

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