

Name of Policy: Emergency Hemodialysis On-Call Protocol			
Policy Number: 3364-118-21		Effective date: June 1, 2026	
Approving Officer: Chief Executive Officer Chief Nursing Officer		Original effective date: November 1984	
Responsible Agent: Assistant Nursing Director, Hemodialysis Unit			
Scope: The University of Toledo Medical Center			
Key words:			
	New policy proposal		Minor/technical revision of existing policy
	Major revision of existing policy	X	Reaffirmation of existing policy

(A) Policy statement

Personnel coverage is available for emergency situations during the hours that the unit is not in normal operation.

(B) Purpose of policy

- (1) To establish criteria for emergency hemodialysis.
- (2) To familiarize hemodialysis personnel with the duties of on-call.
- (3) To standardize the procedure of on-call in hemodialysis.
- (4) To enable hemodialysis personnel to function under unusual circumstances while actively involved in an on-call situation.

(C) Procedure

- (1) When hemodialysis is needed for a medical emergency, the Nephrology Fellow, or Attending Nephrologist should contact the House Supervisor. The House Supervisor will contact the hemodialysis on-call personnel.
 - (a) Criteria for emergency hemodialysis include Class I and Class II priorities see Policy 3364-118-04
 - (i) Life-threatening hyperkalemia (serum K > 7.0 mEq/L)
 - (ii) Acute pulmonary edema
 - (iii) Uremic encephalopathy

Emergency Hemodialysis On-Call Protocol

- (iv) Acute intoxications
 - (v) Other life-threatening conditions are amendable to extracorporeal therapy.
 - (vi) Any condition that the Nephrologist on call determines to be justified.
 - (b) It is expected that a physician credentialed to write hemodialysis orders (either directly or under supervision) will have written such orders prior to the initiation of treatment. The on-call nurse is not to be utilized to assess the need for dialysis.
 - (c) All instances of emergency hemodialysis will be reviewed for appropriateness of care by the Performance Improvement Team.
 - (d) Vascular access must be available prior to notification of staff to report for treatment.
 - (e) The on-call nurse should always be available.
 - (f) In the event the dialysis on-call person cannot be reached, the House Supervisor should call other dialysis staff until a person can be reached to come in.
- (2) The on-call nurse is to be available to arrive within one hour of being contacted.
 - (3) If the patient is dialyzed in the acute dialysis unit, the House Supervisor should be notified if additional staff is needed for the patient.
 - (4) Staff nurses employed in Acute Hemodialysis will take calls. A new employee in Acute Hemodialysis will take call after an appropriate orientation. The Nursing Director and Lead Nurse will do a complete evaluation before assigning on-call responsibilities.
 - (5) On days that the unit is closed on call starts at 7:00 am and continues until 7:00 am the following day. On days the unit is open and on call starts at the end of the regularly scheduled staff shift and continues until the regular unit opening hours the following day.
 - (6) The nurse, who is unable to take call as assigned due to illness will notify the House Supervisor. Back-up on call will then be arranged by the Nursing Director.
 - (7) The On-call schedule will be available to the House Supervisor via API. In the event the schedule needs to be changed, it is the responsibility of the involved parties to notify Nursing Service.

Emergency Hemodialysis On-Call Protocol

- (8) The nursing office will be notified of any new Hemodialysis staff and their corresponding contact numbers (home and/or cell phone).
- (9) The House Supervisor will attempt to call the on-call nurse using the primary number initially. A secondary phone number is mandatory for all staff taking call.

Approved by:/s/

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Chief Executive Officer

Date

/s/

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Date

Review/Revision Completed by:

*Policy & Standard Committee,
8/2011, 8/2014, 12/2022, 6/2023*

Policies Superseded by this Policy:

- *None*

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June 1, 2029