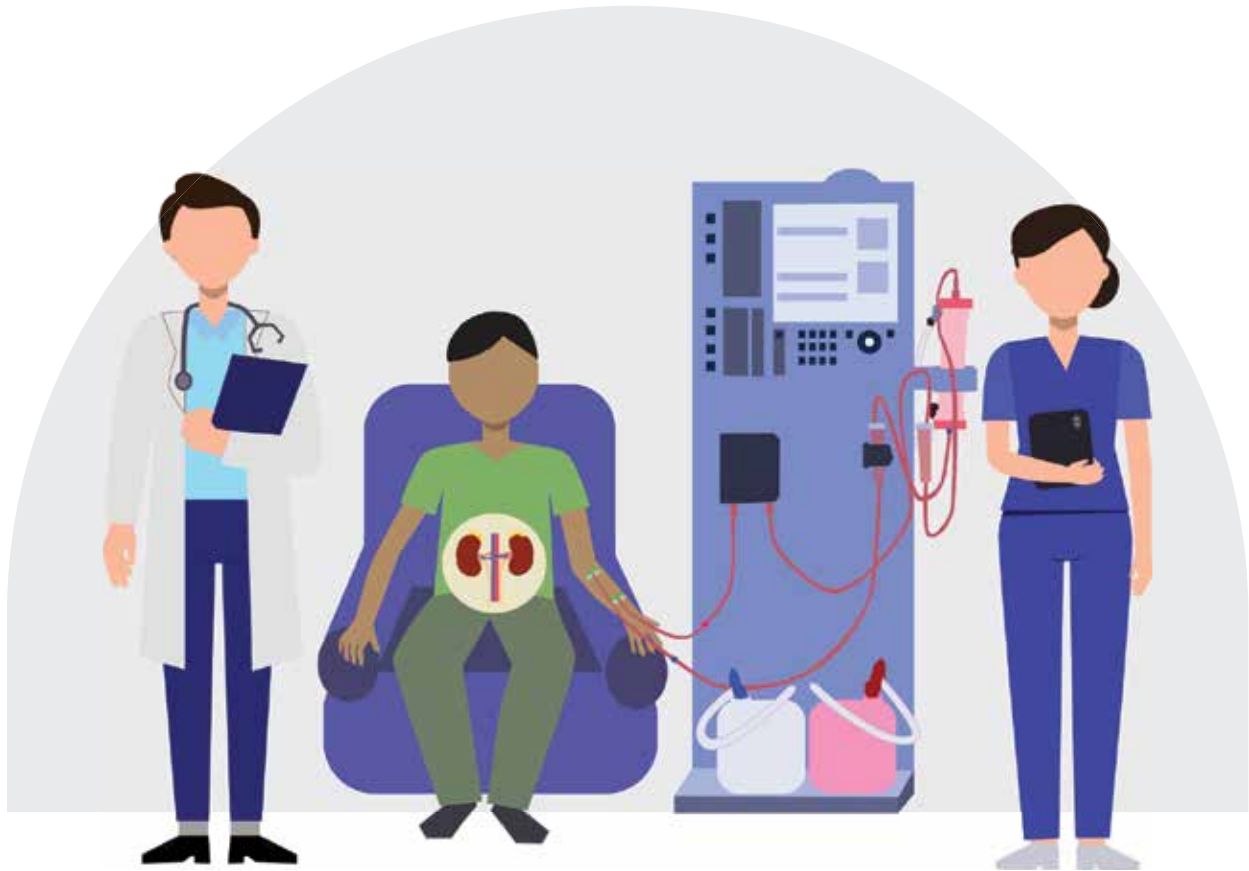


In-Centre Hemodialysis



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Patient Letter

So now you are beginning dialysis...

As dialysis patients, we know how challenging it can be to start dialysis. The range of emotions you might feel right now is a lot, and the dialysis unit is not a quiet place to process them. You may be grieving the loss of a particular lifestyle or freedom. You may feel sad, afraid, anxious, overwhelmed, or confused. Whatever you feel right now, know that someone else in the room has felt that way too. With around 900 people in Nova Scotia on dialysis, you are not alone.

The dialysis unit can be loud and active. You will hear sounds from different machines. You will see nurses and techs going from one chair or bed to the next as they care for patients. You will also see people in a range of conditions.

Everyone there has a different story and deals with their experiences in their own way. You will hear laughing. You will hear crying. You will see people in pain from underlying conditions. You will hear about people that have been on dialysis for 20 years and wonder if this is the rest of your life. The truth is, everyone is different. Not all patients qualify for kidney donation, but many do. Wherever you are in this journey through kidney disease, someone else has been there too. If they are not exactly where you are, they are close. There are people that understand what you are going through and are willing to talk to you.

