

Welcome to the Hemodialysis Unit Patient Guide

Developed by the Provincial Renal Program

Adapted from BC Renal

Health PEI

Santé Î.-P.-É.

Hemodialysis Handbook

Table of Contents

Welcome	Page 1
About Hemodialysis	Page 1
Hemodialysis Setting	Page 2
Hemodialysis Safety	Page 2 – 3
Staying Healthy	Page 3
Transportation to Treatments	Page 3 -4
What You Can Expect	Page 4
What We Expect From You	Page 4
Your Hemodialysis Schedule	Page 5
Common Questions	Page 5 - 6
The Hemodialysis Unit	Page 6
Preparing for Dialysis Treatments	Page 7 – 8
Hemodialysis Treatment	Page 8 – 11
Tests, Procedures and Appointments	Page 12
About Medications	Page 12 - 13
Hemodialysis and Traveling	Page 13
Your Hemodialysis Care Team	Page 13 – 15
Resources	Page 16 – 17
What the Words Mean	Page 18 -20
Hemodialysis Checklist	Page 21

Welcome

This handbook is an introduction to our Hemodialysis Unit where we provide care, support, and treatment to people with kidney failure. In this handbook, you will learn:

- About hemodialysis units
- What happens during hemodialysis
- Who is part of your care team
- Tests and procedures you might have
- Answers to common questions



This handbook was developed to answer some of your questions, but please ask any member of the team for more information. Remember, we are here to help.

As you read through this handbook, you might read some words or phrases that you don't understand. You can find the definitions of these words in the end section titled "What the Words Mean".

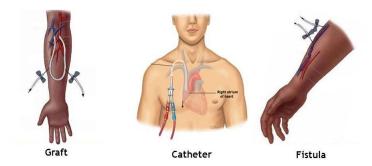


Because there is a lot to keep track of before and during each treatment, we have included a "Hemodialysis Checklist" at the end of this booklet for you to use. This checklist will help you prepare for dialysis.

About Hemodialysis

When your kidney function goes down to 10-15% of normal, you get a buildup of toxins (waste) and fluid in your body. This makes you feel unwell and may cause you to feel sick to your stomach (nauseated), tired, itchy, forgetful, short of breath, and can also cause swelling, trouble sleeping and headaches.

During hemodialysis treatment, your blood is filtered through an artificial kidney (called a dialyzer) attached to a hemodialysis machine. The machine pumps your blood through the dialyzer and removes extra fluid and waste products to help you feel better. For this to happen, we need to access your blood through a "vascular access" site. This includes grafts, catheters and fistulas.



A fistula is the best form of vascular access and a graft is the second best. Catheters can work well too if a fistula or a graft is not possible. All patients are screened for a fistula. Your nephrologist will decide which type of access is best for you. If you do have a catheter, it is important to remember not to get it wet (tub bath rather than a shower).

Although starting dialysis can be a big change, people on hemodialysis treatment can enjoy a good quality of life. It is important to go to all of your dialysis treatments, take your medications

and follow diet and fluid advice provided by the renal dietitians, nurses and doctors.

Hemodialysis Settings

On Prince Edward Island, there are four hemodialysis units (Alberton, Summerside, Charlottetown and Souris). Where you live on the Island will determine which dialysis unit you will attend. The Alberton and Souris units are considered "satellite units", which means that they are in more rural areas, further away from the bigger hospitals. In order to have your treatments at one of these units, you have to be considered stable. If your doctor doesn't think that you are stable enough to have treatment at one of these satellite sites. you will be asked to go for dialysis treatments in either Summerside Charlottetown because there is more medical care available at these sites.

Hemodialysis Safety

We want to give our patients the best possible care. Patients who play an active part in their own care tend to do better.



Help Stop the Spread of Germs

People with kidney disease have weakened immune systems. This means that it is easier for you to get sick. Hand washing is the best way to stop the spread of germs

and is very important, especially in the hemodialysis unit.

Wash your hands with soap and water or hand sanitizer **before**:

- Eating and drinking
- Touching any cuts, sores or bandages
- Touching your eyes, nose, or mouth
- Leaving or entering the waiting room or hemodialysis treatment area



Wash your hands with soap and water or use hand sanitizer **after**:

- Using the toilet
- Blowing your nose
- Touching any cuts, sores, or bandages
- Touching garbage

Do not share food, personal care items or cigarettes with other patients.

Cover your cough or sneeze with a tissue. The germs from a cough or sneeze can travel a meter (3 or more feet)! If you do not have a tissue, cough or sneeze into the bend of your elbow rather than into your hand.





If you have a cold or flu (coughing, sneezing, etc.), ask a health professional for a mask to wear while you are waiting for and during your hemodialysis treatment. We encourage you and

Hemodialysis Safety (Continued)...

your family to get immunized to help us prevent illness.

