

## Background

- Both chronic hypertension and intradialytic hypotension lead to adverse long-term outcomes
- Blood pressure issues during dialysis treatments lead to treatments being cut short, decreasing the vital needs of these patients
- Medication management of blood pressure of a Hemodialysis patients prior to treatment decreases risk of early cessation of treatments
- Frequent cessation of dialysis treatments secondary to blood pressure means these patients are not getting adequate dialysis which can lead to worsening of their disease and shortened life expectancy

## Practice Change

Implement nursing checklist for dialysis patient admissions, predialysis and dialysis nursing surveys

## Methods

- Admission checklist distributed to floor nurses
- Pre dialysis checklist distributed to floor nurses
- Surveys distributed to Dialysis nurses

## Measures and Results

### Nursing Checklists

**FLOOR NURSE ADMISSION CHECKLIST**

- Is the patient on anti-hypertensive medications?
  - Yes \_\_\_
  - No \_\_\_
- Review medication list with nephrologists during rounds to determine which to hold and which to administer prior to dialysis treatments (ask for a provider communication to be added to patients electronic chart).
- Was a provider communication placed in the patient chart about medications to be held/given prior to dialysis?
  - Yes \_\_\_
  - No \_\_\_
- Give medications prior to dialysis.
- Upon the return of the patient to the floor -- did the patient tolerate treatment?
- Comments:

**DIALYSIS NURSE SURVEY**

- ◆ Did the patient take anti-hypertensive medication prior to dialysis today?  
YES \_\_\_ NO \_\_\_
- ◆ Did the patient have to stop treatment today due to a complication with blood pressure?  
YES \_\_\_ NO \_\_\_
- ◆ Was the patient blood pressure controlled during treatment?  
YES \_\_\_ NO \_\_\_
- ◆ Was the pre checklist done prior to the patient coming to dialysis?  
YES \_\_\_ NO \_\_\_
- ◆ Was the checklist helpful?  
YES \_\_\_ NO \_\_\_

ADDITIONAL COMMENTS:

### Education

**Why is Blood pressure management important prior to Dialysis treatment?**

- Patients with End-stage Kidney disease (ESKD) have a higher prevalence of hypertension. 40%-60% (*Kidney Diseases, 2019*).
- Studies have shown that not having control over blood pressure as well as fluid volume overload can lead to cardiovascular events and mortality.
- Blood pressure control can be maintained by:
  - Medication administrations
  - Diet
  - Dialysis management
- Adverse outcomes can occur when dialysis is stopped too early due to hypertensive emergencies.
- Overall well-being of patients on hemodialysis includes:
  - Collaboration of interdisciplinary teams
  - Medication management of Blood pressure if indicated
  - Dietary Management
  - Compliance with treatments

**Blood Pressure Management and Hemodialysis**



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## Summary/Discussion

### Next Steps:

- Educate all parties involved in patient's care including nurses and providers on why the admission checklist and dialysis checklist is being done
- Compile data and assess outcome with patients, was treatment finished and if there was any adverse complications including blood pressure management

### Barriers to this Study:

- Lack of capacity and participation of surveys

## Conclusion

- Rates of early cessation of Hemodialysis treatment can be lowered with management of blood pressure during inpatient and outpatient settings
- The largest barrier is compliance of the patient and ability to get collaboration from all parties involved in patient care
- Education projects written or presented can help to show the importance to nurses and providers of the overall management of these patients and importance of collaboration of care