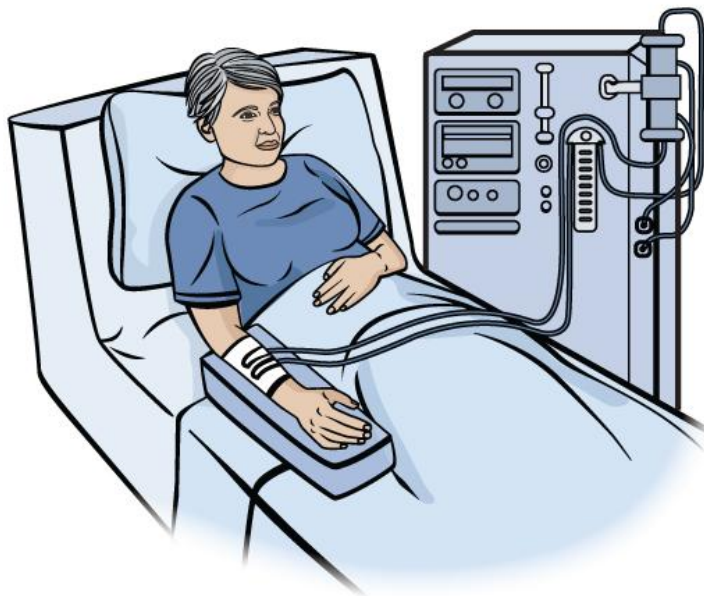


# Welcome To The UHN Hemodialysis



UHN



Patient Education  
Improving Health Through Education

## The R. Fraser Elliott Hemodialysis Unit

University Health Network  
Toronto General Hospital  
200 Elizabeth Street Toronto, Ontario M5G 2C4

### Telephone Numbers:

Gerrard Ground West: (416) 340 - 4072

Gerrard Ground East: (416) 340 - 5707

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In collaboration with the Hemodialysis team and TGH Patient Education department**

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University Health Network  
Toronto General Hospital | Toronto Western Hospital | Princess Margaret Hospital

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## **Welcome to the Toronto General Hemodialysis program.**

We hope this handbook will answer many of your questions. Please talk to any member of the team if you have other questions.

Your Hemodialysis team members are here to help you as you adjust to your new situation and surroundings. We are also committed to helping you achieve the best possible health and well-being.



### **Your team includes:**

YOU

Doctors

Social workers

Hemodialysis assistants

Pharmacists

Physiotherapists

Other health professionals as needed

Registered Nurses

Hemodialysis technologists

Dietitians

Clerical support

Chiropodists

We follow the best clinical practices and use current technology to continually improve the care that we give you. We will give you a complete description of our roles later in this handbook.

### **Why do I need Hemodialysis and what does it do?**

Your kidneys can no longer clean your blood as well as they should. Hemodialysis (also called “**dialysis**”) is a treatment that cleans the impurities from your blood and removes excess water from your body.

During dialysis, your blood comes out of your body and passes through a dialyzer or artificial kidney. The dialyzer cleans your blood then it goes back into your body. There is only about 300cc (about one cup) outside of your body at any time during the dialysis treatment.

Most people with kidney failure have dialysis three (3) times per week. Each session takes 4 hours to complete.

Starting on dialysis can be frightening and strange for you. We understand this and will work with you to become more comfortable with your treatment and our program.

### **When is the Hemodialysis unit open and what will my Hemodialysis schedule be?**

There are two Hemodialysis units at Toronto General Hospital that are open Monday to Saturday 7:30 a.m. to 11:00 p.m.

- Both units are closed on Sundays.

**Your dialysis schedule:**

Monday, Wednesday and Friday at \_\_\_\_\_ AM/PM

Tuesday, Thursday and Saturday at \_\_\_\_\_ AM/PM

Location: At the TGH Gerrard Ground East/West Hemodialysis unit

- Note: in some cases your Hemodialysis treatment may require additional times.
- If you have a special event or appointment which conflicts with your Hemodialysis schedule, please talk with the Charge Nurse for your unit. We will try to adjust your Hemodialysis to fit your schedule.
- If you wish to change your dialysis schedule permanently, please contact the Nurse Manager and you can be put on a waiting list for your preferred time.

