

## Renal Services

# Terms of Treatment Agreement for Patients in Renal Haemodialysis

Your Kidney Nurse or Kidney Doctor has informed you that you require dialysis as a treatment for your kidney failure. This treatment requires interventional procedures for which we will need your written agreement.

If you are planning to have haemodialysis treatment, a form of permanent access will be required so that you can have this treatment. Haemodialysis treatment requires access to your blood supply so that your blood can be cleaned and cleared of your bodies' waste products and fluid.

For this purpose, your kidney nurse or doctor will recommend that you have a long term access created in the form of a fistula or graft. If you are not suitable for a fistula or graft you will be need to have a vascular catheter (dialysis line) inserted. Your nurse or doctor will explain this to you in more detail. It is important that you consent to the most suitable form of access being created for you. Your doctor, nurse and fistula surgeon will be able to advise further.

For dialysis to be as successful as possible there needs to be a clearly understood agreement between you and the hospital staff. The dialysis staff will be available to assist you with this as much as possible but it is important that you are able to comply with all aspects of the treatment. This document aims to set out the terms on which this can be achieved.



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For most patients we aim to provide 3 dialysis sessions each week and these will be of 4 hours duration. This is in line with National Standards. In some clinical circumstances this dialysis prescription might change.

We will try to give you your preferred times for dialysis and will try to arrange dialysis as near to where you live as possible.

We expect your assistance in the dialysis process:

- You will be given the timing of your dialysis sessions and it is important that you **attend on time**. If you don't, your dialysis session might have to be shortened. Other patients will be booked to attend after you, or if you dialyse on the last shift of the day, the unit will need to close for the night.
- UHCW is an acute dialysis unit providing treatment for inpatients and patients who are too unwell to dialyse at a satellite unit. When patients' condition becomes stable, all haemodialysis patients will be moved to a satellite unit. There are 5 satellite units within Coventry and Warwickshire: Clay Lane, George Eliot, Rugby, Whitnash and Stratford. Renal Guidelines state that except in geographically remote areas, the travel time to a haemodialysis facility should be less than 30 minutes or a haemodialysis facility should be located within 25 miles of the patient's home. In inner city areas, travel times over short distances may exceed 30 minutes at peak traffic during the day. We will aim to transfer your treatment to a dialysis unit that is within 25 miles of your home. This decision will be made by your consultant and based on the dialysis spaces available. Transport can be provided by West Midlands Ambulance Service if you meet their Criteria. The Renal Units are not responsible for this service.
- Please do not use your mobile phone in the dialysis treatment area out of courtesy to other patients. You will be able to use your mobile phone in the waiting area.

We do take monthly blood tests to ensure your dialysis is satisfactory and we aim to provide you with access to your personal blood results as we encourage our patients to become as well informed about their condition as possible.

Your blood results will be reviewed regularly by your dialysis consultant, dialysis nurse, and dietitian. We hope you will feel able to discuss your

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results with the medical and nursing staff. Nurses will be happy to discuss your blood results with you whilst you are dialysing if you prefer.

Many patients will now be able to access their blood results on Patient View – a national website for patients: [www.patientview.org](http://www.patientview.org). To arrange access to Patient View please discuss this with your nurse or doctor.

We aim to provide all patients with education about dialysis either before it is required or shortly after starting dialysis. We will provide you with access to a dietitian and a pharmacist. The dialysis service also has access to a psychologist. (Ask for the leaflet 'Psychological Services – Understanding the Emotional Impact of Kidney Disease.')

Dialysis alone cannot keep you well. An understanding of the role of fluid balance is also essential for success. The dialysis process is crucial in this, but it is not enough to control your fluid balance and your blood pressure. It is not safe to remove too much fluid in a single session and we need you to follow the fluid restriction that has been given to you by the clinical team. (Ask for leaflets 'Blood Pressure' and 'Controlling your Fluid Balance').

We keep records of all patients who have been assessed as being 'at risk' during haemodialysis, for example, if a patient has dementia, or has poor access and cannot dialyse very well. This is known as a 'Risk Register'.

We also keep records of patients who do not dialyse for their prescribed time; often this is because the patient requests to dialyse for a shorter time than their doctor advises. This is known as a 'Variance Register'.

