

Haemodialysis new start checklist

Name:
 DOB:
 CHI:

'SHAVE PLUS'

S Staph. eradication

MRSA swabs	1	2	3	MSSA swab	
Site swabbed				Site swabbed	Nose
Date swab taken				Date swab taken	
Result				Result	

Prescribe 4% Chlorhexidine body wash (5 days) pre-permcath insertion (pending swab results)
 Follow the staph eradication protocol for any positive results (link overleaf)

H Hep B (virology)

Send 'pre-dialysis virology order-set' Prescribe Hep B vaccination

	Results	Schedule	Date given/due
Hep B Surface Antigen		Add prescription to VD with dates	
Hep B Core IgG Ab		Today	
Hep C Antibody IgG Screen		1 month	
Hep C PCR (*call lab as urgent)		2 months	
HIV Ag/Ab screen		6 months	

A Access/alternatives

- Community Dialysis Team referral:** Patient education (Haemo, PD, conservative care)
 Thereafter, if appropriate proceed to 2) and 3)
- Vascular access nurse referral:** Refer for potential fistula creation
 Update 'dialysis access summary' on VD
- Transplant:** Referral to Live Donor Transplant co-ordinator (if appropriate)
 Consider sending 'Transplant assessment dataset' / immunology (overleaf)

V Venofer (Diafer® is current IV iron used for RRT) Ferritin TSAT
 Treat if Fer < 150µg/l +/-or TSAT < 20%
 Diafer® Y / N * Most patients receive 100mg weekly/fortnightly/monthly on RRT

E ESA Hb target: 105 – 125 g/L Hb
 Neorecormon dose: Total weekly dose = 150units x kg body weight (divide over 3 sessions)

P Prescribe on VD Dialysis meds (tinzaparin, IV iron, ESA, alfacalcidol, line locks, flushes)
 Chronic dialysis script ('Haemodialysis prescription')

L Local unit Email referral (address overleaf) to 'Moves Meeting' (Thur 14:30, on Teams)
 Organise regular RRT slot at local unit & copy d/c letter to allocated consultant

U Update Vital Data: Problem list: Add 'primary renal disease', RRT start date & modality
 Complete RRT planning screen on VD

S Specialists Social Work, dietitian (consider phosphate binder, nutritional support, renavit)

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Edinburgh Renal Unit (Edren) Handbook: relevant protocols

<http://edren.org/ren/handbook/unithdbk/anaemia-management-in-ckd/>
<http://edren.org/ren/handbook/unithdbk/preparing-patients-for-rrt/>
<http://edren.org/ren/wp-content/uploads/2019/06/Hepatitis-B-immunisation.pdf>
<http://edren.org/ren/handbook/unithdbk/infection-and-infection-control/>

Renal transplant assessment

CMV IgG (immune status) VZV IgG (immune status) EBV VCA IgG	Immunology blood tests: Tissue typing Cytotoxic antibodies Blood group
Ca/Phos/Alb U&E, LFT FBC, Coag screen	HIV Ag/Ab screen Hep B Surface Antigen (ACTIVE Infection) Hep B Core IgG Ab Hep C Antibody IgG Screen

Preferred method of referral

Moves meeting	RIE-Dialysis@nhslothian.scot.nhs.uk
Community dialysis team	Complete form (found on ward) and hand in to CDT office (across corridor from 206) OR Scan completed form to BOTH: Jill.Byrne@luht.scot.nhs.uk Tawera.Beveridge@luht.scot.nhs.uk
Vascular Access Nurses	Complete form (found on ward) or email the following details to: RenalVascularAccessNurses@nhslothian.scot.nhs.uk <ul style="list-style-type: none"> • Summary of current admission • Past medical history • Medication list <ul style="list-style-type: none"> - especially anticoagulation (& reason for taking it) • Level of urgency for AVF creation
Live Transplant Co-ordinator	Email brief patient summary including what discussion around transplantation has already occurred to: Orla.hobson@nhslothian@scot.nhs.uk Or speak directly to Orla (in CDT office)
Renal Social Work	TrakCare referral: EPR >Questionnaires >'New' >Request for service >'RIE social work'
Renal Dietitian	Tel: 21255 or bleep 5057