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Undocumented and Underdialyzed

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Individuals with undocumented legal status are not accepted in chronic outpatient hemodialysis (HD) units without the ability to pay and as a result are underdialyzed. Undocumented immigrants present to the Emergency Department (ED) with End Stage Renal Disease (ESRD) and the Acute Dialysis Unit (ADU) is consulted for emergent HD. This sporadic HD is inadequate according to the National Kidney Foundation Disease Outcomes Quality Initiative (KDOQI). In 1986, the Emergency Medical Treatment and Active Labor Act (EMTALA) were enacted by Congress. EMTALA regulations require hospitals that participate in Medicare to provide emergent treatment until stable. In addition to EMTALA, it is possible for undocumented immigrants to qualify for Medicaid coverage for emergency care in some states. The ADU and the ED have developed a process to streamline HD for the undocumented patient population. On arrival to the ED labs are obtained and the patient is sent to the ADU twice a week. The Nephrologists order HD and the Internal Medicine Physician coordinates admission and discharge with the ED. While this is not comparable to 3 time a week outpatient HD, it allows for continuity of care for both the patient and the healthcare team and minimizes time in the ED. Additionally, dialyzer size and dialysis time are adjusted to increase adequacy of dialysis. As Nephrology Nurses, it is imperative that we strive to provide adequate dialysis to our patient population. The Nephrology Nurse is dedicated to performing safe, efficient HD to all acute and chronic patients in our care.

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