

**Management of patients who are on dialysis when water fails**

**Objective: To restore water supply to machines and continue safe dialysis**

If the issue has been identified before the commencement of dialysis contact Gambro and wait for the water to be restored.

If the problem occurs mid dialysis and has not been rectified within 15 minutes the following applies at both sites.

**STG**

Clinical NUM or in charge to inform Gambro and check CWP on the 8<sup>th</sup> floor (keys in DD cupboard) under the guidance of a Gambro technician via mobile phone. Two staff to go to the plant room for staff safety and technical reassurance.

**TSH**

NUM or staff on site to check CWP & communicate issue with Gambro. TSH can bypass RO (refer to protocol) & use low flux dialysers if water supply is unaffected. HDF is not permitted if the CWP is bypassed. The extra filter utilised for Bypass must be changed at 48 hrs if the CWP has not been repaired.

Before washback: note time of incident, time completed on machine and UF achieved

**Fistula/graft**

Wash back blood to patient and recirculate saline in the circuit. Flush cannulae with 10ml normal saline and tape securely to arm/leg.

Recirculate for no more than 30 mins if water issue has not been resolved during phone communication with Gambro Discard lines and set up a new circuit if patient is to recommence.

If recommencing with recirculated lines prime must be drained out and not given to the patient. Drain bags to be used to drain saline, located in storeroom near Gambro stock.

Assess the patient regarding fluid status and adjust as required.

**Vascath**

Wash back and flush lumens with 10ml normal saline. Cap off lumens and discard lines.

Recommence with a new circuit when water problem is rectified.

**Reconnection:**

Adjust time and UF required (including washback)  
Drain prime depending on UF required

## St George Hospital Renal Department Guideline: INTERNAL ONLY

### **Communication**

Gambro to visit the respective site within 2-4 hours and provide report on the source of interruption. NUM or In-charge to escalate incident with Nursing Co-Director, Renal Department Head, Operations Manager and After hours SNM if required. NUM or in-charge to complete IIMS notification and arrange debrief with nursing staff, a Plan of Action can be developed if required.

### **In house communication**

Inform next nursing shift of delay & plan  
Inform afternoon patients of delay & plan  
Inform transport & ambulance of morning and afternoon delays and rearrange  
Inform relevant in-patient wards & JMO's of delay and plan  
Inform kitchen, linen and waste of delay & plan

### **What is the contingency?**

- Resuming dialysis at sites when water is restored
- Moving serious patients to another ward for urgent dialysis and prioritising RO use
- Moving select group of patients to another hospital for urgent dialysis
- The "day of problem" group of patients to be dialysed first to prevent medical emergencies
- The need to dialyse into the night may be required depending on the time dialysis resumes. In this case check backwash time of pre-treatment plant with Gambro before commencing