Clinical Practice Procedures:
Other/Emergency evacuation from home dialysis

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Date	June, 2019
Purpose	To ensure a consistent procedural approach to emergency evacuation from home diaylsis.
Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
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Emergency evacuation from home dialysis

June, 2019

Patient's who suffer from an acute or chronic injury or illnesses to their kidneys are at risk of developing kidney failure. The treatment options for kidney failure can include; conservative treatment, dialysis or kidney transplantation depending on their condition and co-morbidities. Patients whom are suitable for dialysis can either be managed in hospital or at home through *haemodialysis* or *peritoneal* dialysis.

Haemodialysis:

In haemodialysis, blood is pumped from the body through special tubing into a dialysis machine from a surgically inserted catheter or arterio-venous fistula. This machine removes waste products and excess fluid from the blood and, as such, acts as a type of artificial kidney. The blood passes through a dialyser (filter), which also assists in balancing fluid, minerals and chemicals in the blood. The machine then returns the filtered and cleansed blood to the body at the same rate as which it is removed.

Peritoneal:

Peritoneal dialysis uses the peritoneal membrane in the body itself as a filter. This membrane is a fine layer of tissue lining the peritoneal cavity. The peritoneal cavity's rich vascular supply makes the peritoneal membrane ideal for filtering wastes and excess fluid from the blood. Dialysis solution is instilled into the abdominal cavity via a surgically inserted catheter where over time waste products pass from the bloodstream across the peritoneal membrane and into the dialysis solution where at a later time this fluid is drained from the peritoneal space and replaced with a fresh solution.

The process of peritoneal dialysis can either be automated via a machine usually connected to the patient overnight or through a manual process where the patient will instill and drain solutions several times a day.

On rare occasions clinicians may be called to patients who are still attached to their dialysis machine and will require ambulance intervention and transport.

It is important in circumstances where clinicians may be required to remove the patient from their machine that the procedure *(on the following page)* is followed.

Indications

- Emergency evacuation of a patient undergoing dialysis treatment at home

Contraindications

- Nil in this setting

Complications

- Haemorrhage

Periotoneal dialysis

1. Where possible the patient or a carer is familiar with the process of connecting and disconnecting from the machine should remove the patient from the dialysis equipment/device as taught by their health care professional.
2. Where this is not possible, don gloves and ensure an aseptic technique.
3. Turn equipment off at the machine **ON/OFF** switch *(if automated system)*.
4. Turn tubing flow off from the machine or hanging bag via clamp or roller lock and repeat for the drainage bag.
5. If necessary, (where it cannot be identified how to stop solution flow) clamp catheter tubing at either side of connector port using available clamps already insitu (if available), artery forceps or placental cord clamps (within QAS obstetric kit).
6. Disconnect patient from device and place a cap on the catheter end.

Additional information

- The patient or their carers where possible should assist the attending clinicians in these situations where able.
- In all cases where possible transport the patient to a hospital capable of dialysis.

Haemodialysis dialysis

1. Where possible the patient or a carer who is familiar with the process of connecting and disconnecting from the machine should remove the patient from the dialysis equipment/device as taught by their health are professional.
2. Where this is not possible, don gloves and ensure an aseptic technique.
3. Turn equipment off at the machine **ON/OFF** switch.
4. Clamp catheter tubing using available clamps already insitu, artery forceps or placental cord clamps (within QAS obstetric kit).
5. Disconnect patient from device and leave the cannula insitu with or without extension tubing attached (depending on type of set).
6. Connect a cap to the cannula or extension tubing where necessary to maintain sterility.
7. Utilise the cannula as required for fluid or medication delivery if an alternate site is unable to be utilised.
8. In the case of severe bleeding during procedure from the therapy site apply pressure and bandage as required maintaining pressure (for up to 20 minutes).