**Please note:**

We are closed on Christmas Day and New Year’s Day. If your Hemodialysis schedule falls on either of these days, we will tell you how your schedule will be adjusted. We are open all other holiday days which fall on a Monday or a Friday.

**Notes:**

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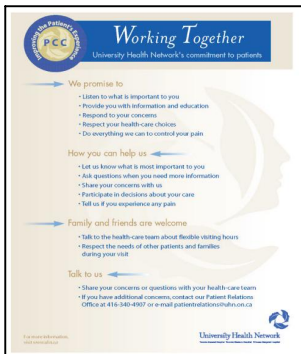
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**Working together – University Health Network’s Commitment to our Patients**

**University Health Network Code Of Conduct**

Patients and staff of the UHN are entitled to a safe environment, free from any form of discrimination or harassment. We have a hospital policy that states we will not tolerate physical, verbal or mental abuse or violence. We expect our staff, patients and visitors to live by our code of conduct.

## **What should I know about my Hemodialysis treatment?**

We believe that good communication and information helps you to get the best possible care. It is important for you to understand your:

- Hemodialysis treatment
- Medications
- Diet
- Blood test results

If you have any questions, please ask. Knowing as much as you can about your condition and your plan of care will help you to be as healthy as you can be.

Now that you are on Hemodialysis, you may have many new responsibilities and a lot of things to learn. At first, you may feel like you have been given too much information, and even later you may also have more questions.

### **Remember: You are not alone!**

Your health care team is here to work with you. You will also meet other people who need dialysis and will share their experiences with you, but remember that you are unique and other people's experiences may not apply to you.

## **What should I bring with me to my Hemodialysis?**

Feel free to bring a book, music player, or DVD player with headphones to help you pass the time. We ask that you wear loose fitting clothes so that we can do your dialysis easily. Also, it is probably a good idea not to wear your best clothes, as there is a chance they can be soiled during your treatment.

We do not supply meals, so please eat before to coming to dialysis, or bring food from home and eat before your treatment. We have a refrigerator, microwave and ice machine for you to use in our patient nourishment room. We ask that you do not eat during your treatment as this may sometimes cause your blood pressure to drop.

Each patient station has 1 pillow, 1 sheet and 1 blanket. If you need more than this, you are welcome to bring them from home.

## **How does blood get to and from my body?**

### **Vascular Access**

We must have direct access to your blood for dialysis; this is known as vascular access. Some types of access require the use of needles.

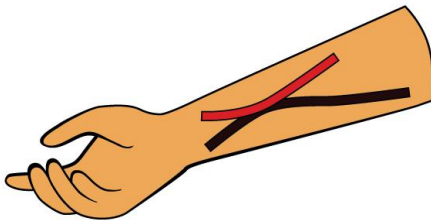
### **Arteriovenous Fistula**

A surgeon makes an arteriovenous (AV) fistula by joining an artery and vein in your arm. This is done by a small surgery and usually takes 6-8 weeks to “mature.” After it matures, we can use it for dialysis using special dialysis needles.

### **Arteriovenous Graft**

An arterial venous (AV) graft is similar to the AV Fistula. It is also made during surgery. Instead of joining an artery and vein, the surgeon puts in an artificial vein under the surface of your skin, connecting one of your arteries to a vein. An AV graft usually takes 2 - 4 week to “mature.”

