

RETU Dialysis Pathway

Required testing prior to RETU admission

- EKG
- Venous panel/BMP, potassium level
- CXR (if concerns of fluid overload)
- Pregnancy test in women of childbearing age
- Nephrology (dialysis) consult

ED

Evaluation

Not appropriate for RETU

- Hemodynamic instability
- Cardiac arrhythmias of immediate concern
- Encephalopathy (i.e. AMS that is severe or persistent)
- Clinically significant electrolyte abnormality (i.e. hyperkalemia with severe ECG findings)
- Vascular access not previously established/not useable or temporary access is needed that is not appropriate for discharge (i.e. Shiley)
- Patient needs more than one dialysis session in RETU
- New hypoxia (O2 sat <92%)

RETU Intake Evaluation

(do not repeat testing if already done in ED)

Exam Focus

- Vascular
- Pulmonary
- Cardiac

Initial Testing

- Potassium level (repeat as needed)
- Hepatitis serologies (as indicated)
- EKG (repeat as needed)
- CXR (as indicated)

Monitoring

- Vital signs
- Telemetry
- Pulse oximetry (as indicated)
- Volume status

Consults

- Nephrology (dialysis fellow)
- Social work (as indicated)

RETU Treatment / Evaluation

Acute EKG changes or worsening hyperkalemia

Y

N

Evidence of fluid overload or pulmonary edema

Y

N

Call nephrology fellow for urgent/emergent dialysis
+
Admit to inpatient

Confirm with nephrology **when** + **where** dialysis will take place*

Dialysis completed without event

Discharge with proper medication reconciliation + plans for next dialysis

*Location of Dialysis:

- In dialysis unit: order/add-on hepatitis serologies from "Dialysis" orderset if none available within the past 30 days
- In RETU: move patient to rooms 3 to 6

Disposition Guidelines

Discharge from RETU

- Completed adequate hemodialysis
- Stable vital signs
- Labs stable/improved
- Hemostasis at site of dialysis ensured

Admission to Hospital

- Deterioration of condition
- Unstable vital signs after dialysis
- Unable to complete hemodialysis
- Nephrology team evaluation recommends