Prevent Falls

During hemodialysis, patients can feel unsteady or light-headed. To keep you safe:

- Please wear shoes or slippers with nonslip soles
- Take your time when standing up
- If you feel unsteady, sit down and ask for help

During your first visit to the hemodialysis unit, we check to see if you are at risk for falling. Let us know if you have any difficulties getting from sitting to standing or moving around. If you have an aid (such as a wheelchair, walker or cane), bring it in to your dialysis treatments. If you need help to get around, please don't hesitate to ask.



A Few More Suggestions

Dialysis units can be confusing. We may overlook something that is important to you. Here are some helpful hints:

- If you don't understand something about your care, please ask us to explain
- If something is different about your care, such as a new medication, ask us about it
- If you do not see your nurse, doctor or other health care staff wash their hands before giving care, ask them to do so

• If you do not want to have your information shared with family, let us know. If you wish to give permission to share information, you can fill out a "Consent to Disclose Information" form

Staying Healthy

It is important that you continue to see your family doctor for regular check-ups. If you have health concerns that are not related to your kidneys, contact your family doctor. If you are seeing any other doctors, such as specialists, continue to see those doctors as needed.

We suggest that all patients on hemodialysis get the flu vaccine every year and keep your immunizations up to date. It is also important to maintain your dental health. See your dentist for regular check-ups and get any dental problems treated as soon as possible.

Let us know if you have any changes to your health status or have been to the Emergency Room or to your doctors' office (family doctor or other specialists) between dialysis treatments.

Transportation to Treatments

Many people feel tired after dialysis. Please plan to have someone drive you, especially for your first few treatments.



If the health care team feels you are not safe to drive, we will ask you to stay on the unit and will help you to make other arrangements. If you do not feel ready to leave the unit or to drive home, please let us know. Check with your unit about parking, drop-off, and pick-up as it varies from site to site.

In Charlottetown there are a few companies that provide non-emergency transportation using vans with special features to keep you safe. Other alternative transport options exist but depend on where you live. You can also ask the social worker about options in your community.

What You Can Expect

Respect

A welcoming and respectful relationship with you and your family is important to us. We value all of our patients and are happy to work with you to create a care plan that is respectful of your needs.

Confidentiality

We keep all of your information confidential and only share it with team members who are directly involved in your care.

Support

We know this is not an easy time for you. We are here to help and support you with your dialysis needs. Feel free to ask questions. The PEI Kidney Foundation is an excellent resource and can connect you with a peer support group.

Kidney Foundation of Canada's
Kidney Connect Peer Support Program
1-866-390-PEER (7337)
www.kidney.ca/peer-support

Education

We give all patients and their families an opportunity to get involved in their dialysis care. It is important that you get the information you need to make decisions about your health and treatment. Feel free to ask questions.

Communication

If English is not your language of preference, we can book an interpreter at no cost to you, or you may bring a relative or friend who speaks English for support. If you have concerns about your care or safety, we would like to hear from you. We are committed to working with you to address concerns and find a reasonable solution.

What We Expect From You

Respect

Please respect those around you.

- Respect the privacy of others
- Take responsibility for your own behavior
- Speak respectfully and in a low voice
- Keep the volume of your TV or radio low or use headphones
- Do not bring in any strong smelling foods
- Please use unscented products
- Do not use any scented products such as perfume, cologne, or aftershave

Confidentiality

While you are receiving dialysis, you might hear conversations that are private. We ask you to respect the privacy of each patient on our unit and do not to talk to anyone else about what you may hear. For your privacy and the privacy of others, photographs and videos are not permitted in the treatment area.



While on hemodialysis we encourage you to take part in caring for yourself. Tell us about your health. Let us know if you have any worries or concerns about your disease or care.

Compliments and Complaints

If you have a compliment or complaint speak with the person who provided the service or ask to speak to the Team Leader or unit Manager.

To make a formal complaint or submit a compliment, visit this website:

www.princeedwardisland.ca/en/service/sen d-health-pei-compliments-and-complaints-online

You can also call **1-902-368-5272** or visit **healthpei.gov.pe.ca** for more information.

Your Hemodialysis Schedule

You will get a temporary schedule when you start dialysis depending on your needs. We may need to change your schedule at times and we appreciate your understanding.

Please arrive on time for your scheduled treatment. We recommend that you arrive 15 minutes before your scheduled treatment time. Once we bring you into the unit, it can take 30 minutes or more before your treatment is started. There may be times when your start time must be delayed because of issues with other patients or machines. We thank you for your patience.

Plan for another 30 minutes at the end of your treatment to finish and for us to make sure you are well enough to go home.

Common Questions

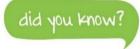
2

How long does dialysis take?

