



DIALYSIS IN THE ACUTE CARE, COMMUNITY CENTERS, AND HOME SETTINGS

POSITION STATEMENT
for RN and LPN Practice

A Position Statement is not a regulation of the NC Board of Nursing and does not carry the force and effect of law and rules. A Position Statement is not an interpretation, clarification, or other delineation of the scope of practice of the Board. A Position Statement is adopted by the Board as a means of providing direction to licensees who seek to engage in safe nursing practice. Board Position Statements address issues of concern to the Board relevant to protection of the public and are reviewed regularly for relevance and accuracy to current practice, the Nursing Practice Act, and Board Administrative Code Rules.

Issue #1:

Hemodialysis and Peritoneal Dialysis in Acute Care Settings

Clients requiring dialysis in acute care settings are unstable because of either acute renal failure or chronic renal failure complicated by other acute health problems.

RN & LPN Roles in Dialysis in Acute Care Settings:

1. **Only** RNs and LPNs may perform hemodialysis and peritoneal dialysis in the acute care setting and per policies and procedures of health care agency.

UAP Role in Acute Care Settings:

1. Supportive care activities (e.g., vital signs and personal care) and activities related to the set-up and maintenance of dialysis equipment may be delegated to competent UAP (dialysis technicians) under the direct supervision of an RN or direct observation of an LPN in these acute care settings.

Note: To support the provision of safe, effective nursing care throughout the dialysis process, activities including hemodialysis, peritoneal dialysis, accessing vascular routes, administering pharmaceutical agents, and monitoring the client throughout the dialysis process must be performed by the appropriate level of licensee and consistent with scope of practice, including assignment and supervision.

Issue #2:

Hemodialysis and Peritoneal Dialysis in Community Dialysis Centers/Chronic Endstage Renal Disease Clinics

Chronically ill clients with end stage renal disease (ESRD) are cared for in community dialysis centers.

RN Role in Community Dialysis Centers/Chronic Endstage Renal Disease Clinics:

1. Client assessment, planning, implementation, evaluation, and delegation of care; teaching of nursing personnel; and the management and administration of nursing services in this setting.
 2. Didactic teaching, clinical supervision, and documentation of competency validation (to be maintained in the personnel file) prior to assignment or delegation of tasks.
 3. Client assessment prior to initiation of dialysis and prior to client's discharge from facility.
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4. On-going assessment and evaluation of the client, reviewing the data collected by the LPN and UAP in order to make any judgments or decisions relative to patient care.
5. Administer pharmaceutical agents. If delegating administration to UAP (see UAP Role below), pre-fill and label syringes and mark with the client's name, pharmaceutical agent (limited to heparin, lidocaine and normal saline), dose, date and time of preparation, and administration consistent with physician orders.
6. Access vascular hemodialysis devices or delegate to a competent UAP (dialysis technician).
7. Delegate to UAP supportive care (personal care) activities; activities related to the set-up and maintenance of dialysis equipment; and tasks meeting all the criteria for delegation.

LPN Role in Community Dialysis Centers/Chronic Endstage Renal Disease Clinics:

1. Participate in patient assessment, planning, implementation, and evaluation and may delegate care to competent UAP.
2. Administer pharmaceutical agents. If delegating administration to UAP (see UAP Role below), pre-fill and label syringes and mark with the client's name, pharmaceutical agent (limited to heparin, lidocaine and normal saline), dose, date and time of preparation and administration consistent with physician orders.
3. Access vascular hemodialysis devices or delegate access to a competent UAP (dialysis technician).
4. Delegate to UAP supportive care (personal care) activities; activities related to the set-up and maintenance of dialysis equipment; and tasks meeting all the criteria for delegation.

UAP Role in Community Dialysis Centers/Chronic Endstage Renal Disease Clinics:

1. Data collection by the competent UAP may include: obtaining vital signs, counting an apical pulse, and listening to lung fields. Such information must then be reported to the licensed nurse (RN or LPN).
2. May assist the licensed nurse with the administration of heparin, lidocaine, and normal saline, provided there is an established written protocol which limits the delegation to the UAP (dialysis technician) to the following tasks:
 - a) drawing up in a syringe a pharmaceutical agent (limited to heparin, lidocaine and normal saline) as ordered and marking with the client's name, dose, date and time of preparation;
 - b) connecting a **pre-filled*** syringe of heparin to the dialysis machine;
 - c) administering lidocaine from a pre-filled syringe; intradermally into the fistula or graft sites prior to cannulation;
 - d) administering heparin from a pre-filled syringe into the patient's vascular access device; and
 - e) administering a volume of normal saline pre-approved by the RN or LPN and established in agency protocols.
3. May access a vascular hemodialysis device if competency validated by RN.
4. May provide supportive care (personal care) activities; activities related to the set-up and maintenance of dialysis equipment; and tasks meeting all the criteria for delegation

***Notes (following only apply to delegation of medication administration to UAP in Community Dialysis Centers/Chronic Endstage Renal Disease Clinics):**

1. If syringes are pre-filled and labeled by pharmacy or by UAP (dialysis technician), an RN or LPN must validate client's name, pharmaceutical agent (limited to heparin, lidocaine, and normal saline), dose, date and time of preparation and administration, and physician orders prior to delegating administration to UAP (dialysis technician).

2. If syringes are pre-filled and labeled by an RN or LPN the syringes must be marked with the client's name, pharmaceutical agent (limited to heparin, lidocaine and normal saline), dose, and date and time of preparation and administration, consistent with physician orders, prior to delegating administration to UAP (dialysis technician).

3. Pharmaceutical agents other than those considered part of the routine hemodialysis treatment (i.e., heparin, lidocaine, and normal saline) may be delegated to UAP (dialysis technician) for administration based on meeting all required criteria listed in the NCBON Decision Tree for Delegation to UAP.

Issue #3:

Hemodialysis and Peritoneal Dialysis in Home Settings:

Some chronically ill clients requiring dialysis are permitted by their healthcare providers to dialyze in the home setting. The client may select a family member or acquaintance to be their home dialysis caregiver. This client-selected caregiver must successfully complete an appropriate course of training and agree to consistently assist the client with this procedure in the client's home.

RN Role in Home Dialysis Settings:

1. Only RNs employed by Community Dialysis Centers/Chronic Endstage Renal Disease Clinics may perform and teach hemodialysis and peritoneal dialysis in the Home Setting. Per Federal Regulations, RNs are NOT PERMITTED to assign or delegate home dialysis to LPNs or UAP (including dialysis technicians) based on current standards of care.
2. Assess the client's home setting for environmental safety and adequate resources; determine the selected caregiver's ability to safely assist the client with dialysis implementation; and evaluate the selected caregiver's on-going consistent availability to assist the client with dialysis as ordered.
3. Initially teach and validate competency of the client and their selected caregiver in the procedure of hemodialysis or peritoneal dialysis within the Community Dialysis Center setting.
4. Validate the competency and maintained competency of the client and their selected caregiver to implement dialysis as ordered in the client's home setting.
5. Assess and evaluate client's on-going treatment and effectiveness.

References:

21 NCAC 36.0221 (b) and (c) – License Required Rule

21 NCAC 36.0224 (b - j) - RN Rules

21 NCAC 36.0225 (b - e) - LPN Rules

Practice; Position Statements; Delegation and UAP Delegation Tree (www.ncbon.com)

42 CFR 494.100 – Condition: Care at Home

42 CFR 494.140 – Condition: Personnel Qualifications

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