Blood pressure meds	Hold 4 hrs prior to dialysis unless otherwise ordered.	Giving too close to dialysis may cause hypotensive episodes during or after the dialysis run.
Antibiotics	Hold 4 hrs from dialysis time when possible. Verify antibiotic dosing with nephrology.	Many antibiotics are dialyzed off during the run. Dialysis patients may require lower dosages than normal.
Laxatives	May use colace or lactulose for constipation. Avoid use of: *Milk of Magnesia *Maalox *Aluminum containing antacids *Fleets enema	Dialysis patients are more prone to constipation due to limited fluid intake. Avoidance of certain over the counter medications is needed because they contain electrolytes or minerals that may be detrimental to a CKD patient.
Anemia management	Anemia of CKD is often treated with Darbepoetin. Iron deficiency is often treated with IV iron. Iron supplements or vitamin supplements given should be verified with nephrology.	Dialysis patients are prone to anemia and are continually monitored for deficiencies. Treatment is continually adjusted as needed in the dialysis unit.
Routine meds	Meds that are scheduled to be given during dialysis times may be given after the patient returns to facility. If the patient requires a med to be taken during dialysis, they should be sent in labeled packages. Any medication changes done by MD other than the nephrologist should be communicated to the dialysis unit. A medication list should be faxed to the dialysis unit on a monthly basis.	Medications are routinely reviewed and/or often revised by the Nephrologist. Communication is of utmost importance in the continuity of patient care.
Oral Fe, MVI or phosphate binders.	Phosphate binders must be given with food to be effective. If the patient has no intake, do not give phosphate binders.	Phosphate binders need to be given with the food eaten to be able to bind the phosphorus and excrete from the body.
IV medications	Absolutely no drugs or solutions are to be given via the dialysis access unless approved by the nephrologist or in case of a life-threatening event. .	Trauma, hemorrhage or infection may occur if the dialysis access is used improperly.

Lab Draws/ IVs	Lab draws or IV therapy should never occur in an extremity containing a dialysis access.	Increases the patients chance for infection .
Personal cares	Patients may be very tired after dialysis. If possible, personal cares should be completed prior to dialysis or several hours after dialysis. Patients should be toileted and incontinent patients changed prior to leaving for dialysis.	Prevent over-tiring of the patient. Prevent incontinence on the dialysis treatment.
Skin care	May use soap with bath oil or Keri Oil in bath water due to dry, itchy skin. Continued complaints of severe itching, or open areas due to scratching, should be reported to the dialysis unit.	Dialysis patients are prone to dry skin and itching. Increased phosphorus and uremia can ca use severe itching.
Diet	The Renal diet will be ordered by the Renal Dietitian and/or the Nephrologist. Adjustments may be ordered on an individual basis and will be communicated to the facility by the Renal Dietitian. Phosphate binders will be ordered and changed according to patient lab results. Diabetic patients should have meals and medications scheduled appropriately to accommodate the dialysis treatment schedule. Diabetic patients may bring a small meal or snack as needed. Recommend that a snack or small meal be provided before or after treatment. (ie: small cookie and juice, ½ sandwich). Blood glucose checks could be done at dialysis if needed. Appropriate interventions will be taken if assessed it is needed in dialysis.	Fluid restrictions and renal diet need to be individualized by the Renal dietitian and the nephrologist to best meet the needs of each patient. Blood glucose control medications are best handled by the patients primary care physician. Eating and drinking on dialysis may cause hypotension is therefore recommended that the patient drink no more than 250ml of fluids or eat no more than 300 calories during dialysis treatment.
Lab results	The dialysis unit will routinely draw monthly labs consisting of a renal panel, and bi-monthly Hemoglobin or CBC. Monthly labs will be sent to the care facility.	