It is important for patients and carers to know that their names may be on either of these registers – it is nothing to worry about, we are required to keep this information as part of our management of our patients.

## Agreement to Screening

As several patients are treated at any one time within the Dialysis Unit, there is a risk of infection. In the past, some UK dialysis units have had very

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serious outbreaks of infection. These are much less likely today because of the precautions taken. The main infections of concern are Hepatitis B, Hepatitis C and HIV.

Further information about these infections is included within this leaflet.

These infections are usually contracted by individuals before they ever come to need dialysis. These patients will use separate machines that are not used by non-infected patients. The risk of cross infection in UK renal units is very low. However, it is national policy to screen all patients for the infections listed below as even one case can have significant implications:

- Hepatitis B - every 3 months
- Hepatitis C – every 6 months
- HIV – every year
- MRSA – every 3 months
- ‘Carbapenemase-producing Enterobacteriaceae’ (CPE) – if planning a holiday

As part of your agreement to the dialysis process we ask you to have these screening bloods done as listed above along with your regular dialysis bloods. This is standard procedure throughout UK renal units and should you travel and need to attend other renal units, you will find that they will not accept patients without this information being available.

Therefore whilst you do not have to agree to these screening tests, unless we know that your results are negative, we will have to assume that you might be positive and suitable precautions will have to be undertaken with your dialysis. This is necessary to protect the rest of the dialysis population.

## Covid-19 Pandemic

Given the pandemic, dialysis procedures will be managed within Infection Control and UK Renal Registry guidance to ensure your dialysis environments is ‘Covid-19 safe’. Your dialysis team will be able to provide more information about this.

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### **The Renal Registry**

The UK Renal Registry is part of the Renal Association, a charity set up as the national association for Kidney Doctors and Researcher into Kidney diseases.

The Renal Registry collects and analyse information about the treatment of kidney failure. This is done from the information kept by each Renal Unit, including how often treatment is provided, how the treatment is managed and the effectiveness of each type of treatment. The Renal Registry also keeps information about you - your name, date of birth, postcode and medical information such as blood pressure and blood tests.

If you are happy for the Renal Registry to use your personal information you need do nothing further. You do have the right to opt out of the Registry being sent information which identifies you. If you wish to opt out of the Renal Registry data collection please inform your Hospital Doctor or Nurse, who will record this locally.

For further information about the Renal Registry please visit:

[www.renalreg.org](http://www.renalreg.org)

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### **Patient Information**

Please read this form carefully. You should have been provided with some information regarding your treatment which includes the risks and benefits. If not, you will be offered a chance to discuss it now with the nurse who is caring for you today. Please ask questions.

I agree to undergo haemodialysis as prescribed by my consultant.

I agree to do my part in ensuring that dialysis is successful.

This includes medication and fluid balance.

I agree to screening for transmissible virus's and MRSA.

I agree to allow my personal information and blood results to be sent to the UK Renal Registry for audit purposes

### **Statement of Patient:**

Patient's Signature..... Date.....

Name (print).....

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### **Statement of Nurse:**

I have explained the procedure to the patient. In particular, I have explained:

- The intended benefits of dialysis
- Serious or frequently occurring risks
- The role of the patient in ensuring a good outcome

I have also given the patient information leaflets to take home, regarding Chronic Kidney Disease, Complications, and Care of their dialysis access.

Signature of nurse.....Date.....

Name (print).....

If the patient is unable to sign but has indicated his or her agreement, this form should be signed by a second nurse as witness. Young adults may also like a parent to sign here.

Witness Signature..... Date.....

Name (print).....

### **Statement of Interpreter (where required)**

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Signed.....Date.....Name(print).....

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### **MRSA**

MRSA is a type of germ called *Staphylococcus aureus* that are normally found on our skin and nostrils that have developed resistance to some antibiotics. Most people carry MRSA but are unaware because it does not harm them and they have no symptoms. MRSA can cause harm when it gets an opportunity to enter the body. It can cause simple infections such as pimples and boils, or more serious problems such as wound infections, chest infections or blood stream infections.

