

Renal Home Therapy Student Nurse Pack



Welcome to Home Therapy

Home therapy cares for patients undergoing peritoneal dialysis (PD) and patients undergoing Home Haemodialysis (HHD). We have over 100 patients on PD and HHD. There is a team of nurses that work within Home Therapy and they cover a vast area of Lancashire and South Cumbria as well as working at Chorley site.

Chorley is the base unit and where patients train.

The nurse's deal with the day-to-day enquires of the PD patients at home that may have complications, which can arise. The nurses also deal with any PD patients receiving inpatient care that are not on ward 25. There is also a small team of Community sisters, who visit the patients at home, they assess their dialysis techniques, general well-being and plan their care.

Working hours	Contact Numbers
Early 7-3 Late 10-18:00	RHT Unit: 01257 247565

Student Information

Your off duty will be provided by your mentor, we ask that you follow the duty you are given, if you can't work a shift this can be negotiated between the student and their mentor, Students are not to alter their own off duty and any changes need to be agreed with a senior member of the team.

We expect all students to comply with the Sickness and Absence policy which is on the intranet. If you are going to be absent from work the unit needs to be informed at least one hour before you are due to start work. Once returning, students will also need to contact the unit to confirm their return to work date. We expect students to comply with Lancashire Teaching Hospitals Uniform policy.

The home therapy team may ask you to accompany them on home visits. We do not expect students to undertake any visits on their own; we do however ask students to become aware of the lone worker policy which is also available on the intranet. The home therapy unit also asks that we have, a contact number, address and NOK details for students to comply with the policy, this is something that can be discussed further with your mentor.

Peritoneal Dialysis

When a patient is commenced on Peritoneal Dialysis they have a tube inserted through the lower abdomen wall into the peritoneal cavity, half of the catheter lies

inside the abdomen and half lies outside, this is called a Tenckhoff Catheter. Through this dialysate fluid is drained into the peritoneum to allow the exchange of toxins and fluid, through the process of osmosis and diffusion, through the peritoneal membrane. Toxins are removed from the blood stream by the process of diffusion. The toxins are drawn into the dialysate fluid therefore reducing their concentration in the blood. The fluid movement is determined by osmosis. Fluid will move across the peritoneal membrane to the area of higher osmotic pressure. The dialysis fluid used comes in different strengths, the stronger the bag then more fluid can be removed, however we do try to avoid using strong bags as this can damage the peritoneum and reduce the time a patient will spend undergoing PD. Once the fluid has been in the peritoneum for a minimum of 4 hours it will then be drained out, therefore removing the toxins and excess fluid from the body.

There are two main types of PD, which are Continuous Ambulatory Peritoneal Dialysis (CAPD) and Automated Peritoneal Dialysis (APD). CAPD consists of 4 exchanges a day, during which the effluent is drained out and new dialysate fluid is put in situ until the next exchange. APD is performed every night, while the patient is asleep. A dialysis machine is used and this drains the fluid in and out over a set time and a set number of cycles. In order to undertake PD the patients are trained in the procedures for hand washing and sterile techniques, as a lack of care in these areas can lead to complications arising. These complications however are treatable if identified early.

Peritonitis

This is an infection of the peritoneum and if left untreated it can cause severe complications.

The first signs of Peritonitis are high temperature, abdominal pain, nausea and vomiting along with cloudy dialysis bags. It is generally caused by poor hygiene techniques, which allow the bacteria to travel up the tenckhoff catheter into the peritoneum. Inappropriate hand washing or drying and dirty surfaces can be the cause as well as open windows, blowing fans and coughing over the area. Peritonitis can be treated, the patient would attend the dialysis unit where samples of the dialysate fluid would be obtained and sent to the Pathology Lab for White Cell Count (WWC) and Cultures, the patient would be given antibiotics following the Peritonitis Protocol, and the nurse would also check the patients exit site for signs of infection and this can also cause peritonitis. Each episode of peritonitis scars the peritoneum and shortens the time a patient will spend on PD. More severe cases of peritonitis can result in a hospital admission.

Exit site infection

This is an infection around the area of the site where the tenckhoff catheter is inserted, which is called the Exit Site. Once again this can be caused by poor hygiene

techniques. However breakdown of the skin can occur if the patient has a reaction to the plaster or cleaning agent. When an exit site becomes infected, the patient complains of pain around the site, it can appear red around the site and along the length of the catheter and there could also be some discharge. Once the patient has been assessed, a swab will be taken and antibiotic treatment commenced.

Home Haemodialysis

Patients who wish to be independent at home with Dialysis can have their home assessed, if suitable they will then undertake training, we use 3 types of haemodialysis machine, the machine is selected by the training sister and is usually selected based on patient tolerance and suitability for their home.

It can take anywhere between 6-12 weeks to train on haemodialysis, patients learn ALL aspects - including needling themselves if they have a fistula. They typically attend the unit Monday to Friday. Once ready to go home our technicians install all the necessary components and then the patient can dialyse at home, in the first week the community sister will visit on a daily basis to support this transition.

The Renal Multi-Disciplinary Team

Within the Renal Multi-Disciplinary Team (MDT) there are many people, each of whom has a specific role to play in the patients care.

Each patient will have their care led by one of the 10 Renal Consultants and their team of doctors. The Doctors are based within the Renal Directorate and between them they look after the patients on the unit and on ward 25, there is also a Senior Doctor and a Consultant who work at weekends and can be contacted out of hours should this be needed.

The MDT also have a small number of Specialist Nurses, each experienced in a specific area of renal nursing, allowing them to deliver expert care to the patients.

We hope you enjoy your time with us, and are able to observe lots of learning opportunities!!

Good Luck with your Training!

Associated Reading/ Resources

Resource	Tick when copy obtained
Baxter Manual Exchange Competency - intranet	

Fresenius Manual Exchange Competency - intranet	
Exit Site Dressing Competency – intranet	
APD Training Pack (Fresenius/Baxter) – t drive	
Fresenius CAPD Exchange – t drive	
Baxter CAPD Exchange – t drive	
Peritonitis Protocol - intranet	
PET and dialysis adequacy competency - intranet	
Lining and Priming Dialysis machine competency – intranet	
Insertion of Tenckhoff under local anaesthetic – intranet	