For both the AV Fistula and Graft, part of caring for your access requires rotation of needle sites. This is important so that your access can last for a long time



**Arteriovenous Fistula**



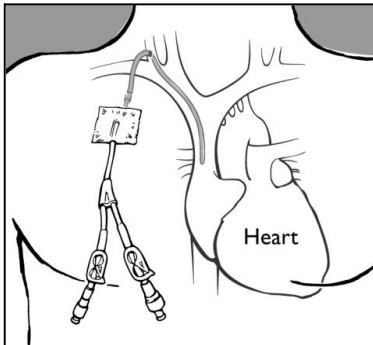
**Arteriovenous Graft**

**Your vascular access is your "lifeline", here are some things you can do to protect your fistula or graft.**

- Report any changes you notice in your access such as redness, pus, tenderness to your nurse or doctor
- Put your hand on your fistula daily and check for a pulse or buzzing, called a "thrill". If you DON'T feel a thrill, contact the dialysis unit. People with grafts usually can not feel a thrill, so that is normal
- Protect your access. Keep it clean, and do not let anyone other than a dialysis trained professional use it
- Make sure your access site is used only for dialysis
- Make sure that no one puts a blood pressure cuff or takes blood from your access arm

- Be careful not to bump or cut your access site
- Do not wear tight clothing or jewelry over your access site
- Do not sleep with your access arm under your body or head
- Do not lift heavy objects (such as grocery bags) or put pressure on your access arm

### Central Lines



These are plastic tubes which are put into large veins in your neck or groin area. You would sometimes get a central line while waiting for your access site to mature or if you had to start dialysis suddenly. You may also hear us refer to the central line as a “catheter.” The dialysis nurses will change the dressings, but you should keep it clean and dry between treatments.

[www.uwmedicine.washington.edu](http://www.uwmedicine.washington.edu)

### Who will be part of my Hemodialysis team?

We have a whole team of professionals working with you. If you would like to speak to any team member, tell your Primary Nurse, the Charge Nurse or call the dialysis unit. If you have an urgent issue, ask the nurse caring for you that day to contact the appropriate team member while you are here.

### You and your family

It is important that you think of yourself as part of your healthcare team. This will help you to be an active part of the team and will help you to keep as much independence as possible. Your family and friends are also impacted when you have kidney failure and need Hemodialysis. We look forward to meeting them. Please let us know who to contact in case of emergency.

### Program Leaders

The Program Leaders are all responsible for the overall management of the Hemodialysis program. They can help you to resolve issues if you are not able to do so with the team in the Hemodialysis unit. There are nurse managers, a medical director, a clinical director and a technical manager and, they are always available to listen to your concerns.

**Medical director:** \_\_\_\_\_

**Clinical director:** \_\_\_\_\_

**Program Technical manager:** \_\_\_\_\_

You will be assigned to a Nurse Manager who is responsible for scheduling your dialysis. They also make sure that your care is safe and right for you.

**Your Nurse Manager is:** \_\_\_\_\_

### **Hemodialysis Nurses**

Registered nurses (RN's) care for you during your dialysis. These nurses are specially trained for Hemodialysis. They have the knowledge and skill to provide safe, competent care. There are many nurses in the unit. You will get to know them and, they will get to know you.

You are assigned a Primary Nurse. He or she will help to coordinate your overall care. You may not always have your primary nurse during your dialysis treatment. Your nurse for the day will assist you with concerns that need attention right away. However, your primary nurse is the person whom you can call to talk about particular problems or questions.

**Your Primary Nurse is:** \_\_\_\_\_

### **Charge Nurse**

The charge nurse is responsible for the smooth day-to-day scheduling of dialysis treatments for the dialysis unit. He or she will try to assist you with any concerns.

### **Doctors**

The doctors in the unit are all kidney specialists (Nephrologists) or nephrologists in training. Each patient is assigned to a Primary Nephrologist. We will decide who your primary Nephrologist will be based on which shift you receive your dialysis.

**Your Primary Nephrologist is:** \_\_\_\_\_

Your Primary Nephrologist is responsible for all aspects of care for your kidney failure. This physician will see you regularly, usually once a week. On the other dialysis days, one of the nephrologists in training will see you.

These doctors will do rounds during your dialysis to take care of your urgent or important issues that come up between your treatments. They can also give you a prescription for your medications when you need them. They also make sure that your treatment plan is correct.

### **Family doctor**

It is important to have a family doctor to care for your non-kidney related problems. Please let us know who your family doctor is so that we can let them know about changes

in your medical condition. You should also always let them know about any changes your nephrologists make to your medications and vice versa.

