POLICY
Patient care staff will evaluate liters processed on an ongoing basis with URR evaluated monthly. This protocol will be initiated when stated goals are not achieved.

PURPOSE
Maintenance on adequate dialysis.

GOALS
Liters Processed to = ordered Qb x ordered time
1000
Kt/V greater than or equal to 1.4
URR greater than or equal to 70

PERSONNEL
RN

GENERAL INFORMATION
1. RN to evaluate liters processed.

2. If desired figure is obtained, continue with same dialysis prescription and evaluate URR monthly.

3. If desired figure is not obtained, there should be efforts made to optimize blood flow rate starting with the next treatment as well as steps to encourage patient compliance to achieve full treatment time.

4. URR to be evaluated monthly on all patients.

5. If URR is equal to or greater than 70% continue with current dialysis prescription.

6. If URR is less than 70%:
   a) Evaluate access for visible signs of recirculation. Review recent transonic findings.

   b) Evaluate system for adequate heparinization and adjust per policy if necessary.

   c) Consider prescription change to more efficient dialyzer.

   d) Increase dialysate flow up to maximum flow that machine capability and availability allows.
e) If all other actions taken, increase time in 15 minute increments up to 5 hours per treatment maximum.

f) May repeat UIRR with bimonthly draw.
   i. If bimonthly URR draw reveals URR equal to or greater than 70%, continue current dialysis prescription and check URR monthly.
   
   ii If bimonthly URR is less than 70%, increase treatment time in 15-minute increments to a maximum of 5 hours per treatment. If further increase beyond 5 hours per treatment is warranted, contact patient’s nephrologist for additional intervention.

g) Educate patient on benefits of adequate dialysis and document.

DOCUMENTATION

Use appropriate category codes for Adequacy Protocol charting/changes.

Document in medical record with appropriate category code and pertinent data.

Include text explaining why protocol not followed and reason.

Documentation in CyberRen or with paper charting should be done in the Progress Notes and should include pertinent data and physician’s order.

Resources:


Contemporary Nephrology Nursing, Copyright, 1998 by ANNA. Janel Parker, Editor.

GOALS:
1. Liters processed to = Ordered Qb X HD time / 1000
2. Kt/V ≥ 1.4
3. URR ≥ 70%

1. Optimize VA blood flow (Qb)
2. Encourage patient to stay for prescribed dialysis time (T)

Evaluate liters processed

Liters processed to = Ordered Qb X HD time / 1000

Continue with same dialysis prescription and evaluate URR monthly

Evaluate URR monthly

1. Evaluate access for recirculation
2. Evaluate for adequate heparinization
3. Consider prescription change to more efficient dialyzer
4. Increase dialysant flow (QD) up to maximum flow

URR ≥ 70%

Repeat URR at bi-monthly draw

1. Increase dialysis time (T) by 15 minutes to a maximum of 5 hours treatment.
2. If further increase beyond 5 hours is warranted, contact nephrologist.
3. Educate patient regarding value of "Adequate Dialysis."

URR ≥ 70%

Continue dialysis as prescribed and evaluate with monthly URR