



**NEPHROLOGY PROGRAM  
DEPARTMENT POLICIES AND PROCEDURES**

**Hemodialysis - Section 03 - Patient Assessment & Management - Neph 3-05  
Guidelines for Contacting a Nephrologist/Delegate Post Dialysis  
No.: 01375 (TOH Standardized Policy Number)**

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**ISSUED BY:**  
Hemodialysis Clinical Practice

**DATE OF APPROVAL:**  
N/A

**APPROVED BY:**  
Nephrology Steering Committee

**LAST REVIEW/REVISION DATE:**  
2018/04

**CATEGORY:**  
Patient Assessment and Management

**IMPLEMENTATION DATE:**  
2001/07

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**POLICY STATEMENT:**

- To provide direction to the Nurse for common situations encountered at the end of dialysis in relation to the patient's vital signs, vascular access and weight
- These guidelines are not intended to prevent necessary calls. The Nurse is to use critical thinking and professional judgement at all times and consult with Care Facilitator/Senior Staff Member to clarify uncertainty. The Nephrologist/Delegate is to be contacted if concern of risk to a patient exists and intervention is required.

**DEFINITION(S):** N/A

**ALERTS:** N/A

**PROCEDURE:**

**Section A: Vital signs**

Contact Nephrologist/Delegate for:

1. Hypertension - Symptomatic Standing Hypertension:
  - Angina
  - Dyspnea
  - Headache
  - Visual/Sensory Complaints

- Post Standing Systolic BP > 200 mmHg AND more than Pre-dialysis BP by 20 mmHg
- Other Non-symptomatic Hypertension should be reported for follow-up, weight adjustment, and/or medication review. Add to the Nephrologist “hit list” for the MD to review next treatment.

**Note:** For satellite units please contact the Nephrologist/Delegate via email if new onset of non-symptomatic hypertension persists for 2 treatments or more

**2. Hypotension - Symptomatic Standing Hypotension:**

- Weakness
- Dizziness
- Change in LOC or loss of consciousness
- Nausea
- Post Standing Systolic BP < 100 mmHg AND less than Pre-dialysis BP by 20 mmHg
- Hypotension associated with expected dialysis weight loss BUT not relieved by saline administration to a maximum of 500 mL
- Hypotension associated with weight loss below set target weight and not relieved by administration of saline up to target weight OR to a maximum of 1000 mL
- Other Non-symptomatic Hypotension should be reported for follow-up, weight adjustment, and/or medication review. Add to the Nephrologist “hit list” for the MD to review next treatment.

**Note:** For satellite units please contact the Nephrologist/Delegate via email if new onset of non-symptomatic hypotension persists for 2 treatments or more

**3. An irregular pulse rate > 100 bpm if this is not usual for the patient.**

- An irregular pulse rate of <100 bpm should be reported for follow up at the next visit. Add to the Nephrologist “hit list” for the MD to review next treatment.

**4. Tachycardia - pulse rate > 120 bpm OR Symptomatic Tachycardia:**

- Chest fluttering/discomfort
- Associated hypotension
- Pale/diaphoresis

**5. Bradycardia – pulse rate < 45 bpm OR Symptomatic Bradycardia:**

- Weak/unwell
- Associated hypotension

**6. Fever with other symptoms:**

- Chills, rigors
- Flushing, diaphoresis
- Other symptoms suggesting infection

## Section B: Respiratory problems

Contact Nephrologist/Delegate for:

- SOB new to patient and not noted on pre-assessment
- Chest congestion not improved post dialysis
- O<sub>2</sub> Saturation < 92% if associated with respiratory symptoms

## Section C: Weight

Contact Nephrologist/Delegate for:

Excessive Weight Loss > 25% more than targeted AND patient symptomatic:

- Hypotension, cramps not relieved by administration of saline up to target weight to a maximum of 1000 mL
- Example: target weight loss was set for 4000 mL. Patient lost (target X 0.25 = 1000 mL extra), had cramps and/or hypotension which was not relieved with 1000 mL of saline. Therefore Nephrologist/Delegate must be called.

Insufficient Weight Loss < 50% of targeted weight loss **AND if substantial risk** to patient exists

- Example: target weight loss was set for 4000 mL. Patient lost (target X 0.50 = only 2000 mL). If patient has a history of pulmonary edema or excessive interdialytic weight gains then the Nephrologist/Delegate must be called.

## Section D: Reporting laboratory and culture results

Critical Lab Values as called by the Lab: **must be reported immediately (call/page as needed) to the covering Nephrologist.**

Reference Table: TOH Critical Values that are called to the unit by the lab

		Low	High
Blood gases	pH	<7.1 mol/L	
Electrolytes	Sodium	<120 mol/L	>160 mol/L
	Potassium	<3.0 mmol/L <3.5 pre-dialysis; <2.5 post-dialysis	>6.0 mmol/L >6.5 pre-dialysis
Glucose		<2.0 mmol/L	>28 mmol/L
Calcium		<1.5 mmol/L	>3.0 mmol/L
Calcium-ionized		<0.8 mmol/L	>2.00 mmol/L
Magnesium		<0.4 mol/L	>5.0 mol/L
Phosphate		<0.4 (<0.7 pre-dialysis) mol/L	

For positive culture results refer to [Neph 3-14 \(#00735\) Follow-up of Culture Results](#)

## Section E: Vascular access

Contact Nephrologist/Delegate/ **AND** Dialysis Access RN/Advance Practice Nurse for:

- Tenderness
- Redness
- Blisters
- Drainage to all vascular accesses not noted on pre-assessment
- Post needle removal bleeding > 30 minutes of direct pressure
- Unsecured winged central venous catheter (no sutures or securing device)
- Reoccurring arterial pressure alarms resulting in a blood flow < 150 mL/min if not reported earlier – determine plan prior to next treatment
- Reoccurring venous pressure alarms resulting in a blood flow < 150 mL/min if not reported earlier – determine plan prior to next treatment

## **Section F: Treatment time**

Contact Nephrologist/Delegate for:

- If patient requests a shortened treatment time, do the following:
- If request for time reduction by no more than 30 minutes, no need to contact the Nephrologist/delegate as long as this occurs infrequently (no more than once every week). If this is a more regular occurrence (more than once a week), put on the Nephrologist/delegate. "hit list" for review
- If request for time reduction is for greater than 30 minutes, but less than one hour, and there are no concerns (e.g. fluid overload), no need to notify the Nephrologist/delegate. Write on hit list so Nephrologist/delegate is aware. If this is a second (or third) occurrence within the same week, page the Nephrologist/delegate to review.
- Requests for shortening of treatment time by more than one hour should be reviewed with Nephrologist that treatment
- Document in Progress Notes

## **RELATED POLICIES / LEGISLATION:**

1. [Nephrology Policies and Procedures - Hemodialysis - Section 03 - Patient Assessment & Management - Neph 3-14 \(#00735\) Follow-up of Culture Results](#)

## **REFERENCES:**

1. Hemodialysis Clinical Practice Committee discussions and expert opinion (2017)
2. Hemodialysis Management Committee (2017)
3. HIROC Risk Assessment Checklists Worksheet 2017

## **COMMENTS / SIGNIFICANT REVISIONS: N/A**