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NUR 244

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Dialysis: DaVita Woodruff, WI

As a nursing student you talk briefly about dialysis, about the process of filtering a patients blood due to the fact that their kidneys cannot do so completely, or partially anymore. Upon choosing this choice day I ultimately wanted to learn more about dialysis since it is an experience that we do not get to see in Ironwood among also being an interesting concept, artificial filtering of blood outside of the body.

There are many things going into this clinical experience that I had a very vague idea about, but now have a much greater understanding of. Nurses that choose to specialize in dialysis must have a very good idea of the human anatomy, and more so the physiology of the body. The first thing you notice when you see the start of dialysis is the large “masses” on most of the patients arms, I learned that these can either be fistulas or grafts, among the unfortunate and unliked ports (unliked due to infection risk). The nurse must understand the concept of what veins and arteries do due to the fact that a needles will be put into one of each for each session of dialysis, the artery to push the blood out and the vein to pull the blood back in. Another thing that I realized is that RN’s working with dialysis also work hand in hand with electrolytes, they add or take away them depending on the patients lab results. One of the most important things that an RN working in a dialysis center must know is the water cleansing system, although I don’t remember the complete process or what exactly they are monitoring so closely due to the mass amount of information, I do remember that it is VITAL to monitor the water due to the potential of causing death if not done. Among knowing all these things there is also a lengthy orientation process, at this specific center it takes a year of orientation after hire in order to work on your own.

At this center the nurses main jobs were meds, monitoring, and charting. The techs did most of the manual work such as starting the ports and monitoring all the blood pressures, but all of the RN’s also must be competent working as a tech also because they all switch off and sometimes work primarily as techs. It was very interesting switching from usual nursing such as the hospital to the dialysis center, one instance was where a pt. starting having an adverse reaction, I immediately thought “an adverse reaction to the blood” due to the severity when someone is getting a blood transfusion and the begin to have a reaction, the RN thought critically and simply decided that it was a reaction due to dehydration. These patients are also having lots of fluid being managed due to their lack of kidneys, and this often causes such symptoms.

The primary safety concern that I noticed were the large amounts of blood that tends to leave the patient. The RN’s and techs were large plastic masks to prevent splashes in the face from blood, but when realizing that most often 14G needles are used, and the lack of clotting factors, makes a recipe for disaster when causes trauma. Managing the bleeding is also special, not only is a large amount of blood loss seemingly normal, they also have special clamps that hold pressure on the patients arm in order to stop the bleeding as efficiently as possible.

The healthcare providers work very close with the RN’s at dialysis, although I did not see a physician, there was an NP there the whole time collaborating with different physicians on the phone. The NP also seen patients throughout the day, adjusting meds accordingly and reviewing labs in order to relay new orders to the RN primarily it seemed. The whole dialysis team has to work closely with vascular surgeons due to the consistent maintenance of grafts/ports/fistulas.

There is an immense amount of patient teaching that goes in to dialysis; these patients cannot do everyday normal things that most people can, simply drinking a coca cola can be damaging due to the phosphorus. Things that I do not think about needs to be learned by the patients. A permanent diet modification, both eating and drinking, needs to be established with the patient, most importantly a fluid restriction due to the inability to urinate for most people. The lucky few who can still urinate cannot filter out the chemicals and toxins though so teaching that although urination is still present it is important that a diet is maintained. Another thing that I didn’t realize was things that make muscles work hard, such as drinking alcohol and its effect on the liver will cause the muscle to release toxins that of course cannot be processed out. This is where a teaching of the various kinds of dialysis is important.

The biggest technology used is the dialysis machine, it is so efficient and convenient, but many trial and errors and experiments went into making this machine what it is and for the process to be as successful as it is today. The ever advancing technology has already allowed for dialysis to be completed at home, and will continue involved and hopefully allow for longer periods of time in between treatments someday.