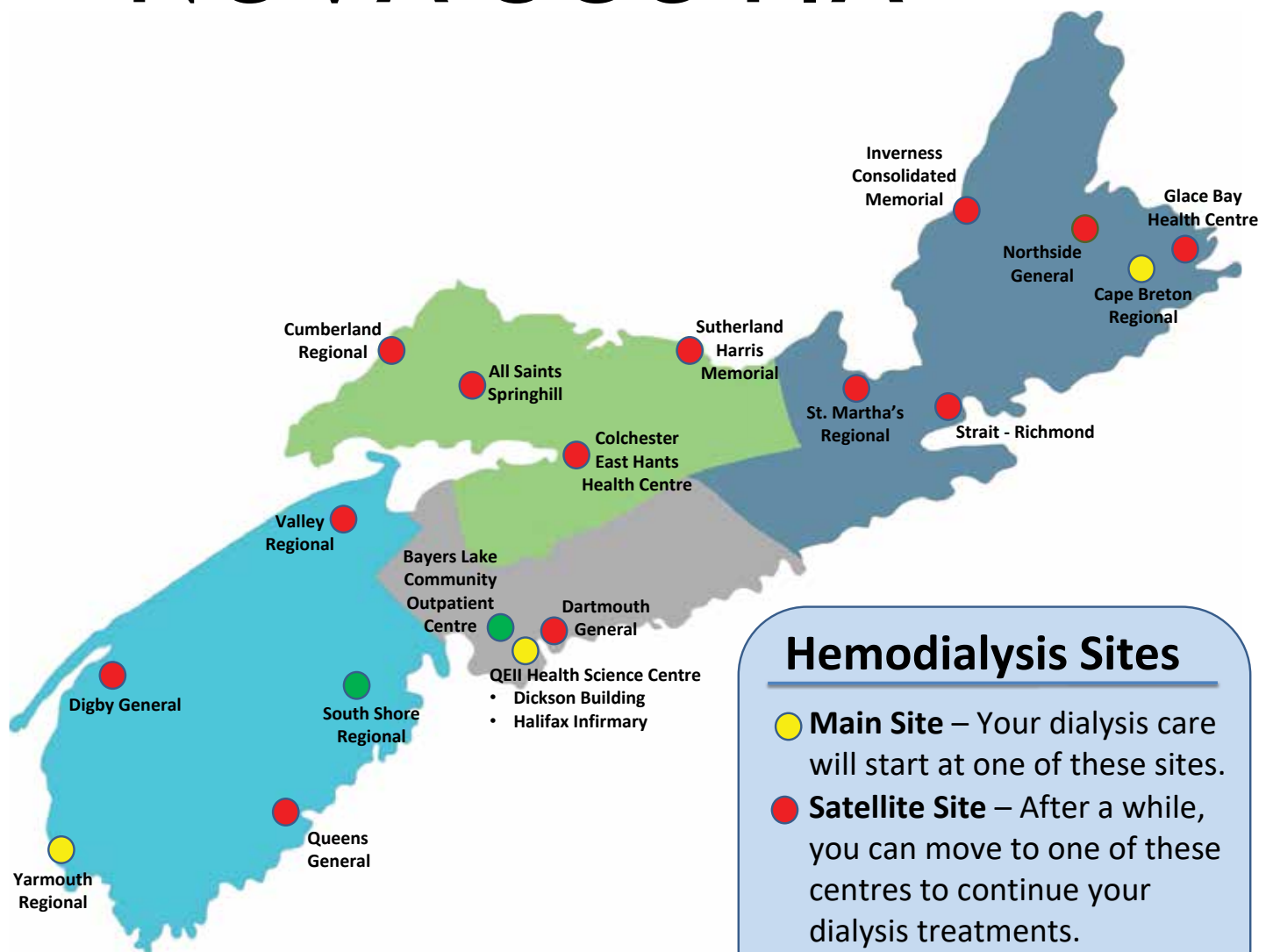
You will also hear about people who are working and keeping fit. While this works for some, it does not work for everyone. Do what is best for your energy level, your lifestyle, your peace, and your enjoyment. Dialysis patients share emotions and experiences, but we react to them in our own ways. Comparing yourself to others is unhelpful.

Be gentle and compassionate with yourself, as you would a loved one starting this process. Reach out to others for support if you can and talk to others in this position. Know that you do not have to be alone in this; other patients are happy to share their experiences. The Kidney Foundation offers a peer support program. Connect with a trained volunteer kidney patient:

- › Phone (toll-free): 1-866-390-PEER (7337)
- › www.kidney.ca/peer-support

— Members of the Renal Program's Kidney Patient and Family Advisory Council

KIDNEY CARE IN NOVA SCOTIA



As of 2023, Nova Scotia has:

- **17** dialysis sites across the province
- About **900** dialysis patients
- About **20%** of dialysis patients on home dialysis

These numbers are expected to change.

In-Centre Hemodialysis

Welcome to the Hemodialysis Unit. We provide hemodialysis care to people with kidney disease. We want to work with you to give you the best possible care. We are here to help.

- We know how challenging it can be to start dialysis. There are people who understand what you are going through and are willing to talk to you.
- The Kidney Foundation of Canada offers a peer support program. To connect with a trained volunteer kidney patient:
 - › Phone (toll-free): 1-866-390-PEER (7337)
 - › www.kidney.ca/peer-support

Your first treatment

“I was really scared and nervous for my first dialysis treatment. I didn’t really know what to expect. The nurse knew it was my first time, so she was very kind and gentle with me. The first few weeks of dialysis were overwhelming but, after some time, I got used to it and knew what to expect. Now I enjoy chatting with the nurses and other patients.”

