

1. Introduction and Who Guideline applies to

This guidance relates to routine bloods taken on haemodialysis units to identify which samples should routinely be taken and responsibilities in regard to checking of the results. The guideline is intended to support all staff involved in the care of haemodialysis patients. It is not intended to be an exhaustive list. The guideline should be read in conjunction with the Venous Blood Sample - Obtaining UHL Guideline, Post dialysis urea sampling guideline, Haemodialysis - Prevention of Catheter Related Blood Stream Infection (CR BSI), UHL Renal Guideline: Management of haemodialysis patients travelling to countries with a high prevalence of blood borne infections and Carbapenem Resistant Organisms (CRO) and Extensively Drug Resistant Organisms (XDR) UHL Infection Prevention Guideline.

2. Guideline Standards and Procedures

2.1 New patients

A new patient checklist is available in Appendix I and includes the bloods that should be taken on first dialysis. If a patient is new to dialysis and is not yet established on dialysis pre and post U & Es should be taken weekly for three weeks.

The person who allocates the patient a start date should ensure the named nurse is made aware of the patient's start date and that she is available to review the blood results within 48 hours of the patient starting dialysis or if this isn't possible the unit manager should be made aware and will be responsible for checking the results or allocating this to someone in the team. The person allocating the start date should also inform the TB link nurse who should review all new Quantiferon tests along with the named nurse and ensure they have been acted on.

The nephrologist responsible for the patient's care on the unit should be made aware the patient has started by the person who allocates the start date and the named nurse should make the consultant aware of any concerns with the blood results. The nephrologist should review these within 4 weeks of patient's start on dialysis.

2.2 Post hospital discharge tests

On first dialysis post hospital discharge a patient should have the following checked:

CPE/ CRO screen

MRSA screen

COVID PCR screen (check each session for 1 week) whilst rates warrant this.

FBC and U&Es or review bloods taken immediately post discharge.

2.3 Pre Holiday dialysis

Holiday companies should request tests but as a minimum the following should be checked;

MRSA & MSSA screen

CRO screen

COVID PCR

HBV, HCV & HIV

FBC and pre & post U & Es on last dialysis before leaving for holiday.

2.4 Post Holiday dialysis

MRSA & MSSA screen

CRO screen (repeat as per Carbapenem Resistant Organisms (CRO) and Extensively Drug Resistant Organisms (XDR) UHL Infection Prevention Guideline)

COVID PCR (first three dialysis sessions) whilst community levels warrant this

HBV, HCV & HIV (repeat as per UHL Renal Guideline: Management of haemodialysis patients travelling to countries with a high prevalence of blood borne infections)

FBC and pre & post U & Es

2.5 Monthly bloods

The routine list of tests taken monthly is included in Appendix II.

It is the responsibility of the named nurse to review these within 48 hours of the tests being taken. If the named nurse is on leave the unit manager is responsible for reallocating this or checking it themselves. Any concerns should be notified to the patients consultant.

The patients nephrologist should check all monthly blood results within 2 weeks of them being taken and act on these.

2.6 Pre intervention/surgery bloods

On the last dialysis before surgery or intervention such as fistuloplasty or line insertion FBC, clotting screen and pre and post U & Es should be taken. The ward/day case should be made aware these have been taken so they can check results.

2.7 Hepatitis B antibodies

HBV antibodies should be checked on commencement of dialysis, prior to holiday abroad and once yearly.

3. Education and Training

Staff taking blood samples must have had the necessary training and assessment of competence using a suitable competency assessment tool such as Leicester Clinical Assessment Tool (LCAT) or Direct Observation of Supervised Practice (DOPS)

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Quantiferon testing	Auditted monthly	Matrons	Monthly	Nursing Dashboard
MRSA/ MSSA testing	Nursing Metrics	Matrons	Monthly	Nursing dashboard

5. Supporting References (maximum of 3)

None

6. Key Words

List of words, phrases that may be used by staff searching for the Guidelines on PAGL: Blood tests, monthly bloods.

CONTACT AND REVIEW DETAILS	
Guideline Lead (Name and Title) Suzi Glover – Deputy Head of Nursing	Executive Lead
Details of Changes made during review:	

Appendix 1: NEW PATIENT CHECKLIST

	Date Completed & Sign	Date Actioned & Sign
Personal Information and next of Kin documented		
MRSA Screen		
MSSA Screen (PermcathOnly)		
HEP B & C surface antigen NEGATIVE confirmed		
CRO 1		
CRO2		
CRO3		
Bloods: Pre Urea, sodium, potassium, creatinine, calcium, phosphate, glucose, albumin, liver function tests & bicarbonate. FBC, Ferritin, CRP, PTH. Post U & Es		
Bloods: Quantiferon		
Bloods: Hep B antibody level		
COVID		
BCM		
All Care Plans Completed		

Appendix II

Monthly bloods- usually taken first Wednesday and Thursday of the month.

Urea and electrolytes:

Sodium	Monthly
Potassium	Monthly
Urea	Monthly
Post dialysis urea	Monthly
Glucose	Monthly
Creatinine	Monthly

Bone function tests:

Calcium	Monthly
Phosphate	Monthly
Albumin	Monthly
LFTs	Monthly
Bicarbonate	Monthly
PTH	3 monthly

Full Blood Count:

WBC	Monthly
Hb	Monthly
Platelets	Monthly
HCT	Monthly

Haematinics:

Ferritin	Monthly
CRP	3 monthly (if required)
Transferrin Saturation Rate or CHr	Monthly
Red cell folate	6 monthly
Vit B ₁₂	6 monthly

Liver function tests (including γ GT)

Cholesterol and triglycerides	3 monthly
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Hepatitis screen:

Hepatitis B surface antigen	3 monthly & for holidays
Hepatitis C surface antigen	3 monthly & for holidays
Hepatitis B antibodies	Yearly

Other tests:

MRSA	Monthly for permcaths and those using buttonhole needling techniques. Three monthly for those using fistula/grafts and rope ladder needling
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