Risk of exsanguination of a home haemodialysis patient as a result of disconnected blood-lines during the wash back procedure

A renal unit has raised the issue of the risk of exsanguination of a home haemodialysis patient as a result of disconnected blood-lines during the wash back procedure. The washback process at termination of haemodialysis involves disconnection of the arterial line, connection of a saline infusion to the arterial line and commencement of the pump to facilitate return of blood to the patient. A lapse of concentration could result in the venous line being disconnected and blood pumped round the circuit into the saline bag.

The unit has expressed the view that the incident described in the paper attached has frequently occurred within the in-centre HD population. However as nursing staff are performing the washback procedure it is very quickly picked up and acted upon. In a home haemodialysis service there is concern that despite intensive competency based training, home haemodialysis patients could become distracted during this procedure with results as described in the paper.

The unit has proposed and adopted the procedure of connecting a "Y" type connector (similar to those used for single needle dialysis) with two clamps to the arterial needle at the start of dialysis. Once dialysis has completed the patient would then connect the saline infusion to the redundant arm of the Y connector, clamp the arterial needle and commencement washback. As the patient does not have to disconnect the machine line from his/her access this should ensure washback is completed safely.

Action

- We would welcome sharing of experience to whether this is considered to be a significant risk.
- We would welcome opinions to whether the procedure described as a solution might be more widely adopted

Please submit comments, solutions, and personal experience to:

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