



Fiona Stanley Hospital (FSH) Haemodialysis Management Policy - Endorsed for Use in Clinical Practice (EUCP) Policy

1. Background

The WA Country Health Service (WACHS) seeks to provide direction and guidance to all staff through the availability of appropriate evidence-based guidelines and procedures. It is envisaged that this information is to assist in the efficiency and effectiveness of the organisation in meeting current legislation and the key principles of quality improvement.

2. Policy Statement

WA Health system policy documents are the overarching policy documents that must be complied with by all WA Health system staff. To complement these documents, WACHS has endorsed specific policies, guidelines and procedures covering a range of issues related to clinical practice. WA health system and WACHS policy documents are available via the [HealthPoint Policies](#) intranet site.

In addition, WACHS endorses a number of relevant evidence-based guidelines and resources from other WA Health Service Providers and organisations external to the WA Health system for use in clinical practice.

WACHS endorses the [Fiona Stanley Hospital Haemodialysis Management Policy and Procedure](#) as evidence-based recommended practice for use by Nursing staff working in renal dialysis.

External sources that are endorsed for use in WACHS clinical practice provide a standard for clinical governance and service delivery and provide a range of information and evidence-based practice to support best practice by all staff for country health patients and clients.

When applied, the information contained in these guidelines must take account of the context and scope of practice, level of service delivery and facility capacity.

These guidelines do not indicate an exclusive course of action or serve as a definitive mode of patient care. Variations that consider individual circumstances, clinical judgement, scope of professional practice and patient choice, may be appropriate dependent on the health care setting.

While every reasonable effort is made to ensure the accuracy of the information contained in these guidelines, no guarantee can be given that the information is free from error or omission. Users are strongly recommended to confirm by way of independent sources, that the information contained within these guidelines and procedures is correct, especially drug doses that may change from time of publication.

Please note the web-based electronic copy is the master copy for all guidelines, policies and procedures.

3. Policy Reviewers

The Haemodialysis management policy was reviewed by the following WACHS subject matter experts:

- Renal Nursing Advisory Forum
- WACHS Renal Governance Group
- WACHS Nephrology Clinical Lead
- WACHS Nursing Forum.

4. Standards

National Safety and Quality Health Service Standards

- 2.06; 2.07; 3.05; 3.10; 3.11; 3.12; 3.14; 4.04

International Organization for Standardisation

- ISO 23500-5:2019 Preparation and quality management of fluids for haemodialysis and related therapies - Part 5: Quality of dialysis fluid for haemodialysis and related therapies
- ISO 23500-4:2019 Preparation and quality management of fluids for haemodialysis and related therapies - Part 4: Concentrates for haemodialysis and related therapies
- ISO 23500-3:2019 Preparation and quality management of fluids for haemodialysis and related therapies - Part 3: Water for haemodialysis and related therapies
- ISO 23500-2:2019 Preparation and quality management of fluids for haemodialysis and related therapies - Part 2: Water treatment equipment for haemodialysis applications and related therapies
- ISO 23500-1:2019 Preparation and quality management of fluids for haemodialysis and related therapies - Part 1: General requirements.

AHPRA Nursing and Midwifery Board

- Registered Nurse Standards for Practice: 1.1; 1.6; 4.1; 4.2; 4.3; 5.1; 5.2; 5.3; 5.5; 6.1; 6.5
- Enrolled Nurse Standards of Practice: 4.2; 4.4; 6.4; 6.6; 9.3; 9.4
- [Decision-making framework for nursing and midwifery](#)

5. Legislation

[Health Services Act 2016](#) (WA)

[Health Practitioner Regulation National Law \(WA\) Act 2010](#)

[Carers Recognition Act 2004](#) (WA)

[Medicine and Poison Act 2014](#) (WA)

[Medicine and Poison Regulations 2016](#) (WA)

[Therapeutic Goods Act 1989](#) (Cwlth)

[Occupational Safety and Health Act 1984](#) (WA)

6. References

[Government of Western Australia, South Metropolitan Health Service. Haemodialysis Management Policy and Procedure. Perth: Fiona Stanley Fremantle Hospitals Group; 2020. Reference #. FSH-HW-POL-0046](#)

7. Compliance

This policy is a mandatory requirement under the [Health Practitioner Regulation National Law \(WA\) Act 2010](#).