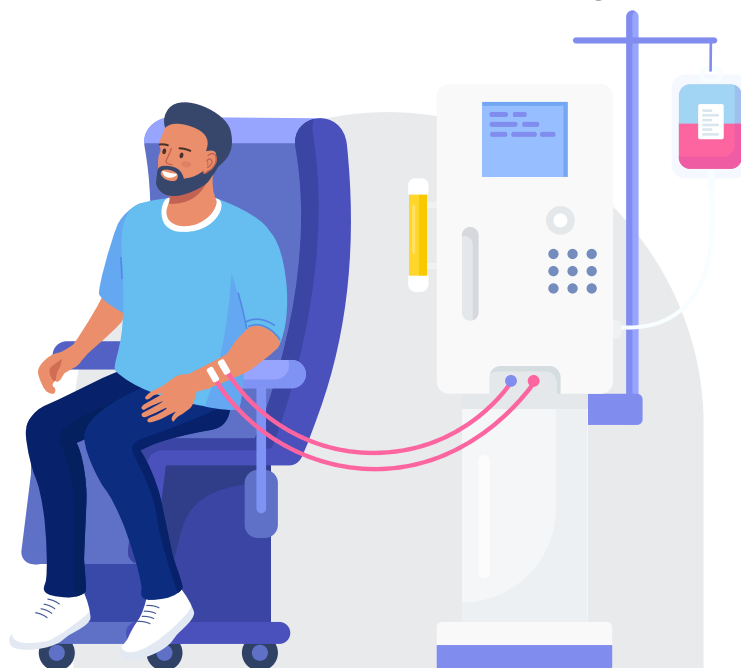
— Hemodialysis patient

What to expect when starting hemodialysis

- A hemodialysis treatment usually lasts for 3 to 5 hours. Your nephrologist (kidney doctor) will decide how often you need treatment and how long each treatment will take.

This is based on:

- › Your blood work
- › Your body size
- › How much weight you gained between treatments
- › How well your fistula, graft, or catheter works (see page 20 for more information)



Common questions

What does hemodialysis feel like?

- Hemodialysis feels like being in a chair or a bed while being attached to a machine. You should be able to do most of the activities you would usually do while sitting, like:
 - › Reading
 - › Watching TV
 - › Talking to a friend
 - › Using a laptop computer or tablet
 - › Napping
- Each person handles dialysis in their own way. **Tell your nurse right away if you feel any of these things:**
 - › Pain
 - › Discomfort
 - › Dizziness
 - › Nausea
(feeling sick to your stomach)

We may be able to change your prescription to find out what works best for you.

- If you have a graft or a fistula, you may feel some pain when the needle goes in. This should go away quickly. If you want to avoid this pain, ask your nurse to use a numbing cream or spray.
- You may also feel some discomfort or pain if you have a newly inserted (put in) central venous catheter (CVC) (see page 20).

“The dialysis itself doesn’t hurt. I have a fistula, so sometimes I experience some pain with the needles, which goes away once they are in.”

“I always felt okay going into my treatment, but by the end of it, I was tired. I felt exhausted afterwards and would go home and go to bed for the rest of the day.”

“I would often get headaches during treatment.”

“I always felt cold during my treatments and often got restless legs.”

“I had a central line which allowed for an easy hook up for most treatments. I didn’t experience any pain during treatment, but I did get cold and bored, so I was sure to wear warm clothes and bring enough activities to fill the time.”

— Hemodialysis patient

How should I dress for my treatments?

- If you have a CVC or a central line catheter, wear clothes that open in the front with buttons or a zipper.
- If you have a fistula (arteriovenous fistula or AVF) or a graft, wear clothes with short sleeves or sleeves that can be rolled up and stay up.
- Wear clothes that can be washed easily. Some drops of blood or other liquids may spill on your clothes.
- Bring a warm blanket from home or wear a toque to stay warm.

What do people do while on hemodialysis?

- You may choose to nap, watch TV, or use the Wi-Fi that is available at most dialysis units.
- You may want to bring something to do, like:
 - › A book or magazine, or an e-book
 - › A music player
 - › Knitting or crocheting
 - › Handheld games
 - › A crossword or word puzzles
 - › A laptop or tablet
 - › Headphones



“Because dialysis lasts 4 hours, I broke my time into chunks. During the first chunk, I read a short story from a collection. During the 2nd chunk, I worked on a crossword puzzle. And during the 3rd chunk, I streamed an episode of a TV show on my iPad using the hospital wifi.”

— Hemodialysis patient

What if I need to go to the bathroom while I am on hemodialysis?

- Always use the bathroom before starting your treatment.
- If you need to go to the bathroom while on hemodialysis, tell a staff member. We will take you off the machine. We will also help you to the bathroom, if needed. We can also help you onto a bedpan, if needed.
- We will put you back on the machine when you are finished.

Can I eat during my hemodialysis treatment?

- Plan to eat **before** you arrive for treatment or **after** your treatment is finished.
- **Do not** eat during your treatment. This can cause problems with your blood pressure.
- If you have diabetes, bring a snack with you. You only need enough to keep your blood sugar level during treatment.

How will I feel after my hemodialysis treatment?

You may feel tired or weak after your treatment. Many people feel better once they have been on hemodialysis for a few weeks.