Intake and Output	Accurate I & O is essential. Fluid intake, both oral and IV should not exceed the fluid restriction ordered by the nephrologist.	Fluid restrictions and monitoring of intake and output prevent fluid overload in dialysis patients.
Weight	Daily weights should be obtained, if possible, on all dialysis patients. Use the same scale, amount of clothing and approximately the same time with each weight.	Patients are weighed on arrival and departure from the dialysis unit. This determines the amount of fluid to be removed during the treatment.
Urine Output	Urine output will decrease and possibly cease in dialysis patients over time. Every three months a collection jug may be sent to evaluate the patients 24 hr urine output. Accuracy of this collection is very important.	The evaluation of urine output and the 24 hr collection is important in determining dialysis treatment adequacy.
Urinary tract infections	Despite the decrease in urine output, it is still important to assess for signs and symptoms of urinary tract infections.	The immunosuppressed state of dialysis patients and the decrease in bladder emptying events may lead to an increased risk for UTI.
Vital Signs	Dialysis patients may have a normal temperature of 96-98 degrees. Temperatures of greater than 100 degrees should be monitored carefully and reported to the physician .	Dialysis patients are at higher risk for septicemia.
	Blood pressure is monitored carefully during each dialysis run. Any unusually high or unusually low BPs obtained at the facility should be reported to the dialysis staff or nephrologist.	Elevated blood pressure may be an indication of inadequate dialysis, fluid overload or need for medication adjustment. Low blood pressure may indicate fluid depletion.
	Blood pressure should never be taken on an extremity that contains a dialysis access or may be used for future access.	May cause damage to dialysis or vessels.

Dialysis Schedule	The dialysis unit will be responsible for the scheduling of dialysis treatments. If a change in treatment time is requested by the facility and/or the patient, the dialysis unit will make every attempt to honor those requests. The dialysis unit Coordinator or charge nurse will handle all changes in patient treatment times. If a patient is unable to keep a scheduled treatment time, please notify the unit promptly. In case of inclement weather, the dialysis unit will assist in rescheduling and will give specific instructions related to patient care for missed treatments. If unable to reach the dialysis unit for weather closing information, please call the hospital switchboard for further direction.	The flexibility of the dialysis schedule is largely dependent on the patient census and the cooperation of patients and facilities.

Vascular Access **Subclavian or tunneled catheter**	Facility is never allowed use unless in case of life-threatening emergency or permission from Nephrologist only. Dressing needs to be kept clean and dry. Patients should not shower or swim. Catheter should never be open to air or contamination. If dressing should come off, replace with clean, dry dressing using aseptic technique and notify the dialysis unit. In the event the catheter should become dislodged or fall out, place direct pressure over site for 5-10 minutes to achieve hemostasis. If bleeding has stopped, apply an occlusive dressing and notify the dialysis unit immediately.	Catheters are a direct access to the patient bloodstream. The intent is for these to be a very temporary access due to the high risk for infection. Significant blood loss could occur from access site. Direct pressure and occlusive dressing is necessary to prevent an air embolism from occurring by air entering the access site.
Vascular Access **Synthetic graft or native vessel graft in an extremity.**	A daily check of the extremity access should be performed by the facility staff. This includes feeling for a pulsation in the access, Listening for a bruit via stethescope in the access and assessing for redness, warmth or signs of infection. An absence of pulsation or bruit or any abnormal findings should be reported to the dialysis unit promptly. Access dressings and bandages may be removed within 6-8 hours following dialysis. If the site should begin to bleed, apply direct pressure to the area until bleeding stops. Once bleeding has stopped, a new dressing should be applied and monitored closely for signs of continued bleeding and access patency. If unable to stop bleeding, notify the dialysis unit and/or Nephrologist for further instructions. Dressings and/or clothing should be non-restrictive. Avoid restraints, ace-wraps, or tight bandages on the access arm. Patient should avoid sleeping on or carrying heavy items with the access arm. The access arm should be kept clean and dry.	Protection of a patients access is critical to their health and well-being on hemodialysis.