If your patient receives haemodialysis, you may not know........

What is haemodialysis? How is it done?

Healthy kidneys excrete waste products and fluids. End stage renal disease means that the kidneys are no longer functioning adequately to maintain health. This may cause the patient to become overloaded with fluids and waste products and can lead to pulmonary oedema and heart failure. Haemodialysis is a treatment for end stage renal disease.

The patient has vascular access which is either a central venous catheter or fistula. Blood is pumped from the patients’ vascular access, through an artificial kidney and returned to the patient. Excess waste and fluid are removed during this process. Treatment is usually performed in an out-patient setting and patients attend three times per week.

ACCESS CARE
Patients may have a fistula or a central venous catheter. This is their access for dialysis treatment. Taking blood samples, checking blood pressures or administering drugs into an arm with a fistula may cause it to fail. The central venous catheter must only be used by dialysis trained staff.

DIET
Patients require a renal diet which should be low salt. Some food stuffs may be harmful to the patient.

TREATMENT DAYS
Check when the patient is next due for treatment. Having a day off may not be an option and may put the patient at risk.

ABNORMAL BLOOD CHEMISTRY
Obtain a blood sample for urea and electrolytes, especially potassium level. Hyperkalemia may affect patient’s safety.

FLUID BALANCE
Patients are usually on a fluid restriction. Too many oral or intravenous fluids may cause the patient to become fluid overloaded.

URINE OUTPUT
Most patients pass little or no urine, this is normal.

Produced by Renal Services, The Leeds Teaching Hospitals NHS Trust