“I always did my treatments in the evenings and felt quite tired afterwards. I would normally go to bed once I got home.”

“I often experienced a drop in blood pressure after my treatments, which sometimes led to headaches and dizziness.”

“I felt quite good after my treatments, maybe a little tired. I dialyze in the mornings so I would go home, have lunch, and go out for a walk.”

— Hemodialysis patient

Can I bring someone with me to my treatments?

- If you would like to bring a support person, tell a staff member on the unit before your treatment. Rules about support persons and visitors can change often and may be different for each unit.
- We may ask your support person to leave for a short time during your treatment for safety reasons.

Ask your health care team any questions you may have before, during, or after your treatment.

Planning for your first treatment

- You may feel tired or lightheaded, or have low blood pressure after your treatments. **You should have someone drive you home after the first 3 to 6 treatments.** You may feel comfortable enough to drive yourself once you get used to hemodialysis. Talk to your renal care team before you start driving again.

Where will I have hemodialysis?

- There are several hemodialysis satellite units across Nova Scotia. You may not get treatment where you want it right away. You may be moved to a unit closer to where you live when you are ready, if possible.
- Some units are not right for all patients. Some units are better for patients who have fewer care needs.
- Talk to your nurse if you want to go to another hemodialysis centre.



Dialysis station

How do I get to my treatments?

- You or your support person must arrange for you to get to and from your treatments. Many patients use Access-A-Bus or other transportation services. If you need help finding transportation, please call the unit ahead of time and ask to talk with a social worker.

Arriving for treatment

- Arrive as close to your treatment time as possible. Please try to arrive no more than 15 minutes before your scheduled treatment.

Important: Arriving early for your treatment does not mean that you will be put on the machine or start your treatment early.

- Wait in the waiting area until your name is called. A nurse will bring you into the hemodialysis unit.
- Once you are in the unit, it can take 30 minutes or longer to start your treatment. This is because we look after people based on their medical needs. Your start time may be delayed because of problems (like transportation delays, medical complications, and other issues). If your treatment is delayed, we ask for your patience and understanding.

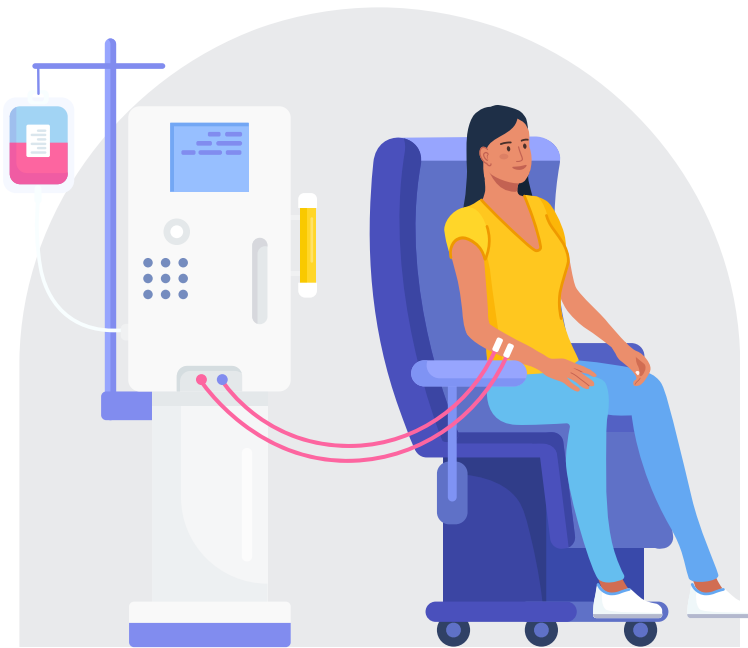
If you know that you will be late or you will miss a treatment, call the unit to tell us.

Before treatment

- The nurse will check your weight, heart rate, temperature, and blood pressure.
- They will take you to a hemodialysis station and ask you to sit on a chair or on the bed.

There is no assigned seating in the hemodialysis units. You may not be in the same chair or bed for each treatment.

- They will then hook you up to the hemodialysis machine using your CVC, fistula, or graft.
- They may draw blood for routine blood work. They will take this blood directly from your CVC, fistula, or graft.



During treatment

- While you are on hemodialysis, the nurses will check how you are feeling and make sure that everything is working well.
- **You should not feel any pain once your treatment has started.** Tell your nurse right away if you have:
 - › Nausea
 - › Headache
 - › Dizziness, feeling lightheaded
 - › An urge to move your bowels (poop)
 - › Pain
 - › Muscle cramps
- These symptoms could mean that your blood pressure has dropped. The nurse will try to find what caused your symptoms and help you manage them.

A note about hemodialysis machines

- Hemodialysis machines have built-in monitors that alert the nurses to any issues.

It is common to hear alarms from the machines. If an alarm goes off on your hemodialysis machine during your treatment, a nurse will come to help you.

After your treatment

- When your hemodialysis treatment ends, your nurse will take you off the machine.
- They will check your heart rate, temperature, and blood pressure.
- They will check your weight to make sure that the right amount of water weight has been removed.

If you feel faint, dizzy, or lightheaded after your treatment, sit down right away and tell a staff member.

