

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.31.01	Page 1 of 4
	Original Effective Date: 12/23/11	New Effective Date: 04/20/2018
	Supersedes: 500.31.01	Dated: 01/06/12
	Administrator's Approval: Jim Schwochert, Administrator	
Required Posting or Restricted:		
<input type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Prevention and Treatment of Intradialytic Hypotension		

POLICY

Episodes of intradialytic hypotension shall be assessed and treated promptly by the Dialysis Registered Nurse. In consultation with the Nephrology Advanced Care Provider, a nursing care plan shall be developed to minimize the occurrences of intradialytic hypotension. The nursing care plan shall be reviewed each month and as needed.

REFERENCES

Molzahn, A., & Butera, E. (Eds)(2006). *Contemporary Nephrology Nursing: Principles and Practice*, Second Edition. Pitman, NJ: American Nephrology Nurse's Association.

Counts, C.S. (Ed.). (2008). *Core Curriculum for Nephrology Nursing*, Fifth Edition Pitmann, NJ: American Nephrology Nurse's Association

DEFINITIONS, ACRONYMS AND FORMS

ACP – Advanced Care Provider

DOC-3021A – Dialysis Progress Notes

DOC-3023D – Prescriber's Orders (Standard Orders – Hemodialysis)

DOC-3423 – Hemodialysis Treatment

DOC-3510 – Patient Care Plan

HSU – Health Services Unit

UF – Ultrafiltration

PROCEDURE**I. Measures and Options For the Prevention of Intradialytic Hypotension**

Various measures and options exist for the prevention of intradialytic hypotension. Those items include:

- A. Accurate pre-dialysis and post-dialysis weights at each dialysis treatment.
- B. Accurate estimated dry weight. Reevaluate estimated dry weight at each dialysis session. Obtain a Nephrology ACP order for changes or challenges in dry weight.

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- C. Avoid excessive UF. Consult the Nephrology ACP regarding maximum UF amount and rate for the patient.
- D. Perform Sequential UF (Isolated UF) per Nephrology ACP order.
- E. Perform UF Profiling per Nephrology ACP order. This facilitates movement of fluid from the intravascular space into the dialysate by varying the rate of fluid removal to permit periods of plasma refill.
- F. Perform Sodium Modeling per the Nephrology ACP order.
 - 1. Order to include type of modeling (step, exponential or linear) and sodium numeric settings.
 - 2. This strategy can result in increased thirst and increased interdialytic fluid gains – use cautiously.
 - 3. Do not initiate or continue use of a Sodium Model, if systolic BP is greater than 180 mmHg or diastolic greater than 100 mmHg.
- G. Utilize Hematocrit-based Blood Volume Monitoring as an assistive device for dry weight assessment.
- H. Take blood pressure and pulse:
 - 1. Before dialysis.
 - 2. At the start of the dialysis treatment.
 - 3. Every 30 minutes during dialysis.
 - 4. After the dialysis treatment is completed.
- I. Assess for septicemia or dialyzer reaction as potential cause of hypotension.
- J. Assess for unstable cardiovascular status. Consult with the Nephrology ACP as necessary.
- K. Consult the Nephrology ACP regarding administration time of antihypertensive or other vasodilator (narcotic, analgesics) medications.
- L. Assess patient's albumin level. Low albumin can result in reduced plasma osmolality. Consult with Nephrology ACP if Albumin <4.0.
- M. Assess patient's hemoglobin level. Hg less than 10 g/dl can affect peripheral vascular resistance and result in hypotension.
- N. Consult the Nephrology ACP regarding potential carnitine deficiency.
- O. Avoid eating immediately before and during dialysis.
- P. Provide patient education on fluid and sodium intake. Consult with dietician and Nephrology ACP.

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II. Treatment Options For Intradialytic Hypotension

Various treatment options exist for the treatment of intradialytic hypotension.

Treatment options include:

- A. Place patient in modified Trendelenburg position. Elevate legs 30-45 degrees, flexing at the hip, with the trunk remaining horizontal, head level with trunk.
- B. Reduce UF to a minimum or turn the UF button off until symptoms resolved. Reassess UF goal after blood pressure stabilizes. Notify the Nephrology ACP as necessary.
- C. Baseline dialysate temperature per-- Prescriber's Orders (DOC-3023D) – Standard Orders – Hemodialysis. Consult with Nephrology ACP for potential decrease in dialysate temperature.
- D. If a significant change in pressure, and/ or patient symptomatic, infuse normal saline in a bolus of 100 -200 ml. Recheck vital signs after each increment. Administer oral fluids if less severe.
- E. Administer oxygen therapy as necessary, per– Prescriber's Orders (Standard Orders – Hemodialysis; DOC-3023D).

III. Follow up

- A. Notify the HSU regarding significant episodes of intradialytic hypotension during dialysis. HSU to provide follow up, as appropriate.
- B. Notify the Nephrology ACP of significant episodes of intradialytic hypotension.
- C. Update the Hemodialysis Nursing Care Plan. Document on the document in health record.

Bureau of Health Services:

_____ **Date Signed:** _____
Paul Bekx, MD, Medical Director

_____ **Date Signed:** _____
Mary Muse, Nursing Director

_____ **Date Signed:** _____
James Greer, Director

Administrator's Approval: _____ **Date Signed:** _____
Jim Schwochert, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date: 12/23/11	DAI Policy Number: 500.31.01	Page 4 of 4
New Effective Date: 04/20/18	Supersedes: 500.31.01	Dated: 01/06/12
Chapter: 500 Health Services		
Subject: Prevention and Treatment of Intradialytic Hypotension		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS, AND FORMS

FACILITY PROCEDURE

- I.
 - A.
 - B.
 - 1.
 - 2.
 - a.
 - b.
 - c.
 - 3.
 - C.

II.

III.

RESPONSIBILITY

I. Staff

II. Inmate

III. Other