**The Technical Team**

This group consists of Biomedical Engineers and Technologists who keep our hemodialysis machines and water treatment systems working well. We also have technical aides who sterilize and process your dialyzer for you to use each time you come for dialysis.

**Hemodialysis Assistants**

Hemodialysis Assistants are employees who help the nurses with your dialysis treatments. They do things like help to prepare your machine, stock and transport supplies and equipment.

**Vascular Access Coordinator**

Our vascular access coordinator helps you with your dialysis access to keep it working well. The coordinator can make arrangements for you to see a vascular surgeon, and may book tests or procedures you need for your dialysis access.

**Social Workers**

Every patient is assigned a social worker. Social workers are available to assist you and your family with life changes and adjustments because you have started dialysis. Our social workers may be able to locate and arrange resources for you. They also offer counseling, education and advocacy service for things like Wheel-trans, drug coverage, and government income support.

**Your Social worker is:**

\_\_\_\_\_

(416) 340- 4800 Ext. \_\_\_\_\_

**Dietitians**

Your diet is a vital part of keeping you as healthy as you can be. You will be assigned to a dietitian to help you to monitor your blood work and who can assist you with your diet and fluid plan.

**Your Dietitian is:**

\_\_\_\_\_

(416) 340- 4800 Ext. \_\_\_\_\_

**Chiropodist**

We have a chiropodist available to help take care of your feet, especially if you have diabetes. If you have concerns about your feet such as pain, sores, ulcers or change in colour, please tell one of the nurses. We will make a referral to the chiropodist to see you. If possible, we will make your chiropodist appointment during your dialysis treatments, and, if necessary, we will arrange a follow-up out-patient appointment for you.

**Pharmacist**

The Pharmacist is available to answer questions, review medications, update your chart and provide you with a custom medication schedule. The Pharmacist works with the doctors and your own pharmacy to make sure you have the best medication that is right for you. If any other healthcare providers prescribe other medications for you, it is important to notify your dialysis team to record the new medications on your health records and make sure they are safe to take with your other medications and dialysis.

If you wish to speak to the pharmacist, feel free to ask your nurse to call on your behalf.

Your Pharmacist is: \_\_\_\_\_

(416) 340 –4800 Ext. \_\_\_\_\_

**Unit Clerks**

The unit clerks are the people who book your appointments, answer the phone and provide clerical support to the units to keep things organized and running smoothly.

**Housekeeping Staff**

Our housekeeping staff members make sure we care for you in a clean and safe environment. They also make sure that each Hemodialysis station is ready for you to receive treatment.

**Other Team Members**

We can ask other team member to see you if you request, such as a Chaplain, Psychiatrist, Physiotherapist, Occupational Therapist.

**What other things should I know about the Hemodialysis unit?****Unit Guidelines****Patients**

Please stay in the waiting area until your nurse asks you to come into the unit. This is to make sure our environment is safe for you and the staff. We also need time to prepare your machine and get ready to give you care.

**Visitors**

- Visitors are welcome – 2 people at a time.
- We ask that your visitors stay for short periods (5 – 10 minutes). You can talk to the nurse taking care of you more about visiting.
- When you are starting or finishing your dialysis, please have your visitors wait in the waiting area.
- If we have a sick patient in the unit, your nurse may ask your visitors to stay in the waiting area until he or she tells them that they may return. It is important that we all respect our patients’ privacy.
- An adult must be with any visitor under 16 years of age.

**Hand washing and Self-Screening for Illness**

Please wash your hands with hand sanitizer before entering the unit. If you have a cough, before entering the unit, put on a mask, wash your hands with hand sanitizer and report to the receptionist.

If you are not feeling well (are feeling nauseated, or you are vomiting or having diarrhea) please call our main number at 416-340-4072 or 416-340-5707 and tell the Unit staff about your illness **before** you come in for your dialysis.

**If you are not feeling well, it is still very important that you come in for your dialysis treatment. Missing even one treatment can affect your well-being.**

If the family member or friend coming with you to the hospital is also sick, please ask them to stay at home and find someone else to take you to your dialysis appointment.