When you get home

Rest. Many people feel tired after their treatments.

Make sure your fistula, graft, or catheter (CVC) are OK often. Call your hemodialysis unit right away if:

- You cannot feel the “thrill” or it feels different than usual (fistula or graft).
- There is redness, warmth, pain, or swelling in your access arm (fistula or graft), or along your catheter.
- There is oozing or drainage from your fistula, graft, or catheter exit site.
- You have swelling:
 - › in your access arm (fistula or graft).
 - › around your catheter.
 - › on your neck or face.
- You have a fever (temperature above 38 °C or 100.4 °F) **and** any of the above symptoms.
- The part of your catheter outside of your skin seems to be getting longer.
- Your catheter is accidentally pulled, and there is bleeding around the exit site.

Your hemodialysis schedule

- Most people need hemodialysis treatments 3 to 5 days a week. You may need more or less, depending on your condition.
- When you first start hemodialysis, you will be given a schedule based on what times are available. You will have to attend these appointments, even if they are not your preferred days or times.
- You can ask your nurse for a “Shift Change Request” form. After you fill it out and give it back to them, they will do their best to accommodate your request, if possible.
- If you need to change your schedule, give as much notice as you can.

Missing treatments

- Try not to miss treatments. Before hemodialysis, your kidneys worked 24 hours a day, 7 days a week. Now hemodialysis does the same job for only a small amount of time. Every minute of treatment counts.
- If you must miss a treatment (because of the weather or an emergency), call the unit as soon as you can. We will do our best to adjust your appointment time, but we may not be able to re-book missed treatments.

Did you know?

- If you lose 10 minutes of treatment at each appointment, it will add up to **2 weeks** (26 hours) of hemodialysis time in a year. If you do not have regular hemodialysis treatments, you may have problems with too much fluid and electrolyte imbalances. This can cause shortness of breath, feeling unwell, lack of energy, and other symptoms.
- Try your best to be on time for each treatment.

Adjusting to being on hemodialysis

- Starting hemodialysis is a big change and it can take some time to get used to. You may have to make some lifestyle changes that you do not want to make. We understand that this can be hard. We can help you through these changes. Talk with a member of your health care team if you have questions or if you have any new or worsening mental health symptoms. We can refer you to resources that can help.

Frequently asked questions

Can I work while I am on hemodialysis?

- Depending on your job and your overall health, you may be able to keep working when you start hemodialysis.
- Some patients are able to work while on hemodialysis.

“I work from home. My dialysis schedule did not interrupt my work at all. I also felt fine in between my treatments, so my work was unaffected.”

“I continued working once I started dialysis, but I did need some periodic rests.”

— Hemodialysis patients

Who can help me manage my feelings about having chronic kidney disease (CKD) and being on hemodialysis?

- If you are having a hard time getting used to hemodialysis, talk with your social worker. They can connect you with mental health services and The Kidney Foundation’s Peer Support Program.

“There will be a lot of ups and downs in your kidney disease journey, and some days will be better than others. It’s important to know that your journey is not linear.”

“Dialysis was a part of my life that allowed me to live my life. It was not my whole life.”

“Over time, I learned how to manage things to make dialysis work for me.”

— Hemodialysis patients

Will I have to change my lifestyle and hobbies?

- Each person's CKD and hemodialysis experiences are different. Ask your renal health care team if you will have to make any changes to your hobbies.

Can I travel while on hemodialysis?

- Yes. You will need to plan ahead to make sure there will be room in a hemodialysis unit where you are travelling to.
- If you plan to travel within Canada, give your destination unit **at least 6 weeks' notice**. If you plan to travel outside Canada, you may need to give more than 6 weeks' notice.
- There are hemodialysis units around the world, and even on some cruise ships.
- **If you plan to travel, tell your social worker as soon as possible.** They can give you contact information for hemodialysis units that accept visiting hemodialysis patients. You or a support person (like a family member) must call the unit to make arrangements. Once you have confirmed a spot, the destination unit will contact us.
- If you are travelling outside of Canada, you are responsible for the cost of your hemodialysis treatments. Tell your social worker about your travel plans. They will send a form to the Department of Health and Wellness asking them to pay back some of your hemodialysis fees when you get home.
- We encourage you to travel if you would like to. We will do our best to help you arrange an enjoyable holiday.

"I did not travel much when I was on dialysis, but I did get to Cape Breton a few times and arranged to get dialysis in Inverness."

"When my mother was on dialysis, she took a cruise with Dialysis at Sea. She enjoyed the experience and likely would not have travelled if that option was not available to her."

"I was able to travel to PEI in the summer to go to my cottage. I made arrangements in Charlottetown and was able to make regular visits to the Island for two summers."

— Hemodialysis patients

Your hemodialysis health care team

You

- You are a major part of the team. We encourage you to take an active role in your own care.
- You can help with your treatment by:
 - › telling us if you have been admitted to the hospital or visited an Emergency Department, or if you feel sick.
 - › bringing **all** of your medications to your regular medication review. This includes patches, vitamins, inhalers, creams, over-the-counter medications, and herbal products.

