

<i>MIDWEST KIDNEY CENTERS</i>	Page 1 of 2	Section: 3	Item: 28
	Date:	July 10, 2003	
	Supersedes:	August 16, 2001	
	Reviewed:	June 26, 2003	
Subject: DIALYSIS ADEQUACY PROTOCOL			

POLICY

Patient care staff will evaluate liters processed on an ongoing basis with URR evaluated monthly. This protocol will be initiated when stated goals are not achieved.

PURPOSE

Maintenance on adequate dialysis.

GOALS

Liters Processed to = $\frac{\text{ordered Qb} \times \text{ordered time}}{1000}$

Kt/V greater than or equal to 1.4

URR greater than or equal to 70

PERSONNEL

RN

GENERAL INFORMATION

1. RN to evaluate liters processed.
2. If desired figure is obtained, continue with same dialysis prescription and evaluate URR monthly.
3. If desired figure is not obtained, there should be efforts made to optimize blood flow rate starting with the next treatment as well as steps to encourage patient compliance to achieve full treatment time.
4. URR to be evaluated monthly on all patients.
5. If URR is equal to or greater than 70% continue with current dialysis prescription.
6. If URR is less than 70%:
 - a) Evaluate access for visible signs of recirculation. Review recent transonic findings.
 - b) Evaluate system for adequate heparinization and adjust per policy if necessary.
 - c) Consider prescription change to more efficient dialyzer.
 - d) Increase dialysate flow up to maximum flow that machine capability and availability allows.

- e) If all other actions taken, increase time in 15 minute increments up to 5 hours per treatment maximum.
- f) *May* repeat UIRR with bimonthly draw.
 - i. If bimonthly URR draw reveals URR equal to or greater than 70%, continue current dialysis prescription and check URR monthly.
 - ii If bimonthly URR is less than 70%, increase treatment time in 15-minute increments to a maximum of 5 hours per treatment. If further increase beyond 5 hours per treatment is warranted, contact patient's nephrologist for additional intervention.
- g) Educate patient on benefits of adequate dialysis and document.

DOCUMENTATION

Use appropriate category codes for Adequacy Protocol charting/changes.

Document in medical record with appropriate category code and pertinent data.

Include text explaining why protocol not followed and reason.

Documentation in CyberRen or with paper charting should be done in the Progress Notes and should include pertinent data and physician's order.

Resources:

ANNA Core Curriculum for Nephrology Nursing,
Fourth Edition, 2002, Larry E. Lancaster, Editor.

ANNA Standards and Guidelines of Clinical Practice for Nephrology Nursing,
Copyright, 1999. Sally Burrows-Hudson, MSN, RN, CNN, Editor.

Contemporary Nephrology Nursing,
Copyright, 1998 by ANNA. Janel Parker, Editor.

DOQI Clinical Practice Guidelines for Hemodialysis Adequacy,
1997 National Kidney Foundation, Inc. William Owen, Jr., MD, Work Group Chair.

DIALYSIS ADEQUACY PATHWAY

GOALS:
 1. Liters processed to = $\frac{\text{Ordered } Q_b \times \text{HD time}}{1000}$
 2. $Kt/V \geq 1.4$
 3. $URR \geq 70\%$

