

## Guidelines to NWH regarding maintenance Haemodialysis

Pre treatment investigations to be submitted for the first time of raising pre-auth are the following.

1. Ultra sound abdomen
2. Complete blood picture
3. Serum electrolytes
4. Serum calcium and serum phosphorus
5. Blood grouping and Rh typing
6. Viral markers
7. Blood urea
8. Serum Creatinine
9. Random Blood sugar
10. Liver function tests
11. 2d Echo
12. ECG
13. Serum iron & Hb profile
14. Serum uric acid
15. Chest X-ray

The Investigations that are to be repeated after one month are

1. Blood Urea
2. Serum Creatinine,
3. Serum Potassium,
4. HB%

The Investigations that are to be done once in three months are

1. Serum Iron
2. Viral markers (HbsAg, HIV, Hep C RNA)

### **Haemodialysis units:**

1. Every Patient should be given 3 Sessions per week for 4 hours each (minimum 10 per month)
  2. The Dialyzer should be changed preferably for every session.
  3. The Dialyzer should be having a surface area of  $1.2\text{m}^2$  or  $1\text{m}^2$  (based on the required dialysis dose and the body size of the patient)
  4. Tubing to be disposed off every session
  5. The photographs of the patient should be taken without a bed sheet covered
  6. All HDs should have a biometric attendance.
  7. Erythropoietin may be given as per the requirement according to the level of haemoglobin and the dose may be adjusted at the discretion of the treating Nephrologist.
  8. Emergency kit and CPR kit should be available in dialysis centre
  9. Oxygen supply should be available.
  10. Bio medical wastage should be disposed of in required format.
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***Criteria for the patient on Hemo-Dialysis:***

1. Should be a patient of end stage Renal disease and such an evidence should be provided to the trust by the Nephrologist at the time of initiation of Hemo-Dialysis program.
2. Every attempt should be made to get an early vascular access preferably an AV Fistula and pt should be vaccinated for Hepatitis-B Virus.
3. He should undergo all the required Bio-Chemical and Pathological investigations at least once a month from profile and Viral Markers should be done at least once in three months.
4. He should have been explained about a need of kidney transplantation at time of induction into MHD program and such evidence should be submitted to the trust.
5. In case of any shift from a private hospital to a Govt Hospital and vice versa, he should take a prior approval sighting the reason for such a shift and reason should be mentioned in the discharge summary.
6. In case the patient wishes to get transplanted in a Private Hospitals, it should be informed to the trust.
7. Death during MHD program should be notified to the trust within 10 days after the death. It should be mentioned during the last claim submission and the case may be closed.
8. If the patient intends to get transplanted not Under "Aarogyasri", the facility of post transplant immuno suppressions/CMRF facility for the transplant cannot be approved.

**Guide lines for Dialysis technicians:**

1. All the technicians should be vaccinated against HbsAg.
2. All the technicians to be trained in CPR.
3. Universal precautions regarding proper uniform code and aseptic precautions to be followed strictly.
4. Counselling classes to be conducted regularly.

**Guide lines for Administration of Injection Erythropoietin:**

1. The minimum dose of Inj erythropoietin should be 4000 units after every post sessions (till optimal Hb% is obtained) and it should be given intravenously/ subcutaneously.
2. The batch no. of the inj or vial to be mentioned in the invoice bill.
3. The optimal Hb % should be 11gm% to 12gms%
4. The optimal serum iron level should be 100 µg/dl to 150 µg/dl

**Guide lines for NWH regarding MHD cases:**

1. The precautions to be followed in the Dialysis Unit are that patient should not be allowed to have his food in the unit.
2. A separate rest room attached to the units should be available for the patients for food.
3. Blood transfusion should be avoided in the Dialysis unit.
4. If the pt is Hbsag negative the Hbsag vaccination protocol should be followed.