Clerical staff

Clerical staff:

- › Make appointments for you (at some sites)
- › Direct you to the right team member to answer your questions

Registered nurse (RN) and Licensed practical nurse (LPN)

Nurses:

- › Check and monitor you before, during, and after your treatments
- › Review your blood work results
- › Put you on the hemodialysis machine and take you off when your treatment is finished
- › Monitor alarms on the machine and help, as needed
- › Teach you and your loved ones about dialysis and its treatments



Charge nurse or Clinical nurse leader

The charge nurse or clinical nurse leader helps you change your dialysis schedule.

Renal aids

Renal aids are not found at all sites. They are usually in larger centres. They can:

- › Set up dialysis machines
- › Clean and disinfect equipment
- › Help bring you in and out of the unit
- › Help with clerical tasks

Vascular access nurse

The vascular access nurse:

- › teaches you about the options for vascular access, including fistulas and grafts, and how to take care of them.
- › arranges for tests and procedures.
- › monitors your access and addresses any issues.

Nurse practitioner (NP)

The NP:

- Diagnoses illnesses
- Prescribes medications
- Orders tests and reviews results
- Talks with you about:
 - › Patient-centred care
 - › Your goals of care
 - › Advance Care Planning
 - › Naming a personal delegate
 - › Home therapies

Nephrologist (kidney doctor)

Your nephrologist will:

- Meet with you in the main dialysis unit, as needed
- Visit you in satellite unit in person or by telehealth (by phone or online), as needed
- Treat problems related to dialysis

- Talk with you about:
 - › Your goals of care
 - › Home therapies
 - › Advance care planning

You may see different nephrologists at your treatments, but there is 1 nephrologist assigned to you.

Pharmacist

The pharmacist:

- › Helps you understand changes in your medications
- › Asks you about your allergies, if you have any
- › Reviews your vaccination history and recommends vaccines, if needed
- › Monitors and reviews your medications
- › Answers your questions about your medications

Social worker

- The social worker can provide support, education, and counselling services, including:
 - › Adjusting to life changes
 - › Motivational counselling and goal-setting
 - › Helping you learn to cope with your illness and manage stress
- They can find community resources and connect you with services.
- They can also answer questions you may have about:
 - › Housing
 - › Transportation to and from dialysis
 - › Financial (money) issues

Dietitian

The dietitian helps you learn how to eat to manage your CKD.

Biomedical engineering technicians

The technicians look after the operation and safety of all of our dialysis equipment.

Patient Rights and Responsibilities

It is important to understand your rights and responsibilities, and know how to advocate for yourself. For more information, read the pamphlet *Your Rights and Responsibilities*:

- › www.nshealth.ca/sites/nshealth.ca/files/patientinformation/0466.pdf

Patient Relations

This service is available to patients, loved ones, and support persons who have concerns or compliments about any part of hospital care. You can:

- Talk with your health care provider or nurse manager
- Call a patient representative:
 - › Phone: 902-473-2133
 - › Phone (toll-free): 1-844-884-4177
- Email:
 - › Western Zone: WZpatientrelations@nshealth.ca
 - › Northern Zone: NZpatientrelations@nshealth.ca
 - › Eastern Zone: EZpatientrelations@nshealth.ca
 - › Central Zone: CZpatientrelations@nshealth.ca
- Visit:
 - › www.nshealth.ca/contact-us/patient-feedbackcommentaires-des-patients

Ethics

- Ethics Nova Scotia Health offers support to anyone who needs help making hard choices. This includes patients, loved ones, support persons, volunteers, staff, and health care providers. To find out more about ethics support, or to ask for an ethical consultation, visit:
 - › www.nshealth.ca/content/ethics-nsha

Resources

Advance Care Planning Canada

- › www.advancecareplanning.ca/

Mental Health and Addictions Program

- › <https://mha.nshealth.ca/en>

Mental Health and Addictions Intake

- › Phone (toll-free): 1-855-922-1122
- › Hours: Monday to Friday, 8:30 a.m. to 4:30 p.m.
Tuesdays, 8:30 a.m. to 8 p.m.

Provincial Mental Health and Addictions Crisis Line

- › Phone (toll-free): 1-888-429-8167

The Kidney Foundation of Canada

- › <https://kidney.ca/>
- The Kidney Foundation of Canada can help with:
 - › **Kidney Connect:** Visits with peer support volunteers and online support groups
 - › **Short-term financial help:** Your social worker can apply for emergency funding for kidney-related expenses, if needed.
 - › **Education:** About your kidneys, and living with kidney disease and kidney failure

Peer Support Program

- To connect with trained volunteer kidney patient:
 - › Phone (toll-free): 1-866-390-PEER (7337)
 - › www.kidney.ca/peer-support
- If you would like to volunteer:
 - › Phone: 902-429-9298

Income Tax Tips

- › <https://kidney.ca/Support/Resources/Tax-Tips>

Disability Tax Credit

- The disability tax credit (DTC) is a non-refundable tax credit that helps people with impairments, or their support person, lower the amount of income tax they may have to pay.
 - › www.canada.ca/en/revenue-agency/services/tax/individuals/segments/tax-credits-deductions-persons-disabilities/disability-tax-credit.html

Automated Tax Information Phone Service (TIPS)