The doctor decides how often and how long your dialysis treatment will be. Based on your blood work, your body size, fluid gained between treatment, how well your access is working, standards of care and current research, your doctor will change your dialysis treatment time. In general most treatments are 4 to 4.5 hours long.

Do I have to stay for the whole time?

Our goal is to keep you as healthy as possible. Many people ask us if their treatment time can be shortened. It is important that you stay for your full treatment as it only replaces a small part of the normal kidney function. If you don't get enough dialysis, over time you will feel unwell. In general, you will do better if you finish your entire dialysis treatment.



If dialysis time is shortened by 10 minutes per treatment, this means losing out on 26 hours or 2 weeks of dialysis time in a year. It is very important that you stay for the full treatment.

What if I need to miss a treatment?

It is best not to miss any treatments. If you absolutely must miss your treatment, please call the unit as soon as you know. We can use the time for another persons' treatment and we may be able to reschedule your treatment.

What if I feel too sick to go to dialysis?

The reason for feeling sick may be related to your kidney disease, so coming for dialysis is very important. If you feel sick, call the dialysis unit to get instructions. If you have shortness of breath, chest pain, abdominal pain, unusual weakness, excessive bleeding, call 9-1-1 or go to the Emergency Room.

If you are at the hospital, please ask your nurse to call the hemodialysis unit. We will arrange for you to receive your next treatment.

Can I change my dialysis schedule?

You are expected to arrive on time to all of your hemodialysis appointments. If you need to change your schedule, please give us as much notice as possible. If an emergency arises, contact your dialysis unit as soon as possible. We will try to adjust your schedule to accommodate.



We may not be able to re-book missed treatments as we must consider the needs of many patients.

The Hemodialysis Unit

Waiting Area

Please wait in the waiting area until you are called for your treatment. In the waiting area, you will find information about kidney disease, support groups, and other topics of interest.

Washrooms

We have patient washrooms in the unit. Each washroom has a call bell in case you



need help. Visitors are to use the public washrooms please.

Smoke-Free and Scent-Free

There is no smoking allowed in or around the building. Many people are sensitive or allergic to fragrances. Use only unscented soaps and shampoos and do not wear perfumes or colognes.





Food and Drinks

We suggest that you eat a light meal at home before coming. Eating while having dialysis treatment can make you feel unwell and lower your blood pressure.



If you have diabetes, remember to bring a snack in case you need it during dialysis.

What to Bring

Feel free to bring a notebook for questions you may have or recommendations provided by the care team. You can also bring something to do, watch or read during your treatment. What you can use will depend on your specific dialysis unit. Suggestions include:

- Headphones (many units have TVs)
- Music players
- Hand held games
- Books or e-books
- Laptops or tablets (all units have WIFI)

Visitors

Visitors are welcome on the dialysis unit (one or two at a time is best). Visitors will be asked to step out sometimes (e.g. hemodialysis "hook up" or "take off" and during special procedures). Please ask the staff on your unit specifics around visitors.

Notes:

Preparing for Dialysis Treatments

Clothes

Wear loose, comfortable clothing that allows easy access to your fistula or CVC line. Wear clothes that can be washed easily in case blood or other liquids are spilled on them. Many patients find they get cold, so consider bringing an extra layer like a loose zip-up sweater or a vest. Also, remember to wear appropriate footwear. Going bare-foot in the unit is not acceptable. Some find it convenient to bring their own slippers as long as they have non-slip soles.

Medications

Bring all medications to your first dialysis treatment, including:

- Prescribed medications
- Over-the-counter medicines
- Samples of medicines from physicians
- Herbal medications
- Vitamins and supplements

Any time you start a new medication, bring it in to your next dialysis appointment so we can make sure that it is right for you. Also, remember to bring any medications you need to take during the treatment. In order to keep an accurate record of your medications, your dialysis nurse will ask you to bring in all of your medications every 3 months for review.

Arriving

Please arrive on time for your scheduled treatment. Coming early does not mean you will start treatment faster. You may have to wait before we can start.

Every time you arrive, please wait in the waiting area until a staff member comes to get you. This keeps the treatment area clear and is safer for everyone. When it is your turn, we bring you to your dialysis treatment station.

Weighing In

Healthy kidneys work 24 hours a day to remove extra fluid. When kidneys don't work properly, urine production slows or stops completely, so it is important to remove the leftover fluid in dialysis. To track the amount of fluid in your body, we use a "goal" or "dry" weight.

There is a scale at the dialysis unit and you will be weighed both before and after each treatment. It is important to be as accurate as possible, so wear similar clothes and shoes to your dialysis treatments.



Your doctor decides on your "goal" or "dry" weight. This is the weight that is best for you to reach at the end of each dialysis treatment. Weighing in before your treatment helps us figure out how much water needs to be removed from your body.

As you start to feel better, you may have a better appetite and we may need to adjust your "goal" or "dry" weight. Watch your weight gain closely and let your nurse or dietitian know if you think you might be gaining or losing weight.



