


<b>Name of Policy:</b> <u>Notification Of Physician In Case Of A Change In The Patient's Condition</u>	  <p>Effective Date: 10/1/2023</p> <p>Initial Effective Date: September, 1981</p>				
<b>Policy Number:</b> 3364-118-07					
<b>Department:</b> End Stage Renal Disease Program/ Hemodialysis (Nursing Service)					
<b>Approving Officer:</b> Chief Nursing Officer (CNO)					
<b>Responsible Agent:</b> Nursing Director, Hemodialysis Unit					
<b>Scope:</b> The University of Toledo Medical Center					
<table> <tr> <td><input type="checkbox"/> New policy proposal</td> <td><input type="checkbox"/> Minor/technical revision of existing policy</td> </tr> <tr> <td><input type="checkbox"/> Major revision of existing policy</td> <td><input checked="" type="checkbox"/> Reaffirmation of existing policy</td> </tr> </table>		<input type="checkbox"/> New policy proposal	<input type="checkbox"/> Minor/technical revision of existing policy	<input type="checkbox"/> Major revision of existing policy	<input checked="" type="checkbox"/> Reaffirmation of existing policy
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### (A) Policy Statement

A physician will be informed of any significant change in a patient's condition during hemodialysis.

### (B) Purpose of Policy

To provide communication between the dialysis nurse and the patient's physician concerning changes in a patient's condition.

### (C) Procedure

1. The nephrologist or his/her designee will be immediately notified of the following:
  - a. Cardiac arrest
  - b. Respiratory arrest
  - c. Hemolysis of blood
  - d. Unresponsive hypotension
  - e. Muscle cramps unrelieved with Normal Saline
  - f. Air embolism
  - g. Angina
  - h. Arrhythmia
  - i. Blood loss exceeding 50ml
  - j. Prolonged bleeding post dialysis
  - k. Chills or fever on dialysis
  - l. Complications with blood access
    - 1) needle infiltration
    - 2) two unsuccessful needle sticks
    - 3) reversal of blood lines
    - 4) discrepancy of blood flow > 50 ml/min
  - m. Clotted dialyzer
  - n. Seizure
  - o. Infected site

<p><b>Approved by:</b></p> <p>/s/</p> <p>Kurt Kless, MSN, MBA, RN, NE-BC</p> <p>Chief Nursing Officer</p>	<p><b>Review/Revision Date:</b></p> <p>1983 6/94</p> <p>1984 3/95</p> <p>1985 4/96</p> <p>1986 9/97</p> <p>1987 10/98</p> <p>1988 2/00</p> <p>1989 7/02</p> <p>1990 7/03</p> <p>6/91 7/05</p> <p>3/92 11/06</p> <p>6/07</p> <p>1/23/08</p> <p>11/11</p> <p>11/14</p> <p>11/17</p> <p>9/2020</p> <p>10/1/2023</p>
<p><i>Review: Policy &amp; Standard Committee, 11/1, 11/14, 11/17, 9/2020, 10/2323</i></p> <p><i>Revision Completed By Tana Cepek, Lead RN, Hemodialysis Unit</i></p>	<p><b>Next Review Date:</b> 10/2026</p>
<p><b>Policies Superseded by This Policy:</b></p>	

*It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.*