
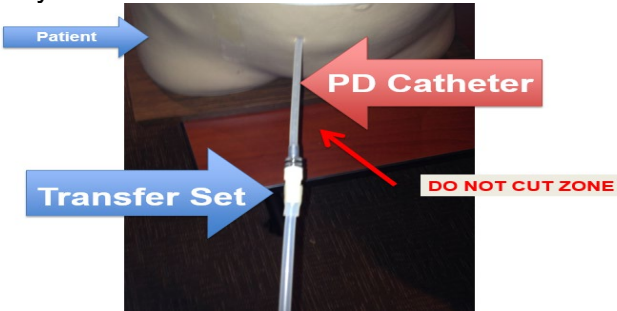



HOME DIALYSIS EMERGENCY DISCONNECT

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Review Date: September 2024	Revision Date: September 2024	
Approval: Corey Petrie, Interim Regional Manager, Centre for Prehospital Care & Trauma Services	Frequency: As required when disconnecting a patient from their home dialysis for transport to hospital.	
Signature: 		

Purpose: To ensure a consistent standardized practice for Home Dialysis Emergency Disconnect.

	Content	Details
1.	Ensure that the patient qualifies for the appropriate medical directive, or contact a Base Hospital Physician (BHP) for further direction.	
2.	Communicate the need for the home dialysis emergency disconnect and its effects to the patient/family member whenever possible.	
AMBULATORY PERITONEAL DIALYSIS DISCONNECT		
3.	If the patient is on Continuous Cycling Peritoneal Dialysis (CCPD) or Automated Peritoneal Dialysis (APD) turn off the main power switch at the back of the cyclor.	
4.	Close the twist clamp on the transfer set (patient side)	
5.	Clamp the tubing leading to the fill and drain bags.	If patient is on CCPD or APD clamp the extension lines going to the cyclor machine.
6.	Disconnect the patient tubing from the fill and drain bag tubing or the cyclor machine.	Use care not to touch/contaminate the connection port on the transfer set.
7.	Apply new mini cap to transfer set. (patient side)	
8.	Secure patient side tubing and cover with sterile abdominal pad.	
9.	<p>For Urgent disconnect where cutting lines is required:</p> <ul style="list-style-type: none"> Clamp the patient transfer set (patient side). Clamp the tubing leading to the fill/drain bags or the extension lines leading to the cyclor machine. Cut between the 2 clamps. 	<p>DO NOT cut the transfer set or Peritoneal Dialysis Catheter</p> 
HOME HEMODIALYSIS DISCONNECT		
10.	Turn main power switch off at the back of the Domus (toggle switch).	
11.	Clamp the two (2) clamps on the vascular access tubing (first clamps coming from the patient).	PICC line or extensions from Fistula Catheter. The paramedic should not remove the fistula needles as they would have to apply direct pressure to the puncture sites for 10-20 minutes

		and would be unable to provide other patient care during this time.
12.	Clamp the 2 clamps on the tubing originating from the Domus.	
13.	Disconnect luer lock between the 2 clamps.	
14.	If available, apply sterile mini caps to the end of tubing.	A sterile syringe may be used if no mini caps are available.
15.	Secure the tubing to the patient's arm with tape.	
16.	Cover/secure with abdominal dressing or kling	No circumferential pressure dressings should be placed around the fistula. If bleeding occurs, apply direct pressure for 10-20 minutes.
17.	<p>For urgent disconnect of home hemo-dialysis where cutting lines is required:</p> <ul style="list-style-type: none"> • Apply clamps to vascular access lines and then cut between clamps. • Secure the tubing to the patient's arm and cover with a dressing. 	<p>DO NOT cut central line catheter. (PICC Line)</p> 
18.	Continue treatment as per the appropriate medical directive.	Approximately 1 unit of blood is retained by the dialysis machine during emergency disconnect.
19.	Document the procedure on the Ambulance Call Report as per the MoH Ambulance Documentation Standards and your Service Provider's policy.	

Expected Outcome: Successfully disconnect a patient from their dialysis during an emergency.