One kilogram (kg) of body weight is equal to one litre (L) of body fluid. If you need to lose 2 kilograms, the hemodialysis machine removes 2 litres of body water.

Preparing (Continued)...

Before Starting Treatment

Before you are hooked up to the dialysis machine, tell the nurses if:

- you have seen any doctors, nurse practitioners or had to stay in the hospital since your last treatment
- you have had any changes in medication since your last treatment (remember to bring in any new medications)
- you have had any unusual health events since your last treatment (e.g. a fall)
- you do not feel well

Hand washing and Hand Sanitizer

Hand washing and hand sanitizing are very important in protecting yourself, your nurses, and other patients in the dialysis unit. The best way to stop the spread of germs is to wash your hands.

There are bottles of Purell hand-sanitizer in the patient waiting room, and throughout the unit. There are also sinks with soap available to you when you enter the unit. Please be mindful at all times before, during and after your treatment.

For example, if you need to touch your access site after you've already washed your hands with soap and water, use a hand sanitizer to clean your hands first. This is very important to prevent harmful infections.



Hemodialysis Treatment

Before Your Treatment

It is normal to feel nervous when you first start dialysis. Your nurse will explain how the machine works. Ask as many questions as you need. The nurse will also ask you questions about how you are feeling before starting treatment.

Blood may be drawn before dialysis is started. Blood tests are done routinely to make sure your dialysis is going as well as it should.

We check your heart rate, temperature, and blood pressure (sitting and standing). You will leave the blood pressure cuff on your arm during your treatment so we can check your blood pressure regularly. Make sure you can always reach the call bell if you need any help.



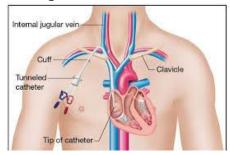
Fistula or Graft

If you have a fistula or graft, we insert two needles to begin dialysis. One needle takes the blood out of your body and the other returns the cleaned blood back to you. The needles will be inserted in different areas of your fistula or graft each treatment to help keep your access working properly. You should not feel any pain once the needles are in place. Tell your nurse if you do have pain at any time.



CVC Line

If you have a CVC, we connect you to the machine using the two ends of the catheter.



During Your Treatment

During dialysis, about 1 cup (250 mL) of blood is outside of your body at any time. You won't feel the blood moving in and out but you may get a low blood pressure. Tell your nurse right away if you feel:

- dizzy, faint, or restless
- sweaty or clammy
- cramping in hands, legs or belly
- sick to your stomach (nauseated)
- like you need to move your bowels
- like your heart is racing
- blurred vision

To treat low blood pressure, we will lower the head and raise the foot of your chair to move blood back towards your head and heart. We may also give you some extra fluid through the dialysis machine. You may also experience muscle cramps or headaches. If you feel anything unusual during your treatment, let us know right away so we can help you.

You can help prevent these symptoms by following your diet and fluid recommendations between treatments. Going over your limits increases the amount of fluid that must be removed during dialysis and this may make you feel sick.

After Your Treatment

When your dialysis is finished, the nurse takes the needles out or disconnects your CVC line. If you have a fistula or a graft, you will be asked to apply pressure to the needle sites for 15 minutes to stop the bleeding.

To hold pressure over the needle sites:

- Clean your hands and put on clean gloves
- Hold a piece of gauze or a bandage over the needle site using two fingers
- Press at the needle spot and just above
- Hold constant firm pressure for 15 minutes or longer if necessary to stop the bleeding



NEVER wrap anything around your fistula arm. Anything too tight on your arm can decrease the blood flow and damage the access. After the bleeding has stopped and you are done holding your sites, remember to wash your hands.

Before You Leave

We check your heart rate, blood pressure and your temperature. Some people may get a low blood pressure after a treatment. If you feel dizzy or lightheaded after dialysis, sit down right away and tell someone that you aren't feeling well. For your safety, we do not let you leave until you are feeling better and your blood pressure is normal.

If you experience a low blood pressure after you leave the dialysis unit or when you are at home, have a salty snack (salted crackers or chips) and an extra drink of water to help bring your blood pressure back to normal. If you continue to feel

Hemodialysis Treatment (Cont'd)

unwell call EMS or go to the nearest Emergency department

TIP: Keep a salty snack in your car or purse.

Check that your fistula or graft is working. We can show you how to do this. Check for a pulse or buzzing sensation around your fistula, called a "thrill". If you no longer feel the thrill, let the dialysis unit know right away as there could be a problem.

Weight yourself again after your treatment, wearing the same clothes and using the same scale. We want to check that the right amount of water weight was removed.



Remember to always wash your hands with soap or use hand sanitizer to help stop the spread of germs.

