


Name of Policy: <u>Emergency Conditions</u>		 Effective Date: 10/1/2023 Initial Effective Date: September, 1982				
Policy Number: 3364-118-10						
Department: End Stage Renal Disease Program/ Hemodialysis (Nursing Service)						
Approving Officer: Chief Nursing Officer (CNO)						
Responsible Agent: Nursing Director, Hemodialysis Unit						
Scope: The University of Toledo Medical Center						
<table border="0"> <tr> <td><input type="checkbox"/> New policy proposal</td> <td><input checked="" type="checkbox"/> Minor/technical revision of existing policy</td> </tr> <tr> <td><input type="checkbox"/> Major revision of existing policy</td> <td><input type="checkbox"/> Reaffirmation of existing policy</td> </tr> </table>			<input type="checkbox"/> New policy proposal	<input checked="" type="checkbox"/> Minor/technical revision of existing policy	<input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Reaffirmation of existing policy
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(A) Policy Statement

Emergency conditions will be handled in a specific, effective manner.

(B) Purpose of Policy

To provide specific protocol in which emergency conditions are handled.

(C) Procedure

1. Cardiac/Respiratory Arrest - Code Blue
 - a. Initiate CPR.
 - b. Summon Code Blue Team @ 77 or hit Code button
 - c. Discontinue hemodialysis treatment.
 - d. Maintain hemodialysis access for IV use if necessary.
2. Hemolysis of Blood
 - a. Stop hemodialysis treatment.
 - b. Do not return blood in dialyzer and tubing.
 - c. Obtain sample of blood in lavender, and lt. green tube, to confirm hemolysis and evaluate K+.
 - d. If ordered by Nephrologist, obtain sample of dialysate for chemical analysis and osmolarity measurement.
 - e. Biomedical Engineering to check machine before return to service.
3. Severe Hypotension
 - a. Lower head of chair or bed.
 - b. Reduce or stop ultrafiltration target.
 - c. Reduce blood flow.
 - d. Use IV normal saline fluid replacement to increase blood pressure.
 - e. Monitor BP closely thereafter.
 - f. Call RRT @2222 if needed
4. Air Embolus
 - a. Clamp venous blood line and turn off blood pump.
 - b. Lower head and turn patient on left side in order to prevent as much air as possible from reaching vital organs such as brain, heart, and lungs.
 - c. Administer 100% O2, per non-rebreather mask
 - d. Assess vital signs and neurological status.

- d. Use Gelfoam according to manufacturers' recommendation on access sites per physician order.

Next Review Date: 10/1/2026

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