- › Phone (toll-free): 1-800-267-6999

Registered Disability Savings Plan

- A registered disability savings plan (RDSP) is a savings plan intended to help parents and others save for the long term financial security of a person who is eligible for the DTC.
 - › www.canada.ca/en/revenue-agency/services/tax/individuals/topics/registered-disability-savings-plan-rdsp.html

We hope this pamphlet has answered some of your questions, but we know you may have more. Please feel free to talk with us about your experience so that we can better help you. **You are the reason we are here, and we would like to work with you.**

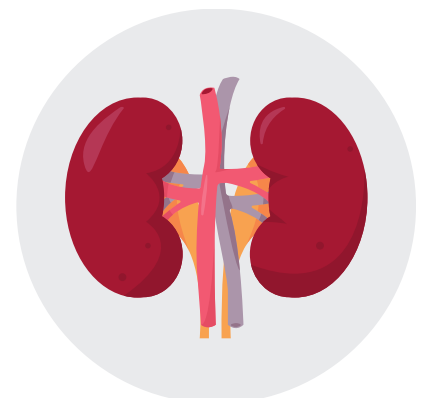


Remember, you are not alone. You are part of a large community of hemodialysis patients. Your hemodialysis team and The Kidney Foundation of Canada are here to help you. Please reach out if you have any questions or need help.

Words you may hear

- **Anemia:** You can get anemia when your body does not make enough red blood cells. This is common in people with kidney disease. Red blood cells carry oxygen through your body. If you do not have enough red blood cells, you may feel tired or weak. Your hemodialysis team will manage this condition for you. They will give you a medication during hemodialysis to help your body make more red blood cells, if needed.
- **Anticoagulant:** This is a type of medication given during hemodialysis. It helps thin your blood so that it does not clot in the hemodialysis machine during treatment. Examples include heparin, Fragmin®, and saline flushes.
- **Appointment time (also called hook-up):** This is the time you are booked to come to the hemodialysis unit. The nurse will assess you and connect you (hook you up) to the hemodialysis machine.
- **Blood thinners:** This is a type of medication used to prevent blood clots from forming. Examples include warfarin and Aspirin®.
- **Blood work:** A sample of your blood is taken and sent to the lab for testing. Blood is usually taken from your CVC or fistula before starting your treatment. It can also be taken from a vein in your arm using a needle, if needed.
- **Bolus:** This is extra fluid given to help with low blood pressure.
- **Darbepoetin (Aranesp®) and erythropoietin (Eprex®):** These medications are used to treat anemia (see above).
- **Dialyze:** This is the process of filtering your blood and removing extra fluid from your body.
- **Dialyzer:** This is a special filter in the hemodialysis machine that removes waste from your blood. A dialyzer is like an artificial kidney.
- **Echocardiogram:** This test uses sound waves to take images of your heart. It checks how well your heart and valves are working.
- **Electrocardiogram (ECG or EKG):** This is a test that checks the electrical activity of your heart.
- **Fibrin:** This is a clot that may develop at the tip of your CVC. This can cause your CVC to have trouble supplying blood. Your hemodialysis team can use medication and other ways to prevent or fix this.
- **Hemodialysis:** This is when a machine is used to filter your blood and remove extra fluid from your body.

- **Hepatitis B:** This is an infection caused by the hepatitis B virus. The virus is spread by contact with infected blood or body fluids. Hepatitis B causes irritation and swelling of the liver. This infection usually goes away on its own in about 6 months. There are vaccines to help protect against hepatitis B.
- **Hepatitis C:** This is an infection caused by the hepatitis C virus. The virus is usually spread through blood to blood contact. Hepatitis C causes irritation and swelling of the liver. There is no vaccine available.
- **Home hemodialysis:** Home hemodialysis is a type of at-home hemodialysis. You and your support person are taught how to do hemodialysis treatments at home with support from the Home Therapies program. If you are interested, please ask your nurse for more information.
- **Ideal body weight (also called dry weight or target weight):** This is the weight your health care team will use when deciding how much fluid to remove during hemodialysis.
- **Lumen:** This is the small space inside the tube of the catheter. A hemodialysis catheter has 2 lumens, called the venous lumen and the arterial lumen. Each lumen is a separate tube.
 - › **Arterial:** This is the lumen on your CVC (see page 20), where blood is directed from your body to the hemodialysis machine to be filtered. It can also refer to the arterial needle, where blood is directed from your body to the hemodialysis machine after being filtered.
 - › **Venous:** This is the lumen on your CVC, where blood is returned to your body from the hemodialysis machine after being filtered. It can also refer to the venous needle, where blood is returned to your body from the hemodialysis machine after being filtered.
- **MRSA (methicillin-resistant staphylococcus aureus):** MRSA is a bacteria commonly found on your skin or in your nose. It can harm people who are sick. Since MRSA is spread easily, you must isolate (stay in a room or area by yourself) if you have it. People who enter your room must wear a gown, gloves, and a mask so they do not spread it.
- **Peritoneal dialysis (PD):** PD is a type of at-home hemodialysis. A catheter is inserted into your peritoneum (the lining of your belly). The peritoneum acts as a filter to remove waste and extra fluid from your body. If you are interested, please ask your nurse for more information.
- **Renal:** This refers to things related to the kidneys.