Carry packets of extra gauze or bandages with you in case your needle sites start to bleed. If your fistula does start to bleed, stop the blood flow as soon as possible. If the bleeding does not slow down, call 9-1-1 or get to the nearest Emergency Room.



You may be tired after dialysis especially after your first few treatments. It is safer to have someone drive you.

At Home

Especially when you first start dialysis, you may



feel tired after your treatments. Make sure you get some rest. Many people feel better once they have been on dialysis for a few weeks.

If you have a fistula or a graft, take the gauze or bandage off 10 to 12 hours after your dialysis treatment. Be careful not to pull off the scab when you remove the bandage and avoid scratching or picking at the scabs.

If your access starts to bleed after you leave:

- Apply firm pressure over the needle sites for at least 15 minutes
- After the 15 minutes, check to make sure the bleeding stopped
- Apply a clean bandage over the area, leaving the new bandage on for 4-6 hours



If the bleeding does not stop:

- Continue to apply firm pressure
- Call for help from anyone near you
- If the bleeding does not stop or starts to get worse, do not panic
- Continue applying pressure and call 9-1-1 or go to the nearest Emergency Room as soon as possible

Check your fistula, graft, or catheter every day or even several times a day to make sure that its working properly. If you have a fistula or a graft, you should feel a buzzing sensation (called a "thrill") under the skin where the fistula or graft

is. When holding your needle sites after treatment, you should still be able to feel the "thrill". If not, you may be holding too much pressure.



Hemodialysis Treatment (Cont'd)

If you have a catheter, check that all the clamps are closed and the caps are on tight. If you have pain or swelling around the neckline you might have an infection. Let the dialysis unit know as soon as possible.

Call your dialysis unit right away or if it is after hours go to the nearest emergency department if:

- You can't feel the "thrill" or if it feels different from usual (fistula or graft)
- There is drainage, redness, warmth, pain or swelling in your access arm or around your catheter (signs of infection)
- You have swelling in your access arm or around your catheter, neck or face
- You have a fever and have any of the above symptoms
- The part of your catheter outside your skin seems to be getting longer
- Your catheter is accidentally pulled and there is bleeding around the exit site

If your CVC line falls out, apply pressure to the exit site and go to the nearest emergency department.

Save Your Veins

If you have a fistula or graft you should save your access arm for dialysis ONLY. **DO NOT** let anyone take your blood pressure, draw blood, or start an IV in that arm. Not everyone (even health care workers) will know what a fistula or a graft is, so it is important that you tell them.

Wear a Medical Alert bracelet (medicalert.ca) or a blue "Save the Vein" band and carry around an access card in

your wallet. If you do not have an access card, please ask for one. You can show this card to health care workers so they know that you are a kidney patient and your veins need to be protected. Health PEIs Access Cards look like this:

Care of the Hemodialysis Arterio-Venous (AV) Fistula or AV Graft

Instructions for Patient: If you need to go to your local Emergency Department, give this card to the staff there.

Instructions to Emergency Department Staff: This patient has either a hemodialysis AV fistula or AV graft. The affected limb is not to be used for venipuncture, blood sampling, IV therapy, or blood pressure measurements. If the fistula or graft is noted to be bleeding, apply digital pressure (ensure pulse is still palpable while pressure is being applied) for 15 minutes then reassess. Do not apply pressure bandages to the affected limb as a means to achieve hemostasis. In addition, verify the patency of the access by checking for a bruit* at least once during the ER visit and following periods of hypotension, dizziness, or light-headedness. Decreased blood flow through the AV fistula or AV graft may result in thrombosis.

Please phone the patients dialysis site for further information or the PEI Renal Clinic. Renal Clinic is open from Monday to Thursday 8:30 am – 4:30 pm and Friday 8:30 am – 3 pm. Phone 902-894-0019.

*bruit: a buzzing or swishing sound heard on auscultation of the AV fistula or AV graft. To locate the bruit, auscultate over the anastomosis site (incision line) of the fistula or graft. The bruit is loudest near the anastomosis and should be audible along the entire length of the AV fistula. Preservation of the cephalic veins must be considered for future hemodialysis vascular access. Use the back of the hand for venipuncture and IV infusions.

Notes:				

Care of the <u>Tunnelled</u> Hemodialysis Central Venous Catheter (CVC)

Instructions for Patient: If you need to go to your local Emergency Department, give this card to the staff there.

Instructions to Emergency Department Staff: This patient has a hemodialysis CVC for dialysis therapy. This CVC should not be accessed for intravenous medication therapy and/or blood sampling unless alternate venipuncture sites have been exhausted and/or are not viable.