Failure to comply with this policy document may constitute a breach of the WA Health system MP0031/16 Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

8. Records Management

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

9. Related Forms

[MR140A WACHS Adult Observation and Response Chart \(A-ORC\)](#)
[MR170.1 WACHS Medication History and Management Plan](#)

10. Related Policy Documents

WACHS [Central Venous Access Device \(CVAD\) and Long Peripheral Venous Catheter \(Long PVC\) Management Clinical Practice Standard](#)
WACHS [Documentation Clinical Practice Standard](#)
WACHS [Infection Prevention and Control Policy](#)
WACHS [Medication Prescribing and Administration policy](#)
WACHS [Patient Identification Policy](#)

11. Related WA Health System Policies

[WA Health Consent to Treatment Policy](#)

12. Policy Framework

[Clinical Governance, Safety and Quality](#)

Printed or saved electronic copies of this policy document are considered uncontrolled.
Always source the current version from [WACHS HealthPoint Policies](#).

13. Variations to Haemodialysis management

Variations to Haemodialysis management		
Title / section	Variation	Page reference
Throughout whole document	References to the Therapy Data Management System (TDMS) are equated to WACHS patient healthcare records	Multiple
	References to RMO are considered the treating medical officer in a WACHS context	
	References to prefilled Sodium Chloride 0.9% 10mL syringes – these may be available in some sites, if not then make up the equivalent using aseptic technique	
	References to vital signs being recorded, modifications and escalation for deterioration – use and follow the MR140A WACHS Adult Observation and Response Chart (A-ORC)	
	References to use of posiflush® - in WACHS use Sodium Chloride 0.9% 10mL Luer lock syringe	
	References to FSFHG policy documents – refer to WACHS equivalent policy documents	
	References to HOS or HOOT Replace with NUM/Nursing Director and Nephrologist	
	References to HD coordinator / NUM - in WACHS indicates senior nursing staff and nephrologist	
	References to laboratories – in WACHS this is PathWest	
3. General Information	References to the 5008 for FSH: WACHS uses a different model – the 5008/s haemodialysis machines used in WACHS dialysis units. Staff can refer to the Fresenius Medical Care 5008 Operating Instructions Manual	4
11.3 Potassium	References to the Serum K+ of <4mmol/L (Table 3, row 2) Replace with <4.5mmol/L for WACHS	13
23.1	Reference to FSH Haemopoietic Medication Chart - replace with WACHS Medication Chart	44
Appendix 12	Reference to satellite dialysis unit – in WACHS this is an alternate site	68
Appendix 17	Disregard general information reverse osmosis water treatment systems information and points 31- 33 as not applicable in WACHS	73-78
	Reference to ISO 23500:2011 - Replace with ISO 23500-5:2019 Preparation and quality management of fluids for haemodialysis and related therapies — Part 5: Quality of dialysis fluid for haemodialysis and related therapies	83

14. Roles and Responsibilities

- WACHS Executive Directors of Medical, Nursing and Midwifery Services and Mental Health and the Chief Operating Officer Strategy and Reform are responsible for: acting as the principal endorsement authority for external organisations' clinical policy documents
- WACHS Area and Regional Medical, Nurse, Mental Health, Aged Care and Population Health Directors are responsible for participating in the review for appropriateness of external organisations' clinical policy and guideline documents for use by clinicians within the WACHS
- All WACHS clinicians are accountable for their own practice and are to provide care:
 - within their registration status
 - in accordance with the codes and guidelines approved by their relevant National Board supported by AHPRA
 - within their scope of practice and competence
 - within their prescribed responsibilities and duties as defined in their Job Description Form (JDF) and
 - within the context of practice that they are operating.

15. Evaluation

The number of reportable clinical incidents or near misses relating to inappropriate care provided by clinicians.

Annual review of Haemodialysis management by Renal Nursing Advisory Forum.

16. WACHS Learning and Development Clinical Resources

Nil

**This document can be made available in alternative formats
on request for a person with a disability**

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