

PATIENT INFORMATION SHEET

MISSING APPOINTMENTS/NO SHOWS/SHORTENING HEMODIALYSIS TREATMENTS



It is important that you to show up for your dialysis treatments – each and every run – it's for your physical well-being.

What if I need to miss a hemodialysis treatment?

Generally, it is best not to miss treatments. If you absolutely must miss your treatment, please call the unit as soon as you know.

What if I feel too sick to come to hemodialysis?

The reason for feeling sick may be related to your kidney disease, so coming for dialysis is very important. If you feel sick, call the dialysis unit and get instructions from them. If you have severe problems such as shortness of breath, chest pain, abdominal pain, unusual weakness, excessive bleeding, etc, call 911 or go to your nearest Emergency Room.

If you are admitted to hospital, please ask your nurse at that hospital to call the Hemodialysis Unit. We will arrange for you to receive your next hemodialysis treatment.

Why is it important that you receive your full dialysis treatment?

Hemodialysis treatments only replace a small part (less than 5 to 10%) of the normal function of your kidneys. If you don't get enough dialysis, your blood will hold on to more of the body's waste products and increase the chances that you'll feel sick.

If you don't have enough dialysis, you may experience some or many of these symptoms:

- Feeling weak and tired all the time
- Difficulty sleeping
- Loss of real weight, poor appetite, nausea
- Shortness of breath
- Bad taste in mouth
- Body odor
- Itchy skin

You will also be at higher risk for infection and bleeding. Because extra fluid will need to be pulled off when you next have dialysis, you may have cramps and your blood pressure may be low.

Time Lost When You Shorten or Miss your Dialysis Time

You can reduce your chances of having these problems by receiving your full dialysis treatment time. Try to show up for your dialysis on time and stay for your full treatment. We can educate you, but in the end it is your decision. If you regularly miss or shorten your treatments, it adds up and can cause permanent harm to your body. Your healthcare team can help you to make medical care decisions. By participating in your care you improve how your body responds to the dialysis treatment.³

Shortened Treatments *assumes 3 - 4 hour dialysis treatments per week.	
Minutes Lost Each Treatment	Dialysis Hours Lost Each Year
10	26 hours
15	39 hours
20	52 hours
30	78 hours

Missed Treatments	
Treatments Missed Each Year	Dialysis Hours Lost Each Year
12 (1/month)	48 hours
24 (2/month)	96 hours
36 (3/month)	144 hours
12 (1/month)	48 hours

What happens if I don't show up for a hemodialysis treatment and I do not call the unit?

Your safety is important to us. If, in the event that you do not show up for a specific treatment, we will attempt to contact you to check how you are doing. If we cannot reach you, we will follow the instructions you provided us on the Consent to be Called form.

³Linda Walck & Nancy Foley, co-chairs of the Renal Ventures Safety Committee, <http://www.renalventures.com/blog/2014/05/danger-missing-dialysis-treatments>.



CONSENT TO BE CALLED For hemodialysis patients

Rev: February 2016

PATIENT INFORMATION/LABEL

Name: _____

Address: _____

Phone: _____

PHN: _____

I, _____ understand that it is my responsibility to let the Hemodialysis Unit know if I am unable to attend on a specific day.

Hemodialysis Unit phone number: _____.

I understand that in the event that I do not show up for dialysis, the staff from the hemodialysis unit will attempt to contact me to check on how I am doing. If I cannot be reached, please attempt to contact:

- Name _____ Relationship _____ Phone _____
- Name _____ Relationship _____ Phone _____
- Name _____ Relationship _____ Phone _____

If none of the contacts provided are able to reach me:

- Call the Police/RCMP and request a "well-being" check.
- Do not call the Police/RCMP. I have been advised that by refusing to allow the Police/RCMP to check on me I could be at increased risk of harm, and I accept that risk.

Agreement

The information provided on this form was discussed with me by a member of my care team. I have had the opportunity to ask questions. I am satisfied with the explanations and understand them.

Signature of: Patient Substitute Decision Maker Print name of Patient/Substitute Decision Maker _____

Signature of witness _____

Print name & designation of witness _____

Date & time signed (dd/mm/yyyy)

Interpreter

I have translated this document to the best of my ability and confirmed with the patient that he/she has no further questions and the contact information above is correct.

Signature of Interpreter _____

Print name of Interpreter _____

Date & time signed (dd/mm/yyyy)

Review of Agreement

- Review agreement with patient annually and as situations change.
- If patient changes wishes for follow-up contact (e.g., now does not wish anyone to be contacted), complete new consent. Otherwise note the date of the review below.

Review Date	Reviewed by (care team member)