

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No. :	

Procedure Information Sheet - Implantation of Haemodialysis

1. Introduction of Haemodialysis

- 1.1. Haemodialysis is a process of cleaning the blood outside the body by a filtering machine, removing accumulated waste products and excessive water from blood. The cleaned blood is then returned to the body. It is a substitute for the excretory function of the kidneys but does not replace the endocrine and metabolic functions. In chronic kidney failure and end stage kidney disease, haemodialysis is used to substitute the absent kidney function indefinitely.
- 1.2. Haemodialysis is usually done at a dialysis center two to three times a week. Each session usually lasts for 3-6 hours.

2. Procedural Preparation

- 2.1. A functioning vascular access (catheter and/or arteriovenous fistula/ graft) must be established prior to the first dialysis treatment.
- 2.2. Serology screening tests are required prior to the initiation of first dialysis treatment.
- 2.3. The procedure will be fully explained by doctor or nurses and a written consent is required.
- 2.4. Withhold any anti-hypertensive medication in the morning of the day of haemodialysis until further instructed by the nurses. Patient can bring along the medication to Dialysis Centre.
- 2.5. To achieve optimal result, patient must follow the advice of dietitian or other health care professionals on diet recommendations and fluid restriction.
- 2.6. Body weight, blood pressure/ pulse, body temperature and patients' general condition will be assessed prior to each dialysis treatment.

3. Procedure

- 3.1. The vascular access will be cleaned with appropriate disinfectant before the procedure.
- 3.2. The vascular access will then be connected with the haemodialysis circuit and machine.
- 3.3. The blood is pumped out of the body by the machine and flow across the membrane of artificial kidney (dialyser) to remove the metabolic wastes and excessive water in the blood. At the same time, the dialysed blood is returned to the body.
- 3.4. After the dialysis system is established, patient should avoid excessive movement.
- 3.5. Extra care will be taken to prevent disconnection or pulling out of tubing.
- 3.6. Vital signs and patient's condition will be closely monitored during the treatment.
- 3.7. After the haemodialysis treatment, proper dressing (for catheter) or hemostasis (for arteriovenous fistula/ graft) will be performed.
- 3.8. Nurses will assess patient's condition and vital signs again before they are discharged.
- 3.9. As it takes time for the body to adapt after haemodialysis treatment, family members are recommended to accompany the patient at discharge.

* If patient shows signs of anemia during the course of treatment, blood transfusion or other treatment may be needed.

4. Common Complications during Haemodialysis

- 4.1. Bleeding from the catheter or arteriovenous fistula/graft site
- 4.2. Catheter-related or arteriovenous fistula/graft infection
- 4.3. Low blood pressure
- 4.4. Low body temperature & chills during the procedure
- 4.5. Nausea and vomiting
- 4.6. Headache
- 4.7. Muscle clamp

5. Uncommon Risks with Serious Consequences

- 5.1. Disequilibrium syndrome, allergic reaction to the artificial kidney and/or blood lines, cardiac arrhythmias, cerebral haemorrhage, convulsion, hemolysis, air embolism, cardiac arrest and sudden death.

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6. **References**

- 6.1. Smart Patient Website by Hospital Authority (2017). Retrieved from:
http://www21.ha.org.hk/smartpatient/en/chronicdiseases_zone/details.html?id=120
- 6.2. Central Committee on Intensive Care, Hospital Authority (2007) Haemodialysis/ Haemofiltration,
Document no: PILIC0064E
- 6.3. Coordinating Committee In Internal Medicine (2015) Information on Long-Term Hemodialysis Treatment
(CHD), Document no: PILIC0039E

I, _____ acknowledged that the above information concerning the operation or procedure has been explained by Dr _____. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Name:

Patient No.:

Case No.:

Sex / Age:

Unit Bed No.:

Case Reg. Date & Time:

Patient Signature: _____

Patient Name: _____

Date: _____

