HOME HAEMODIALYSIS PROTOCOL

Bottom line & What the other guidelines say

BOTTOM LINE:

- In order to encourage patient's independence and increase the number of home haemodialysis (HHD) patients, all suitable patients should be only offered HHD.
- The advantages of prolonged and more frequent dialysis should be discussed in depth with patients approaching dialysis, and the advantages of HHD should be presented in detail. While 6-8 hours each night, five or six nights weekly, might be optimal therapy, it may be difficult to persuade patients to accept more than (for example) 7 hours each night on alternate nights. Even this would be an improvement on current regimens. (CARI 2004)
- HHD is associated with improved survival compared with centre dialysis (CARI 2004). Of course home patients tend to be younger and fitter than centre patients.
- Patients receiving HHD report a better quality of life than those who have haemodialysis in hospital. HHD offers a number of potential advantages for some patients over hospital dialysis. There is more flexibility at home to tailor the dialysis regimen by changing the timing or length of sessions making it easier for patients to lead a normal life and also to be employed. (The National Institute for Clinical Excellence guideline)
- HHD patients are encouraged to follow the concept of augmenting the frequency and duration of haemodialysis which has reported many benefits.
- All patients should be taught rope ladder cannulation technique over buttonhole in order to minimise the risk of access infection. If the access has a limited area to cannulate then buttonhole may be used after consultation with the Vascular Access Nurse and nephrologist. If cannulation issues arise the dialysis training nurse is to liaise with the Vascular Access Nurse who will assess the access and consult with the surgical consultants.

WHAT THE GUIDELINES SAY:

National Institute for Clinical Excellence:

- A full assessment of the patient's clinical needs, social circumstances and home environment is necessary to determine his or her suitability for HHD.
- Patients and all potential carers should be fully informed regarding what is involved in the different options, and the potential impact on their lives and those of their households should be discussed.
- All potential carer(s) should be given the opportunity to express their views independently of the patient. An opportunity to review the decision to proceed or continue with home haemodialysis should be available in the event of any change in circumstances.
- Patients currently treated in hospital that are potentially suitable for home haemodialysis on clinical grounds, but who have not previously been offered a choice, should be reassessed and informed about their dialysis options.
- Patients performing haemodialysis at home and their carers will require initial training and an accessible and responsive support service.

British Renal Association: Recommend that all patients who may be suitable for dialysis should receive full information and education about Home Haemodialysis. They suggest that patients may need to travel to a sub-regional or regional centre to pursue their choice to train for home haemodialysis if home haemodialysis training is not available locally. They recommended self-treatment at home as the best way to perform daily short or daily nocturnal haemodialysis.

European Best Practice Guidelines:

- Recommend self-treatment at home as the best way to perform daily or nocturnal haemodialysis.
- An increase in treatment time and/or frequency should be considered in patients with haemodynamic or cardiovascular instability. (Evidence level II)
- Dialysis treatment time and/or frequency should be increased in patients who remain hypertensive despite maximum possible fluid removal. (Evidence level III)
- An increase of treatment time and/or frequency should be considered in patients with impaired phosphate control. (Evidence level III)

CARI Guidelines(2005) : Mode of dialysis at initiation

- Primary determinants of mode of initial dialysis include the preference of a fully-informed patient, absence of medical and surgical contraindications, and resource availability. (Level IV evidence)

References:

1. National Institute for Clinical Excellence: Technology Appraisal of Guidance No.48: Guidance on home compared with hospital haemodialysis for patient with end-stage renal failure; September 2002: Web: http://www.nice.org.uk/nicemedia/live/11472/32449/32449.pdf
2. CARI guideline: Duration and frequency of haemodialysis therapy: web:http://www.cari.org.au/DIALYSIS_adequacy_published/duration_and_frequency_of_HD_therapy_jul_2005.pdf
3. British Renal Association: Home Hemodialysis(Guidelines 9.1-9.3): Web:http://www.renal.org/Clinical/GuidelinesSection/Haemodialysis.aspx#s2
4. European Best Practice Guidelines: EBPG guideline on dialysis strategies (Guideline 1.2-1.4): Web: http://ndt.oxfordjournals.org/content/22/suppl_2/ii5.full