- **Restless legs syndrome (RLS):** RLS causes:
 - › Sensations in your legs that are not comfortable
 - › An irresistible urge to move your legs

RLS may be a sign of:

- › Not getting enough hemodialysis (not cleaning your blood enough)
- › Not enough dopamine (a neurotransmitter) that helps control muscle activity and movement

RLS is common in people on hemodialysis patients. Your health care team can give you medication to help, if needed.

- **Take-off time:** This is when your nurse disconnects you from the hemodialysis machine and checks that you are well enough to go home.
- **Ultrafiltration:** This process to remove extra fluid from your body happens during hemodialysis.
- **Uremia:** This is a buildup of waste products in your blood caused by kidney failure. Signs of uremia include fatigue (feeling very tired), nausea, itchy skin, and loss of appetite (not feeling hungry).
- **Uremic pruritis:** This is severe itchiness of the skin in people with CKD. It is common in people on hemodialysis because of the build-up of waste products.
- **Vascular access:** This can be a fistula, a graft, or a central line or central venous catheter. It gives repeated access to your bloodstream without having to use a needle. Blood is taken from your vascular access, to the hemodialysis machine, then returned to your body after it has been cleaned.
 - › **Fistula (also called AVF or arteriovenous fistula):** A fistula allows needles to be inserted to connect you to the hemodialysis machine. Surgery is needed to create the fistula.
 - › **Graft (also called AVG or arteriovenous graft):** A graft allows needles to be inserted to connect you to the hemodialysis machine. Surgery is needed to create the graft.
 - › **Central line (central venous catheter or CVC):** This is a type of vascular access that enters through your chest. It is used to connect you to the hemodialysis machine for treatment.
- **VRE (vancomycin-resistant enterococcus):** VRE is a bacteria found in your bowels (gastrointestinal tract). It can cause severe (very bad) infection in people who are sick. Since VRE spreads easily, you must isolate if you have it. People who enter your room must wear a gown, gloves, and a mask so they do not spread it. It may be a sign that you are not getting enough hemodialysis.

My Hemodialysis Care Plan

Please fill in this form.

Hemodialysis site or unit phone number: _____

My kidney care team:

- Nephrologist: _____
- Nurse practitioner: _____
- Clinical nurse leader or charge nurse: _____
- Social worker: _____
- Dietitian: _____
- Pharmacist: _____

My hemodialysis schedule:

- | | | |
|------------------------------------|-----------------------------------|---------------------------------|
| ☐ Monday | ☐ Thursday | ☐ Sunday |
| ☐ Tuesday | ☐ Friday | |
| ☐ Wednesday | ☐ Saturday | |
-
- | | | |
|--|--|--|
| ☐ Morning _____ | ☐ Afternoon _____ | ☐ Evening _____ |
|--|--|--|

Comments:

My Hemodialysis Tracking Sheet

Date	Blood pressure	Weight	Fluid intake	Urine (pee) output

Hemodialysis checklist

One week before your treatment

- ☐ If you would like to bring a support person, call the unit and let us know.
- ☐ If you will need an interpreter, call the unit at least one week before your treatment.
- ☐ Arrange transportation to and from your hemodialysis appointment. **Do not drive yourself.**

On the day of your first hemodialysis treatment

- ☐ Bring all of your medications in their original containers, including over-the-counter medications, vitamins, and herbal products.
- ☐ **Arrive 15 minutes before** your appointment.

Every visit

- ☐ Wear shoes with non-slip soles.
- ☐ Wear comfortable clothes that are easy to wash. Blood can sometimes get on your clothes.
 - › **If you have a central line**, wear a top with buttons or a wide neck.
 - › **If you have a fistula**, wear a short-sleeve shirt or a shirt with sleeves that can be easily rolled up.

Bring these things with you:

- ☐ Any medications you need to take during your treatment
- ☐ Any new medications for us to check
- ☐ A blanket or a toque
- ☐ Something to pass the time (like a book, a tablet, knitting)
- ☐ A notebook or a list of any questions you may have

Every appointment

- ☐ Tell us about any changes to your medications.
- ☐ Tell us about any changes in your health.
 - › How have you been feeling since your last visit?
 - › Have you stayed in the hospital overnight for any reason?
- ☐ Tell us about any changes we need to make on your file:
 - › Have you changed your primary health care provider (family doctor or nurse practitioner)?
 - › Have you moved?
 - › Have any of your emergency contacts or their information changed?
- ☐ **If you have a fistula**, take packets of gauze home with you in case you have bleeding after your treatment.
- ☐ Remove your bandage 4 to 6 hours after you leave the hospital.

Regular checks

- ☐ Check your fistula, graft, or catheter (CVC) 2 times a day.
- ☐ See your primary health care provider and dentist for regular check-ups.
- If you do not have a primary health care provider, you can join the Need a Family Practice Registry:
 - › Phone: 811
 - › <https://needafamilypractice.nshealth.ca/>



This pamphlet is just a guide. If you have questions, please talk to your health care provider. We are here to help you.

[illegible]

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find this pamphlet and all our patient resources here:
<https://library.nshealth.ca/Patients-Guides>

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: <https://811.novascotia.ca>

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The information in this pamphlet is to be updated every 3 years or as needed.