The monitoring of this infection requires the taking of swabs from nose and groin every 3 months. We can get rid of the germ by using an antiseptic wash to use daily along with a cream for your nose. Clothing needs to be changed daily. **Patients with MRSA will receive their dialysis in a single room.**

### **Hepatitis B Infection**

Hepatitis is inflammation of the liver. There are many causes but viral infection is one of the major causes. Hepatitis B virus is common worldwide and is very infectious.

It is transmitted by blood to blood contact and therefore can be acquired through transfusion of blood products (these are screened within the UK), using intravenous drugs, tattoos or by intimate contact with an infected person.

Symptoms may not occur for weeks or months after infection but the patient remains infectious. The acute illness can be severe. Even after symptoms have gone, up to 10% of patients will remain infectious. Chronic infection with Hepatitis B will require specialist medical advice.

### **Hepatitis B and dialysis**

We operate a policy of continuous surveillance in the UK for Hepatitis B and will test every three months. If you do not agree to undergo screening we will have to treat you as positive in order to protect the general dialysis population. Suitable precautions will have to be taken.



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Patients with proven hepatitis or any other infectious disorder will be dialysed on machines dedicated for that purpose.

If you receive dialysis outside of the European Union, there is a significantly increased risk of contracting Hepatitis B. You will be screened on return to your base dialysis unit and treated as potentially positive until the incubation period is over and your tests have proved negative.

## Hepatitis B and Immunisation

Patients on long term dialysis will be offered immunisation against Hepatitis B.

This vaccine is very efficient in the general population but is much less efficient in patients with renal failure. Four injections are given over a period of a few months and the response checked with blood tests. If it is not successful you may be given a second course. Booster doses will be required. You can discuss this further with your dialysis nurse.

## Hepatitis C Infection

Hepatitis is inflammation of the liver. There are many causes but viral infection is one of the major causes. Hepatitis C virus is common worldwide and is very infectious.

It is transmitted by blood to blood contact and therefore can be acquired through transfusion of blood products (these are screened within the UK), using intravenous drugs, being tattooed or by intimate contact with an infected person.

Symptoms may not occur for weeks to months after infection but the patient remains infectious. The acute illness can be severe. Even after the symptoms have gone, up to 80% of patients will remain infectious. Chronic infection with Hepatitis C will require specialist medical advice and the virus can fully eradicated.

### **Hepatitis C and dialysis**

We operate a policy of continuous surveillance in the UK for Hepatitis C and will test every six months. Suitable precautions will have to be taken.

In order to screen you for Hepatitis C you will require a blood test every six months along with your routine dialysis bloods. If you do not agree to undergo screening we will have to treat you as positive in order to protect the general dialysis population. Patients with hepatitis or any other infectious disorder will be dialysed on machines dedicated for that purpose.

If you receive dialysis outside of the European Union, there is a significantly increased risk of contracting Hepatitis C. It is endemic in many parts of the world. You will be screened on return to your base dialysis unit and treated as positive until the result is available.

### **Hepatitis C Treatment and Immunisation**

No immunisation is yet available. There are now established treatments of Hepatitis C which result in complete eradication of the virus. If relevant, please speak to your dialysis consultant about this.

### **Human Immunodeficiency Virus (HIV) Infection**

HIV is a virus, which attacks the body's defence system, so that the body can no longer fight against infections. This may lead to AIDS (Acquired Immune Deficiency Syndrome).

It is transmitted by blood to blood contact and therefore can be acquired through transfusion of blood products (these are screened within the UK), using intravenous drugs, and tattoos or by intimate contact with an infected person.

Early symptoms consist of flu like illness which then settles. Serious and life threatening symptoms do not occur for some years but patients are not cured of this condition and will require long term treatment within specialist services.

### **HIV and dialysis**

In order to screen you for HIV you will require a blood test every year. If you do not agree to undergo screening we will have to treat you as positive in

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order to protect the general dialysis population. Patients with HIV or any other infectious disorder will be dialysed on machines dedicated for that purpose.

If you indulge in high risk behaviour in any country there is an increased risk of contracting HIV. You will be screened on return to your base dialysis unit and treated as positive until the result is available. Screening can be done very rapidly.

