# AG12 Dialysis/Renal Failure

## **Objectives:**

To asses 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 mEg/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

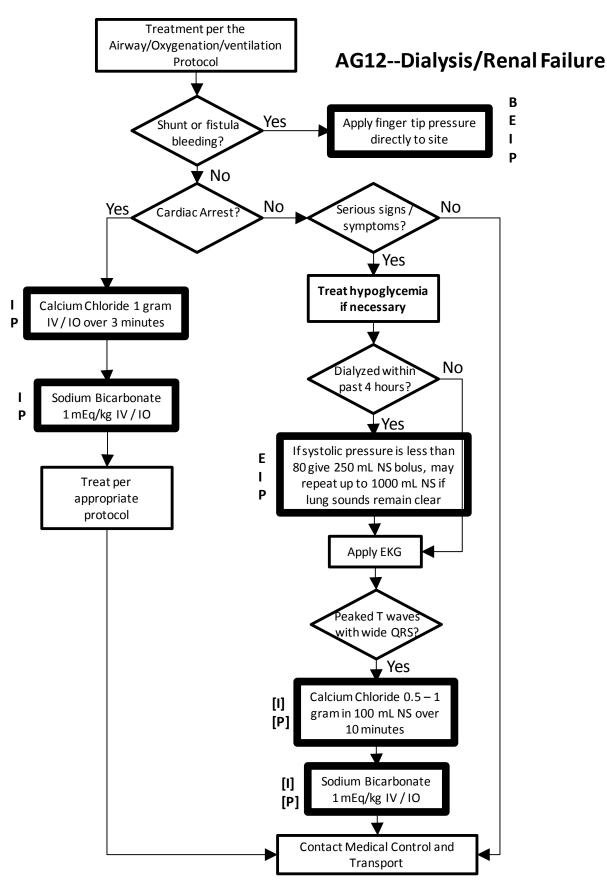
### **OMD Notes:**

### References:

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

## **Performance Indicators:**

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



**SOP Center**