

AG12 Dialysis/Renal Failure

Objectives:

- To assess and appropriately treat patients who receive dialysis

General Information:

- Dialysis patients are very susceptible to electrolyte imbalances and hypoglycemia
- Serious signs and symptoms of electrolyte imbalances include:
 - a) Weakness
 - b) Chest pain/pressure
 - c) Peaked T waves on an EKG
 - d) Hypotension
 - e) Hypertension
 - f) Pulmonary edema
 - g) Headache
 - h) Dizziness
- Shunts are formed by connecting a vein to an artery to provide access for hemodialysis
 - a) Do not take a blood pressure or start an IV in the extremity with the shunt.
- Dialysis patients are frequently given anticoagulant medications and bleeding may be difficult to control
- Bleeding from shunts or fistulas can be very difficult to control:
 - a) Apply fingertip pressure directly to the bleeding site
 - b) Do not apply pressure to other areas of the shunt
 - c) Do not use tourniquets directly on shunt or fistula
 - d) It may be necessary to assign a provider to maintain direct pressure
 - e) For life threatening, uncontrollable bleeding place a tourniquet above the fistula or shunt
- Dialysis patients with chest pain should be disconnected from the machine and reassessed prior to implementing the Chest Pain/AMI/ACS protocol.
- For cardiac arrest in dialysis patients, calcium chloride 1g IV/IO followed by 40 ml flush and sodium bicarbonate 1 mEq/kg IV/IO should be administered as first-line drugs



Warnings/Alerts:

- Do not use tourniquets directly on shunt or fistula
- Do not give magnesium sulfate to renal failure patients
- Flush IV lines thoroughly between sodium bicarbonate and calcium chloride administration

OMD Notes:

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References:

- Mosby's Paramedic Textbook, 3rd Edition (Revised), 2007, p. 902-904

Performance Indicators:

Last dialysis treatment Time of onset of S & S EKG rhythm Treatment and Response to Treatment

