Care of Patients Treated with Haemodialysis

* Patients starting regular haemodialysis treatment for end stage renal disease should be handed over to the consultant responsible for their dialysis care by the consultant previously providing care
* Each patient will be allocated a named primary consultant responsible for their dialysis care and this will be recorded on Vital data (Administration/ Contacts and Clinical Teams).
If the responsible consultant changes this will be recorded when it occurs on Vital data.
* All efforts will be made to ensure each patient will receive dialysis care from the same group of nursing staff in the same location for each session.
* The detail of each Haemodialysis session is entered onto Vital Data by the nursing staff providing dialysis care.
* Monthly bloods are routinely taken in the first week of each calendar month.
This can be adjusted to the first two appropriate days (Tuesday-Friday) to ensure blood results are available for planned patient reviews.
Routine monthly bloods should be taken after a short (1 day) not long (2 day) inter-dialytic gap.
* Monthly bloods and average blood pressure control on dialysis should be reviewed in a timely fashion **every month.**Blood results and blood pressure averages are available from the 10th day of each month on the shared drive to facilitate this:
	+ V:\Data Team\Monthly reports
* Review of monthly bloods is the responsibility of the named responsible consultant.
This may be devolved to a doctor in training for individual patients, it is the responsibility of the named to consultant to ensure that each member of the team is clear where responsibility for this task lies every month.
It is the responsibility of the named consultant to ensure that they provide appropriate support and training where monthly blood reviews are devolved to a doctor in training.
* In the event of the named consultant not being available to review a month’s results they will identify a colleague to review that months sets of bloods in their absence and ensure appropriate actions are taken to address unacceptable results.
* A monthly review **in person** of each patient during one of their routine dialysis sessions will be the usual practice.
A review in person of each patient during one of their routine dialysis sessions will take place at least every two months, a review of the information available on vital data alternate months may be appropriate for stable patients established on haemodialysis.
* Reviews will consider blood results, blood pressure control and dry weight assessment, medications management and medicines reconciliation, vascular access for dialysis and consideration of kidney transplantation.
* Each monthly review will be recorded in the Clinical History Screen of vital data to ensure that current issues are communicated to other members of the team if asked to be involved in the patients care on an ad hoc or out of hours basis.
* Significant changes such as recommended alteration to medications will also be communicated to primary care.
* Any concerns from any member of the clinical team, at times out with the monthly reviews, should be raised directly with the named consultant who will address them or ask another team member to do so.
* In the circumstance of a prolonged hospitalisation under the care of the renal team, the inpatient team will assume responsibility for adjustments to dialysis treatment for the duration of the admission.