



**NEPHROLOGY PROGRAM
DEPARTMENT POLICIES AND PROCEDURES**

**Home Dialysis - Section 04 - Home Hemodialysis - HDU 4-01
Referral and Admission to the Home Hemodialysis Program
No.: 01454 (TOH Standardized Policy Number)**

ISSUED BY:

HDU Clinical Practice Committee

DATE OF APPROVAL:

N/A

APPROVED BY:

Program Clinical Director & Division Head

LAST REVIEW/REVISION DATE:

2016/09

CATEGORY:

Home Hemodialysis

IMPLEMENTATION DATE:

2004/03

POLICY STATEMENT:

- To guide the nephrology program team when assessing patients for hemodialysis at home
- To facilitate referral of patients to the home dialysis unit (HDU)
- To facilitate patients' successful transition to a home hemodialysis (HHD) therapy

DEFINITION(S): N/A

ALERTS:

- For further information regarding Home Hemodialysis or other forms of independent dialysis contact:
 - Clinical educator
 - HDU RN or APN
 - Nephrology Treatment Options Education RN
 - Nursing Resources folder; Home Therapy subfolder: V:\Common\Nephrology Nursing Resources\HOME THERAPY
 - Ontario Renal Network website: <http://www.renalnetwork.on.ca/#&panel1-1>
- When uncertain regarding patient eligibility or ability to manage home hemodialysis for HHD consult/clarify with HDU staff

CRITERIA FOR ADMISSION TO HHD PROGRAM

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1. Patient choice
2. Patient consents to accept the responsibility of hemodialysis at home including treatment and supply chain processes
3. Patient has cognitive and functional ability to learn and safely perform hemodialysis procedures
4. If the patient is unable must have a family member/partner who is willing to assist and participate in care
5. Patient has functional vascular access
6. Patient deemed medically suitable and safe for home hemodialysis by the HDU team
7. Stable domicile and address
8. Reliable water, electrical source and reliable water disposal consistent by CSA standards

PROCEDURE:

1. Referral sent by treating nephrologist to HDU
2. Patient assessed by the HDU nephrologist
3. HDU Care Facilitator and dialysis technologist home visit to assess feasibility of installation of equipment (location / water / plumbing / electrical system) and conduct relevant testing (i.e.: water quality)
4. The patient confirms acceptance of the responsibility of hemodialysis at home
5. HDU team assesses the need for a hemodialysis helper (spouse or other) as indicated by patient and health situation
6. Patient and/or helper complete HHD training and demonstrate safe hemodialysis practices
7. The HDU team will reassess the safety of the patient on a regular basis. Should safety become an issue, HHD will be discontinued (temporarily or permanently)
8. For unassisted dialysis patient must have telephone within reach throughout dialysis treatments
 - a. Cell phone must be fully charged
 - b. Land line telephone must be directly connected into the telephone jack to ensure connectivity during a power outage situation. **Note:** portable telephones do not work in power outage situations
9. The patient agrees to necessary adaptations of his/her home to accommodate the equipment for dialysis.
 - c. When patient is not owner of their residence, the owner/landlord will agree in writing to the terms of the installation
10. The patient agrees to be available to accept delivery of the various supplies and services necessary to maintain hemodialysis, post-installation, on a regular basis
11. Following discharge from program (i.e.: relocation, a kidney transplant, permanent transfer to incenter HD) the HDU staff will remove dialysis equipment
12. The HDU will arrange for the removal of the plumbing and electrical outlets and will coordinate the repair caused by the installation of these modifications
13. The patient will sign an agreement with the HDU indicating he/she agrees with the outlined responsibilities

DOCUMENTATION:

- The HDU Care Facilitator will document observations and ongoing status of plan in Nephro-Care
- The dialysis technician will document relevant test results and actions taken in technologist Nephro-Care system

RELATED POLICIES / LEGISLATION: N/A**REFERENCES:**

1. Leitch R et al. Nursing Issues Related to Patient Selection, Vascular Access, and
2. Education in Quotidian Hemodialysis (Am J Kid Disease 42(1) suppl 1. S56-S60, 2003
3. Humber Hospital and The Toronto Hospital both allow home alone – personal communication
4. Ontario Renal Network HHD Fact Sheets
<http://www.renalnetwork.on.ca/cms/one.aspx?portalId=256223&pageId=332615#.V9K1pOT6tPZ>