Care Guidelines for Patients with Hemodialysis CVC:

- Hemodialysis CVC's typically contain Sodium Citrate 4% to maintain lumen patency or Alteplase 1mg/mL therefore, you must aspirate and discard 5 mL of blood from each lumen prior to flushing lumen with normal saline.
- Use 20 mLs of sodium chloride (0.9%) to flush each lumen pre/post medication administration and/or blood sampling. Sodium citrate 4% is used to lock the lumens post procedures. Instill to the exact size of each lumen plus 0.1 mL overfill. Lumens may also be locked with Alteplase.
- Use positive pressure technique to flush the CVC lumens (clamp as the last 0.5 mLs of solution is injected.
- A hemodialysis CVC typically has a TEGO connector for access at the end of the lumen.
- Aseptic, no touch technique is used to access and care for the CVC and lumens. 2% chlorhexidine gluconate 70% alcohol is the cleansing agent for skin and access ports (unless allergy/sensitivity then Betadine is used)
- Polysporin triple ointment is applied to the CVC exit site. CVC exit site and catheter hub are to be covered with an occlusive dressing.
- CVC lumens are to be completely covered with sterile gauze and taped securely.
- 8. For further information, phone the patients dialysis site or the PEI Renal Clinic

The PEI Renal Clinic is open Monday – Thursday 8:30 am – 4:30 pm and Friday 8:30-3 pm and the phone number is 902-894-0019.

Tests, Procedures & Appointments

Blood Tests

We do blood tests at your first treatment and then every 4-6 weeks after that. The doctor may order blood tests more often depending on your test results. We use blood test results to help plan your dialysis treatment, diet, and medications.



If you see your family doctor, nurse practitioner or specialist, and they want you to have blood tests bring the requisition form to your next dialysis treatment. We

will draw the blood when you are here for dialysis. This avoids you being poked with another needle. We will then send copies of your blood test results to the doctor or nurse practitioner who ordered them.

Other Tests and Procedures

We take swabs to check for bacteria during your first dialysis treatment. We repeat this test every 6 months. We also do blood tests for hepatitis and other blood-borne infections. These tests are also repeated every 6-12 months.



We may arrange for you to have an "electrocardiogram" (or ECG). Refer to the section called "What the Words *Mean*" for an explanation of these tests.

About Medications

We record all medications you are currently taking in your chart, including prescription and non-prescription (over-the-counter) medication, vitamins and supplements, herbal medicines and natural remedies, nicotine replacement therapy products, etc.

If another doctor or nurse practitioner orders a medication for you, or you start a new medication, please bring it in to your next dialysis appointment. Medication can work differently in a person who is on dialysis. We will check them to make sure that they are okay to take while on dialysis.



Always tell your doctor, nurse practitioner and pharmacist that you are a dialysis patient so

they can prescribe a dose that is safe for you.

If you are not covered under a health plan, please make your nurse aware. We can refer you to our renal pharmacist and/or social worker to discuss options for drug coverage.



Always have at least a 1 week supply of your medications in case of an

emergency.

Hemodialysis and Travelling

It is possible for dialysis patients to travel. When you know where you are traveling, look into hemodialysis units nearby. If there is available



space at that site, your home unit will coordinate your treatments at that unit. Be sure to notify your unit as early as possible (at least 3 months in advance) before your travel date so there is plenty of time to prepare. Ask your dialysis unit staff including the Social Worker for more information.

notes:			

Your Hemodialysis Care Team

Nurses

Our nurses take care of you during your treatment. They assess you, review blood work, connect you to the dialysis machine, monitor your



treatment, take you off the machine when your dialysis is complete, and check that you are well enough to go home. Dialysis nurses receive special education. If you have questions about your treatment, please ask your nurse.

Clinical Leader

These nurses are in charge of running the dialysis unit. Speak to this nurse when you have questions or concerns that your nurse or other team members cannot answer or if you need to make changes to your treatment schedule.

Clinical Educator

This nurse is responsible for providing education and training for the nursing staff. You may meet her as she is teaching new staff members about dialysis.

Nurse Practitioner

Nurse practitioners are nurses with advanced education. They diagnose and treat some medical problems and order medications. They manage your medical care and work with you and your doctors to make a plan of care that is best for you.

Nephrologist (Kidney Doctor)

A nephrologist is a doctor who has advanced education related to diseases of the kidney. The nephrologists are responsible for your care. Your

nephrologist looks after your kidney-related concerns and will work in partnership with your family doctor or nurse practitioner, who will look after your



Your Care Team (Continued)...

other health concerns. If you do not have a family doctor or nurse practitioner, we can give you information about how to get one. See the resources listed at the end of the booklet.

Dietitian

Eating well is important to improve your health and how you feel on dialysis. People on dialysis are more likely than other people to be malnourished. Your renal dietitian will watch for any signs that you are becoming malnourished and will work with you and your nephrologist to prevent or improve this. The dietitian will help you choose foods that fit with your way of life, improve your blood work, avoid symptoms like thirst and feeling tired, and keep you as healthy as possible. If you need nutritional supplements to get enough protein, calories, vitamins and minerals, the dietitian will recommend them. The dietitian will meet with you regularly to go over your lab results and to see how you are doing. Your dialysis diet may change if your health changes. Ask to speak to your dietitian if you have questions about your food or nutrition, or if you have changes in your appetite, weight or trouble with digestion.



