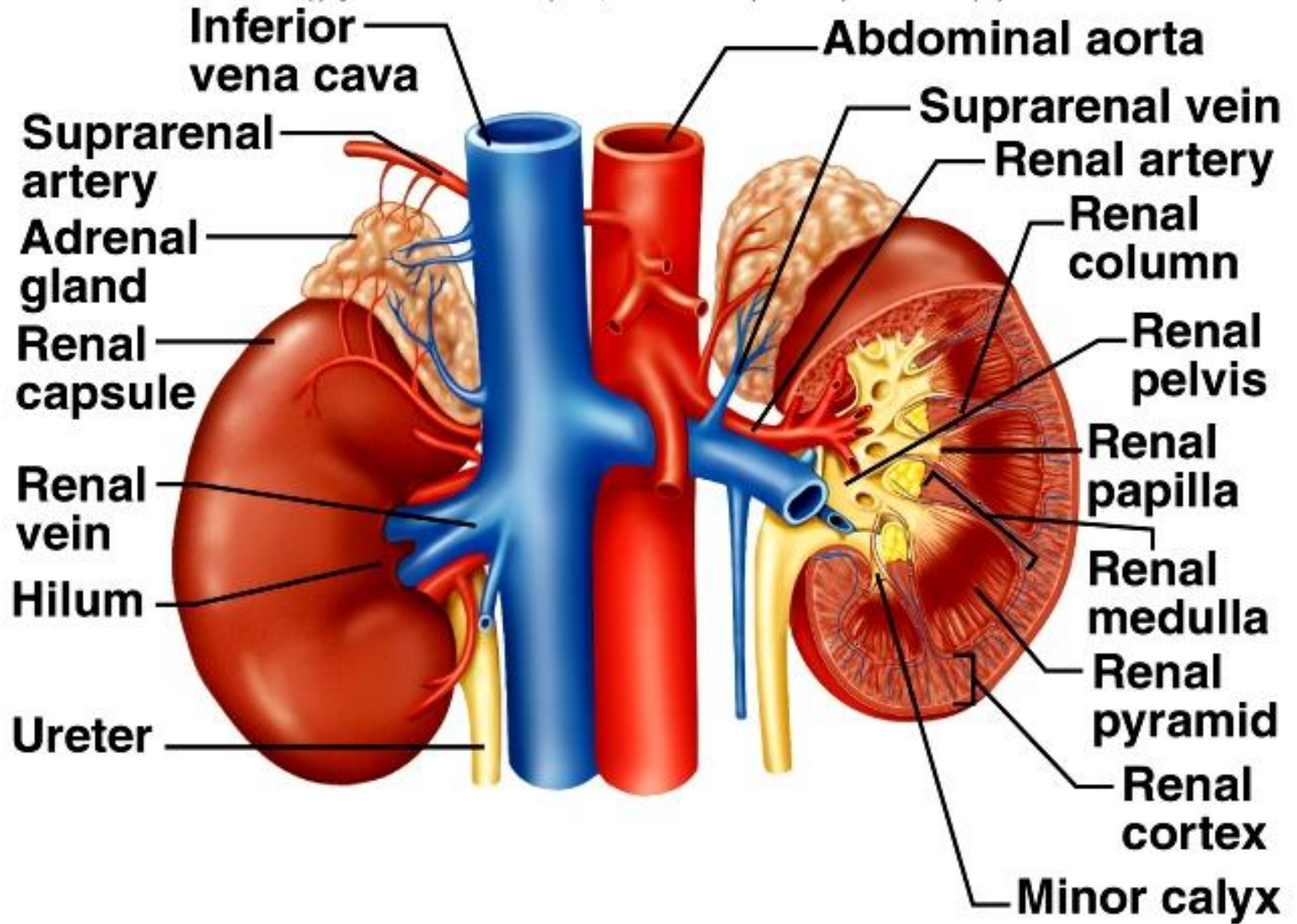
- Prepare /cannulate vascular access with universal precautions
- Confirm free flow & flush with N/S
- Connect the arterial line of HD circuit with 150 ml/min Q_b
- After draining N/S venous line should be connected to venous line
- Inj heparin bolous to be given as per prescription
- Enter the data and secure line & access



Post dialysis assessment

- Check Blood pressure supine and sitting
- Adjust next HD schedule
- Enter data in pt HD book
- Assist in transporting patient
- Ensure bed, machine, room get cleaned
- Handover key to gaurd and inform to incharge.





AV fistula Surgery

Creation: its anastomosed by connecting an artery and venous

Advantages:

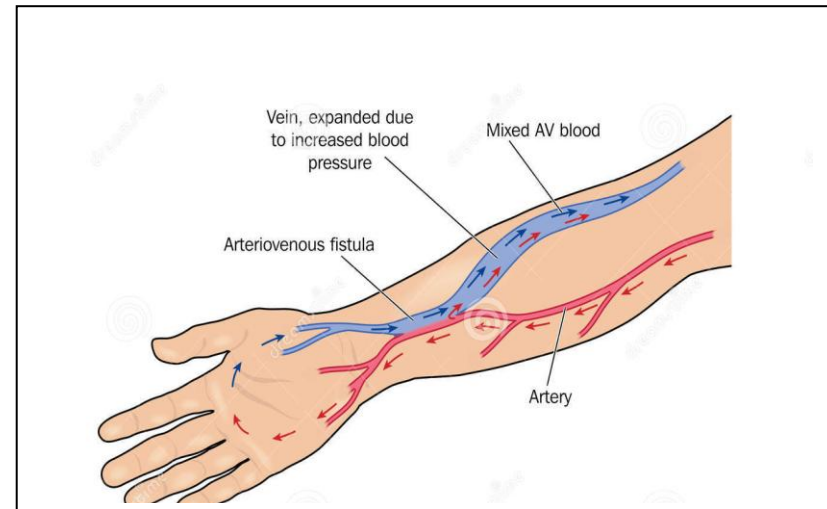
- Lower infection rates
- Higher blood flow rates
- Lower thrombosis and stenosis rates

Disadvantages

- Longer maturation time
- Potential for steal syndrome
- Aneurysm formation

Care of a Vascular access

- Don't lift heavy weights
- Wash it before dialysis
- Apply antithrombins regularly
- Loose tourniquets after one hour
- For IJCs regular dressings to be done



DIET FOR DIALYSIS (MHD) PATIENTS

PRINCIPLES	DIET	ACTION
Lower sodium intake	Avoid Salt biscuits ,chips, sauce, ketchup, baking mixes, frozen dinners, instant fast foods	to maintain BP, fluid in take
Lower phosphorus intake	Avoid milk products, cheese, chocolate, ice-cream,	To maintain healthy bones
Fluid restriction	Allowed total liquid intake 500ml + urine out put vol	To avoid fluid overload breathlessness
High quality protein	Eat high biological protein white egg, chicken, fish	To maintain Ideal wt, to protect from infections
Fruits restriction	Allowed only apple, papaya, guava ,No juices or coco water allowed	Remaining fruits are not allowed due to high in potassium
Vegetables intake	All green vegetables allowed except potato, tomato, no green leaf veg	Due to high potassium levels in green leafy vegetables