**Fire Safety**

- If you discover a fire, please pull the fire alarm if you can.
- If you cannot pull the alarm, tell a staff member immediately.
- Get to know where the exits are for the unit. Know which one is closest for you.
- If there is an emergency and we need to evacuate (empty) the unit, we may need to stop your treatment. Depending on the emergency, we may take your blood pressure and then stop your treatment. You may move to another area of the hospital or go outside. The nursing staff will continue to care for you.

**Notes:**

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**Now that I am on Hemodialysis, what should I do in an emergency situation?**

If you have an emergency medical concern, **go to your local emergency department.** Tell them that you are a Hemodialysis patient at Toronto General Hospital.

**Medic-Alert® Bracelet/necklace**

It is important that you have a Medic-Alert® bracelet or necklace in case of an emergency.

The Medic-Alert® bracelet should state that you are on Hemodialysis.

Please wear your Medic-Alert® bracelet/necklace at all times.

If you want a Medic - Alert® bracelet, ask your social worker for an order form or, you can order one online at

[www.medicalert.org/home/HomeProductCatalogs.aspx](http://www.medicalert.org/home/HomeProductCatalogs.aspx)

**Notes:**

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**What are some of the other ways of doing Dialysis?**

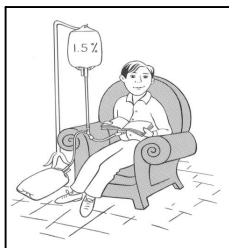
As well as “In Centre Hemodialysis” here in the Hemodialysis unit, you can also dialyze at home by yourself or with assistance, or in a Self Care Hemodialysis unit. Many people prefer the freedom of doing Hemodialysis at home rather than coming to the hospital, so this may be something to consider in the future.

**What is Nocturnal Hemodialysis?**



Nocturnal Hemodialysis is a novel way of doing Hemodialysis at home, at night, up to 5 nights a week while you are sleeping. There are many benefits to Nocturnal Hemodialysis, such as improved heart function, increased energy, better appetite, improved sexual drive, no fluid or food restrictions, and fewer medications. Ask your nurse or doctor about it, and ask for a copy of our Nocturnal Hemodialysis pamphlet.

**What is Peritoneal Dialysis?**



Peritoneal Dialysis (PD) is another way of doing dialysis at home. In order to clean the blood, a tube (catheter) is put in through the abdomen and special fluid is put into the abdominal cavity. This can be done through the day or at night, and is easy to do. Feel free to ask your nurse or call the Home PD unit at (416) 340-5672.

### **What is Self-Care Hemodialysis?**

Self-Care Hemodialysis is for patients who want to participate and gain control over their own care. With the help of a nurse, you would gradually learn to prepare for and carry out your own Hemodialysis treatment in a friendly, home-like setting. We have a Self-Care centre at Sheppard and Yonge (Sheppard Centre), and one in Mississauga at Burnhamthorpe and Hurontario (Sussex Centre). Ask your nurse about it and ask for a pamphlet with more information about each centre.

### **What other services are there to help me?**

#### **Kidney Foundation of Canada**

The Kidney Foundation offers support for anyone with kidney disease. They have a peer support program which links people up with others who have gone through the same experience. There are also many other resources to help you such as their manual, “Living with Kidney Disease”, brochures, videos and patient-related conferences. You may also wish to provide support to others with end stage renal disease. Get involved! Contact # (416) 340 – 4800 Ext. 3821 or [www.kidney.ca](http://www.kidney.ca)

#### **Pharmacy**

Toronto General Hospital has a regular pharmacy.

- Phone: (416) 340-4075
- Location: 1st floor NCSB (Clinical Services Building)

#### **Hours:**

- Monday - Friday 8:00 a.m. - 6:00 p.m.
- Saturday 9:00 a.m. - 2:00 p.m.
- Sundays and Holidays Closed

### **When should I refill my prescriptions?**

You must take most of your medications regularly, so it is important that you do not run out. You should refill your prescriptions 2 weeks before you run out. Speak to the doctor who sees you during your dialysis if you need a new prescription.