## HIV Treatments and Immunisation

No immunisation is yet available. Treatments are available to clear the virus load within the blood stream and help improve the immunity.

## Carbapenemase-producing Enterobacteriaceae (CPE)

### What are 'carbapenemase-producing Enterobacteriaceae'? (CPE)

Everyone has bacteria that live in the bowel that are generally harmless and can even help with digestion. These bacteria are harmless because our immune system keeps them in check and prevents them from spreading elsewhere in the body.

However, sometimes these bacteria can become antibiotic-resistant (this is where certain antibiotics no longer work against bacteria) and, in certain situations, can cause infections.

Some of these bacteria can develop into Carbapenemase-producing Enterobacteriaceae (sometimes abbreviated to CPE) as they have become resistant to certain powerful antibiotics known as carbapenem antibiotics.

### Why does carbapenem resistance matter?

Carbapenem antibiotics can only be given in hospital directly into the bloodstream. Until now, doctors have relied on them to successfully treat certain 'difficult' infections when other antibiotics have failed to do so.

Therefore, in a hospital or other care setting, where there are many vulnerable patients, spread of these resistant bacteria can cause problems.

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### **Why are patients screened for CPE?**

The majority of patients who are found to have CPE do not have symptoms and are known as carriers. CPE can cause infection in patients, for example, wound infections. By knowing which patients are carrying CPE, we can make sure that they receive the best care to prevent the spread of CPE and to prevent CPE infections.

Infections caused by CPE can be difficult to treat. It is very important to know that someone is carrying CPE so that if an infection develops, medical staff can quickly identify the best antibiotic to treat it.

### **Does carriage of CPE need to be treated?**

Should you or a member of your household be admitted to hospital or other healthcare facility, you should let the hospital staff know that you are, or have been, a carrier.

### **How is CPE Spread?**

The bacteria (CPE) can be spread from one person to another on unwashed hands, and on equipment that is contaminated and not been sufficiently cleaned or may be picked up from the environment. This can happen in the community and in hospital.

### **How can the spread of CPE be prevented?**

The most important measure you can take is to maintain effective hand hygiene, washing your hands well with soap and water, especially after going to the toilet. You should avoid touching any medical devices (such as your vascular catheter or fistula needle sites), particularly at the point where it is inserted into the skin.

Your dialysis nurses will be vigilant in washing their hands when caring for you in the dialysis unit – they will clean their hands before and after providing direct care to you. They will use gloves and an apron or long sleeved gown when caring for you.

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### How are patients screened for CPE?

Patients who are admitted to University Hospitals Coventry and Warwickshire are assessed at the time of admission to decide if they are at risk of carrying CPE.

You may be asked to be screened for CPE if you have:

- been in a hospital outside the West Midlands area (including receiving holiday dialysis outside West Midlands or abroad)
- been in contact with someone with CPE
- been identified as having CPE in the past

### How will I be tested for CPE?

If you are planning to take a holiday and require haemodialysis whilst on holiday, you will need a sample to be taken for testing before going on holiday - your holiday centre will request this test prior to you attending for dialysis. The test will be a stool sample – your dialysis nurse will give you a stool pot so that you can provide a stool sample when you come in for your next dialysis.

Upon return from holiday you will need to bring in a second sample – your dialysis nurse will give you a stool pot before you travel on holiday. You must provide a stool sample upon return from holiday and give this to your dialysis nurse at your first dialysis after your holiday. You will be required to have your haemodialysis in an isolation room until the sample has been reported on. This should take no longer than 48 hours.

Ask your nurse to give you a patient information leaflet on 'Going on Holiday whilst receiving dialysis treatment including information about going abroad'

If you receive haemodialysis in one of the satellite units in the Coventry and Warwickshire areas you will **not** need to undergo screening for CPE unless you go on holiday.

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### Further Information

The leaflets mentioned in this information and further information on hepatitis is available from:

Hepatitis B Foundation UK [www.hepb.org.uk](http://www.hepb.org.uk)

British Liver Trust [www.britishlivertrust.org.uk](http://www.britishlivertrust.org.uk)

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 7777 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

To give feedback on this leaflet please email [feedback@uhcw.nhs.uk](mailto:feedback@uhcw.nhs.uk)

#### Document History

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