

## Residents Receiving DIALYSIS are at Higher Risk for Medication Errors

*Communication is Key to Optimizing Health Outcomes*

### Definition

**Dialysis** – A process by which dissolved substances are removed from a patient’s body by diffusion from one fluid compartment to another across a semipermeable membrane. The two types of dialysis that are currently in common use are hemodialysis (HD) and peritoneal dialysis (PD). (§405.2102).

### Effect on Residents

Residents with impaired renal function may have dialysis ordered to supplement the kidneys’ natural role of filtering blood. As the kidneys naturally remove many products the body views as “waste”, dialysis similarly filters products such as creatinine, urea, and other perceived toxins, including **drug products**.

Because many medications are renally eliminated, and therefore highly affected by dialysis, it is imperative that dialyzed residents receive coordinated care and amended medication regimens to accommodate dialysis schedules.

### Effects on Nursing and Group Homes

The nursing home retains ultimate responsibility for residents’ overall quality of care and must render equivalent services to residents independent of their dialysis status. This includes:

- Ongoing provision of assessment, care planning and provision of care.
- Coordinated dialysis treatment planning developed with input from the nursing & group home and dialysis facility.
- Continuity of nursing & group home services and care accommodating dialysis treatments.
- Oversight for identifying changes in a resident’s behavior that may impact the safe administration of dialysis, including resistance to care. Attending practitioner and dialysis facility must be apprised of these changes.
- Dedicated observation and monitoring for dialyzed residents before, during (if dialysis is provided by home staff/ caregivers or the resident) and after dialysis treatments.

### Coordinating Communication between Nursing & Group Homes and Dialysis Facilities

It is essential that a 24 hour/day communication process be established between the nursing home and the dialysis facility to address:

**Timely Medication Administration** (initiate, administer, hold or discontinue) by nursing & group home and dialysis facility

- Best Practice: schedule meds at a time when resident is NOT out to dialysis OR address the issue of holding meds appropriately, to ensure that drug administration is in accordance with physician orders.
- Alert nursing/MD if resident does not receive a medication due to being out at dialysis and review to adjust doses for any required adjustments.
- Recommend sending MAR with patient to dialysis to have the medications reviewed for specific dosing times.
- See [Dialysis and Drug Administration Guide](#) for abridged chart highlight meds carrying contraindications or precautions around hemodialysis or peritoneal dialysis.

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### ***Physician/Treatment Orders, Laboratory Values and Vital Signs***

- Ensure that the dialysis record and any related lab results are obtained with each treatment and placed in the resident's chart.
- Document in nursing notes if records are requested by dialysis clinic.

### ***Nutrition and Fluid Management***

- Documentation of weight; resident compliance with food/fluid restrictions and the provision of meals before, during and/or after dialysis; monitoring intake and output measurements as ordered.

### ***Dialysis Treatment Provided and Resident's Response***

- Declines in functional status and the identification of symptoms such as anxiety, depression, confusion, and/or behavioral symptoms that interfere with treatments.
- The occurrence or risk of falls and any concerns related to transportation to and from the dialysis facility.
- Changes in conditions unrelated to dialysis.

### ***Adverse Reactions and Complications due to Dialysis***

- Including recommendations for follow up observations and monitoring.