### **Kidney Transplant**

When your health has improved after being on Hemodialysis, you may want to consider getting a kidney transplant. You will need to have a medical examination and other tests and interviews to see if you are a transplant candidate. A Transplant Coordinator will explain the tests and help prepare you for transplant.

If you are interested in looking at the transplant option, please speak to your Primary Nurse or your Doctor. They will arrange for you to see the appropriate Coordinator.

The best option is to receive a kidney from a living donor, who maybe a relative, spouse or friend. It usually takes a few months to prepare both the donor and the recipient for a

living donor transplant. The other choice is to go on a waiting list for a kidney from a deceased donor. You should know that waiting on the list for a kidney transplant from a deceased donor may be a long process (6 to 10 years).

### **Interpretation Services**

Our Hemodialysis Unit staff members speak more than 14 different languages so they can often help you by giving you care in your own language. There is also a formal medical interpretation service provided through the hospital, if there is no one who speaks your language in the unit. If you would like to communicate in your language during your dialysis or during a care meeting, please call your dialysis unit (our Unit at 416-340-4072 or 416-340-5707) and we will arrange to have a hospital interpreter to help you.

### **Spiritual Care**

If you would like to see someone from the hospital chaplaincy service, please discuss your wish with your Primary Nurse so that arrangements can be made.

### **What else should I know about?**

#### **Travel**

It is important that you maintain as much of your usual lifestyle as possible. Travelling while needing Hemodialysis is a bit more complex, but with good planning, is completely possible. Please inform your Primary Nurse months ahead of time to ensure that everything is in place before you leave.

A list of Hemodialysis units around the world is available for your reference and can be found on the Internet. **It is your responsibility to make contact and secure a temporary spot at your chosen destination.**

When traveling within Canada, other Hemodialysis centers usually accept your health card and will often bill OHIP directly. When traveling outside of Canada, you often have to pay in advance and seek partial reimbursement from OHIP upon your return. You can obtain more information from your social worker.

For further information call 1-800-634-6254, Patient Travel Service

#### **Lions Camp Dorset**

This is a camp in the Haliburton Highlands, near Algonquin Park, where Hemodialysis treatments are provided during the summer and fall. The Lions Club and the Kidney Foundation of Canada are major sponsors.

Our hospital is usually assigned 1 week for our exclusive use.

**Inquire early!** Users pay a nominal fee to stay at the camp.

You can get more information from the nursing staff or your social worker, or on their website: [www.lionscampdorset.on.ca](http://www.lionscampdorset.on.ca)

**Hemodialysis Exercise Program**

We have an exercise program that gives you the chance to exercise while on Hemodialysis. It helps the time go by and may improve the quality of your treatment and your health.

The exercise program is optional, but we encourage you to consider doing it. If you are interested, tell your nurse or doctor. They can make the referral arrangements for you.

**Please note:** you may need to have some heart testing done before you start.

**Research Studies**

Our program is closely linked with the University of Toronto. This means that we often participate in research. The Hospital reviews all projects to make sure that any research done does not expose patients to any unnecessary risks. You may be asked to participate in some research projects; being part of a research study is entirely voluntary, meaning that you may choose to take part or not. In no way will your choice affect the care you get.

**Newsletter**

We have a newsletter called the “Kidney Kronicle.” which is filled with articles of interest for dialysis patients, family members and care givers. This will be given to you during your dialysis, whenever it becomes available.

**Notes:**

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We hope that you have found this booklet helpful.  
Please keep it as your reference.

As well, your feedback is important to us so feel free to let us know what you found helpful in this booklet or what we should add to make it even better.

Please call  
**Denise Williams at 416-340-4072 or**  
**Anellie Cristobal at 416-340-5707**

If you have other questions or concerns, talk to your primary nurse or another member of the health care team. We are here to help and support you to work through your concerns and to be as healthy as you can.

Prepared by: Denise Williams, RN, MN, C Neph C  
and Anellie Cristobal, RN

In collaboration with the Hemodialysis team and TGH Patient Education department

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