Social Worker

Whether you have known for some time that you would eventually need dialysis, or it has come as a shock, starting dialysis

treatments is a stressful time. Most patients and families experience a period of emotional and individual's adjustment. practical Each experience is different. The social worker can help you and your family adjust to the changes that might arise during your transition to hemodialysis. The social worker can also help locate and access community resources and help with such things as transportation, parking, home support, financial aid, employment or retraining, housing, advance care planning, etc. If you wish to speak with a social worker, ask your nurse to contact them.

Pharmacists

Our pharmacist can review the medications you are taking to make sure they are the right



ones for you. In addition, the pharmacist will be involved in making drug therapy decisions with you and your kidney doctor. If you have any questions or concerns about your medications, ask to speak to the pharmacist.

IMPORTANT INFORMATION

Make sure your community pharmacist knows that you have kidney disease and ask them to put a note on your health record. Always ask your doctor, nurse practitioner and pharmacists "is this medication okay with my kidney disease?" for ALL prescriptions, overthe-counter medications or herbal supplements.

Dialysis Support Worker

Some hemodialysis units have support workers who set up, take apart, and clean the dialysis machines. Together with the nurses, these support workers

- Help provide effective dialysis
- Help to make you feel comfortable and safe during your treatment

Your Care Team (Continued)...

Biomedical Technologists

You may meet one of our bio-medical technologists on the dialysis unit. They have special training and maintain the hemodialysis machines to the highest standards.



Unit Clerk

Your unit may have a clerk. The unit clerks check you in for your dialysis appointments. They also keep your chart organized and process any doctors' requests for tests, medications, or procedures. When your nephrologist wants you to see other healthcare professionals or go for tests, the unit clerk will make these appointments and will place a note in your chart for your nurse to give to you.



Your Hemodialysis Care Team members are happy to meet you!

Notes:

Resources

In addition to your kidney team, here are more resources that may be helpful to you:

Health PEI

Website: healthpei.ca 1-877-577-3737

Renal program information available on this site

Provincial Renal Clinic

QEH Ambulatory Care Centre 60 Riverside Drive

Your Home Unit:______Contact #:_____

Charlottetown, PE C1A 8T5 Telephone: (902) 894-0019

Fax: (902) 620-0497 Open Monday to Friday 8 to 4

811 Telehealth

Dial 8-1-1 to talk to a nurse 24/7

Kidney Foundation of Canada, Atlantic Branch

565 North River Rd, Charlottetown PE C1E 1J6

Website: kidney.ca/atlantic

Telephone: (902) 892-9009 / 1-877-892-9009

The Kidney Foundation provides many types of support, including information pamphlets, short-term financial assistance, interest-free loans, etc.

Pharmacare Drug Programs

Website: https://www.princeedwardisland.ca/en/information/health-pei/drug-programs

Generic Drug Plan

Website: www.healthpei.ca/genericdrugs

Catastrophic Drug Plan

Website: https://www.princeedwardisland.ca/en/information/health-pei/catastrophic-drug-program

Resources (Continued)

Multi-Organ Transplant Program (MOTP)

Queen Elizabeth II Health Sciences Centre 6 South, Room 291 Victoria Building 1276 South Park Street, Halifax, Nova Scotia B3H 2Y9

Website: www.motpatlantic.ca Telephone: (902) 473-6193

Fax: (902) 473-6640

For information regarding kidney transplant

Pat and the Elephant

Website: www.patandtheelephant.com

Telephone: (902) 894-3339

Transportation service in Charlottetown

Advanced Care Planning

Website: https://www.princeedwardisland.ca/en/information/health-pei/advance-care-planning

Canada Revenue Agency, Disability Tax Credit

Website: www.cra-arc.gc.ca
Phone: 1-800-267-6999

More Community Resources

Seniors Independence Initiative Home Care Program Mental Health Services Diabetes Program Home Care Housing

Visit: www.princeedwardisland.ca

Catholic Family Service Bureau - visit www.catholicfamilyservicesbureau.com

What the Words Mean

In this section, you will find definitions for some common words you may hear at your dialysis appointments. We encourage that you understand what is going on with your health so please feel free to ask questions at any time.

Anemia

A condition in which you do not have enough healthy red blood cells in your body. You need red blood cells to carry oxygen to all of your body's tissues. Many people with kidney disease have anemia. You may also hear the term *anemic*, which has the same meaning (i.e. "you have *anemia*", or "you are *anemic*".

