

Preparing patients for RRT

The appropriate time to prepare someone for dialysis can be difficult to judge. It is essential that preparation should not be left until too late; it may, however, be inappropriate to burden people with this information too early.

- advise patients (and others e.g., spouse, as appropriate) re need for RRT
- introduce concepts of PD and HD early
- emphasise the importance of patients' preference
- discuss transplantation (including pre-emptive transplantation)
- remember that [no RRT](#) is one option for management

About 6-12 months before expected ESRF, refer to:

- Social worker - download a proforma and copy of clinic letter (in Edinburgh)
- Community Dialysis Team: a written referral (In Edinburgh) (use downloadable proforma and copy
- clinic letter, including:
 - Relevant PMH
 - Any medical contraindications to PD/HD
 - Very brief social history
 - Urgency of referral
- Transplant team (unless clearly contraindicated) - see below for additional investigations required.

The CDT will arrange visits to see PD and HD (repeat if necessary), and will arrange invitation to a Patients' Evening. They will see potential PD patients at home; those who are likely to do HD can be seen at clinic visits.

Get feedback from above visits/referrals, and at monthly Pre Dialysis MDT meeting check understanding.

Hepatitis B immunization should be carried out by request to patient's GP ([see antimicrobial policy](#)).

AV access (fistula) should be created at least 6 months before starting HD to ensure that it is successful and mature. Some may require multiple operations.

- Refer to Vascular Access Coordinator (Ext 21199) and use specific referral performa.

CAPD catheter should be inserted at least 2 weeks before starting PD

- Operation dates are arranged through either the transplant or vascular surgical team. There is a coordinator for vascular access.

See below for blood tests required : Cytotoxic antibodies should be checked each OP visit for patients on the transplant list, or monthly.

Data Accuracy

Keep computer screens updated with dialysis/transplant decisions made, and other information requested. Liaise with consultants or computing staff if unclear how to do this.

New start on dialysis checklist

Click [here](#) for a checklist which may help when starting patients on dialysis. Consider using the checklist whenever a Permcath is inserted (either into new patients or existing dialysis patients).

Pre-dialysis and pre-transplant investigations

Proforma suitable for inserting into front of notes.

You can also download this proforma as a pdf file suitable for printing out and inserting into front of notes: [click to download it now](#)

	Mandatory pre-			
Test	dialysis	transplant	Date	Comment
VIROLOGY	EBV is not routinely tested for but can be investigated on saved samples.			
Hep B, C	3	3		
HIV	3	3		
CMV		3		
VZV, EBV		3		
IMMUNOLOGY	Measure CABs at each visit in patients on the transplant list (monthly for HD patients)			
Tissue typing		3		
Cytotoxic antibodies		3		

Blood group		3		
RADIOLOGY	No routine imaging of bones required pre-transplant, but PTH should have been measured. Surgical team may request pelvic XR in some.			
CXR	3	3		
Renal imaging	3	3		
Other				
UROLOGY	Pre-transplant, consider further investigation if history of recurrent infection, obstruction, or bladder dysfunction			
CARDIOLOGY	Pre-transplant, echo mandatory if any history of cardiac disease, and refer if symptomatic or high risk			
ECG	3	3		
Echo	3?			
Other (eg ETT)				ETT mandatory if for SKP transplant
GASTRIC	If any symptoms or previous history to suggest increased risk of ulceration			
Endoscopy				
REFERRALS				
Community dialysis team	3			
Social assessment	3			
Vasc. access/ PD cath	3			
Transplant team		3		

Acknowledgements: Neil Turner was the main author for this page. The last modified date is shown in the footer.