5. Pts with co- morbidities for them emergency admissions priority should be given in the same hospital.
6. Any pt with HD emergency should be given priority for emergency admission
7. The other parameters like serum calcium and Phosphorus deficiency should treated
8. Supportive treatment for anaemia like iron therapy folic acid and B12 should be advised.
9. Patients should be counselled regarding diet.
10. The Nephrologist should submit a compliance report regarding the pts who are undergoing treatment should be regarding the complication or any anaphylactic reactions.
11. Reports on Reactions or any complications like seizures or deaths to be submitted once in three months.
12. Fumigation of the unit to be carried out once in a week preferably on every Sunday
13. Water quality to be tested once in three months. Treated water sample should be sent for detailed chemical analysis to an independent laboratory having adequate instrumentation for testing at least once in 3 months.
14. Nephrologist or unit in-charge should interact about non compliant patients and non compliance.
15. If patient undertakes dialysis in another centre, it should be informed to the unit.
16. Under the Aarogyasri scheme patient admission is must, case sheet submission is mandatory. All the medications given to the patient dosage, route of administration and duration to be updated in the case sheet.
17. A small note book should be allotted to every patient for medication.

Note


Sub: - AHCT- Medical Audit – MHD Cases – Preparation of Guidelines –Constitution of committee- Submitted – Reg.

Ref: - Minutes of the meeting of Medical Audit dated 26.11.2013 held at Jambagh Unit.

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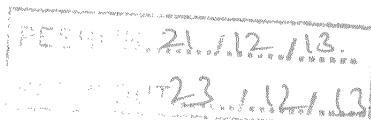
- 1) It is submitted that a meeting was conducted by the Medical Audit Department with the EO (Ops) and Panel doctors on 26.11.2013 03:00 pm at Jambagh Unit. In order to discuss the issues pertaining to the claim paid cases Maintenance of Haemodialysis (MHD) the following officials have attended in the meeting.
  - i. Dr. Govardhan Reddy, EO (Operations).
  - ii. Dr. Sri Bhushan ,Panel doctor , Nephrologists.
  - iii. Dr. Raja Ramesh , Panel doctor , Orthopaedics.
  - iv. Dr. Vilasini, JEO ,Medical Audit.
  - v. Dr. Ritesh Singh, DyEO, Medical Audit.
- 2) In this regard the points discussed with regard to MHD cases are enclosed vide Annexure I.
- 3) Suggestions obtained from Dr. Sri Bhushan, DM, Nephrologist, NIMS and Dr Manisha sahay, Prof. & HOD of Nephrology, Osmania General & Medical College(OMC) are enclosed vide Annexure II.
- 4) It is now proposed to constitute a committee with the following members so as to prepare the guidelines of the MHD cases after studying the suggestions of the specialists.
  - i. Dr. K.Phani Koteswara Rao (CMA), AHCT.
  - ii. Dr. Pradeep Deshpande, Professor& Head of the Department – Nephrology, OMC (Retd).
  - iii. Dr. Sri Bhushan, DM, Nephrologist, NIMS.
  - iv. Dr. Manisha sahay, Professor & Head of the Department – Nephrology, OMC.
  - v. Dr. Vilasini, JEO (Medical Audit), AHCT.

Submitted for approval of para (2) & (4)

  
JEO (Medical Audit)  
21/12/13

  
CMA  
21/12

*Ensure the guidelines  
are in place by  
first week of Jan, 14*  
CEO  
(1/2)  
23/12/13



Note contd.  
Dt.07.02.2014.

- 6) Apropos para 4, the committee held meeting on 16.01.2014 to discuss and frame the guidelines pertaining to the Maintenance Haemodialysis.
- 7) After due deliberations and obtaining opinion of the specialists concerned on the treatment of MHD, the guidelines to be followed by the network hospitals and also to the Empanelment Dept. in verifying the details of Nephrologists, duty doctors and paramedical staff are prepared and submitted for approval.
- 8) Subject to approval, the guidelines may be placed in the web portal of AHCT.

flay (A)

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*[Signature]*  
JEO(MA)

*[Signature]*  
CMA

*[Signature]*  
CEO

*[Signature]*  
7/2/14

PESHI IN..19..02.../14..  
PESHI OUT..19..02../14..