



Service Priorities and Programmes
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Back-up Dialysis for Nocturnal Home Haemodialysis: A Single Centre Experience

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Introduction

Nocturnal Home Haemodialysis program (NHHD) has been launched in Hong Kong since 2006 and at AHNH Renal Centre since 2011. It has been observed that there is a need for temporary in-centre back-up haemodialysis (HD) after patient starts HD at home. The aim of this study is to analyze data for HHD patients requiring temporary in-centre HD support.

Objectives

The data collected will be used for service planning to meet the patient needs, and to identify areas for improvement to reduce the need for back-up dialysis.

Methodology

This is a survey included all HHD patients requiring temporary back-up HD support from June, 2011 to December, 2013 at our Centre. Data collection included the number of back-up dialysis session per patient month and the reasons for the hospital HD support. The reasons for the back-up dialysis were analyzed.

Result

Twenty-eight HHD patients (9 female and 19 male, mean age 47 ± 11) were studied. A total of 403 back-up HD sessions were provided in 426 patient months, the average was 0.95 HD session per patient month. There were 4 patients (14%) who did not require hospital back-up HD. The reasons for temporary HD support during the study period were: Reasons: Number of HD sessions (%) Physical problem: 118 (29.3%) Surgery or investigation: 77 (19.1%) Vascular access problem: 91 (22.6%) Unsuccessful cannulation: 105 (26%) Dialysis machine problem: 4 (1%) Respite care for helper: 2 (0.5%) Retraining after periodic review: 6 (1.5%) Total: 403 (100%)
Conclusion: The average back-up dialysis was 0.95 HD session per patient month. The reasons for the need included physical problem, surgery, investigation procedure, vascular access problem, unsuccessful cannulation, dialysis machine problem, respite care for helper and retraining after periodic technique review. Some conditions can be reduced including retraining and cannulation problem through training

enhancement and creation of extra cannulation sites. In-centre back-up dialysis for HHD patients, however, is still necessary for medical reasons, respite care for helper and contingency situations like machine break down. Our findings suggest some of the back-up dialysis for HHD patients could be potentially minimized, though the need of the back-up dialysis should be included in the planning of home haemodialysis program.