Aranesp

Medication used to treat a person with a less than normal number of red blood cells (see *anemia*). People with chronic kidney disease can have anemia. This type of medication also goes by other names (Darbepoetin, Erythropoietin (Eprex).

Blood Test

A sample of blood taken and sent for testing. This is usually taken from your access (fistula or catheter) before your treatment or it can be taken from the blood lines on the dialysis machine during your treatment. In some cases, a blood sample may be taken from a vein in your arm using a needle.

Dialyze

To have your blood filtered through a dialyzer (see below) that is attached to a dialysis machine.

Dialyzer

A special filter attached to the hemodialysis machine that removes waste from your blood. The dialyzer is sometimes called an "artificial kidney".

Electrocardiogram (ECG or EKG) Test

A test that checks the electrical activity of your heart. "Electro" means electrical activity, "cardio" means heart, and "gram" means a print out. The results of this test are represented as lines printed out on paper.

Echocardiogram

Instead of electrical activity, this test uses sound waves to get images of the heart.

What the Words Mean (Continued)...

Hemodialysis

When a machine is used to clean or filter wastes and remove extra fluid from the blood. This is a job that is normally done by the kidneys.

"Hook-up" time

The time your nurse assesses you and connects you to the hemodialysis machine.

"Take-off" time

The time your nurse disconnects you from the hemodialysis machine and checks to make sure you are well enough to go home.

Hepatitis B

An infection caused by the hepatitis B virus, causing irritation and swelling of the liver. This infection is spread by contact with infected blood or body fluids. The liver usually recovers within 4 to 6 months.

Hepatitis C

An infection caused by the hepatitis C virus, causing swelling of the liver. This infection is spread by contact with infected blood or body fluids and can cause permanent damage to the liver.

MRSA (Methicillin Resistant Staphylococcus Aureus)

An infection caused by the bacteria staphylococcus aureus, which is resistant to the antibiotic Methicillin. These bacteria normally live on human skin and in the nose. An infection from these resistant bacteria can be difficult to treat.

Uremia

A term used to refer to the symptoms associated with kidney failure such as feeling tired, nauseated, itchy, or losing your appetite.

What the Words Mean (Continued)...

Vascular Access

Can be a fistula, graft, or a catheter that allows access to your blood. Special tubing is connected to the vascular access. This tubing takes your blood to the dialyzer on the hemodialysis machine and returns your blood back to your body after it has been cleaned.

Fistula (sometimes called an AVF or arterio-venous fistula)

The creation of the fistula requires an operation to join an artery and a vein in your arm. This creates a large blood vessel so that needles can be inserted into the fistula and connects you to the hemodialysis machine.

Graft (sometimes called an AVG or arterio-venous graft)

The creation of the artificial graft requires an operation to join an artery and a vein in your arm. This creates a large blood vessel so that needles can be inserted into the fistula and connects you to the hemodialysis machine.

Catheter (also called a CVC line, a perm cath, or a tunneled cuffed catheter)

This tube is inserted into your chest and may be used if your hemodialysis needs to be started urgently.

VRE (Vancomycin Resistant Enterococcus)

An infection caused by the bacteria called "enterococcus" and resistant to the antibiotic Vancomycin. These bacteria normally live in the human bowel and can sometimes cause an infection. An infection from these resistant bacteria can be difficult to treat.

Hemodialysis Checklist

Firs	st visit only Bring all of your medications (including prescribed, herbal medicines, vitamins, and supplements) Let us know at least one week before if we need to book an interpreter
	Arrive 30 minutes before your first hemodialysis start time and 15 minutes before thereafter
Pre	eparing for every visit
	Wear shoes with slip-resistant soles
	Wear loose fitting clothes that are easy to wash
	Bring any medications you need to take during your treatment
	Bring in any new medication for us to check
	Bring a book or electronic device to read
	Bring a list of any questions you might have
	Bring a note pad to write down questions or advice from your health care team
Eve	ery visit
	Arrive on time for your scheduled hemodialysis start time (15 minutes before)
	Weigh yourself before your treatment
	Write down your weight and subtract the weight of your shoes or any heavy clothing
	Tell us about any changes in your medications
	Tell us about any changes to your health or if you have stayed in the hospital recently Wash your hands with soap
	If you have a fistula or graft, wash your access with soap
	Check to make sure your call bell is within reach
	Weigh yourself after your treatment
	Write down your weight and subtract the weight of your shoes or any heavy clothing
	Clear your table before you leave
	Make sure you have some packets of gauze with you in case your fistula starts to bleed
	Remove your bandage 12 to 24 hours after you leave the hospital
Res	gular checks
.	Check your fistula, graft or catheter twice a day for signs of infection or anything unusual
_	See your family doctor for regular check-ups
	See your dentist for regular check-ups
	· · · · · · · · · · · · · · · · · · ·