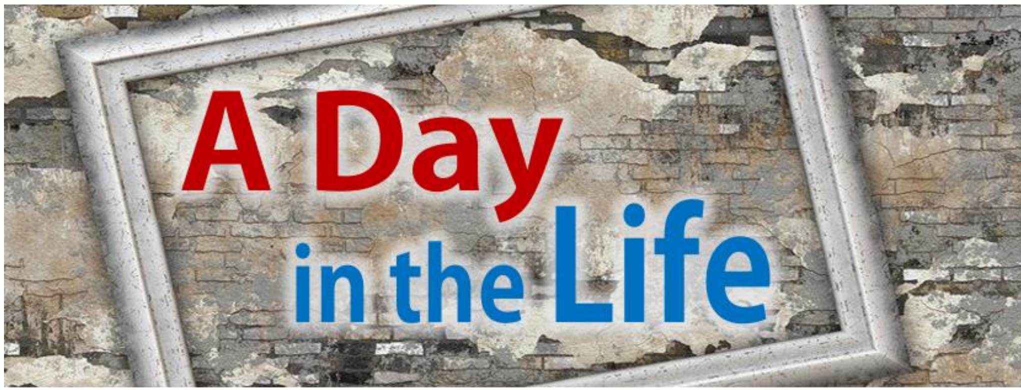

Home Therapies Nurse

Home therapies includes both home hemodialysis and peritoneal dialysis. Quite often, peritoneal dialysis nurses manage the care of home hemodialysis patients, too. Per the United States Renal Data System in 2016, 87.3% of the patients started hemodialysis as their kidney replacement therapy (KRT) - only 2 % of these used home hemodialysis (HHD). 9.7% of the patients started peritoneal dialysis (PD) as their renal replacement therapy. PD continues to be the most prevalent type of KRT in home therapies.

0550: I wake up to the sound of my toddler yelling "Mommy! I want to watch "Frozen" Mommy!" I swoop the kiddo out of her crib, guiltily give in to her pleas to watch Frozen so I can rush to get ready, make coffee, and grab our meal prepped breakfasts/lunches from the fridge. I wrangle her into a diaper and a toddler approved outfit and we're off!

0745: I get to the office after dropping my daughter off at daycare and start by auditing the crash cart, QCing the glucometers, and logging the fridge temperatures. This is my favorite part of the day. No patients until 9am and all is...dare, I say…"quiet." My co-worker Alex texts to say she's bringing me iced coffee and I feel like this might just be a good Monday!

0800: I'm starting to check the messages that were left overnight and I'm reflecting on what a poor decision it was to put such great quantities of kale into my smoothie when the phone rings. My patient that we have affectionately nicknamed Beanie woke up and noticed the effluent in her drain bag looked cloudy and she says her stomach hurts. Looks like she might have peritonitis. She's coming in 15 minutes. So much for my quiet morning.

0830: Alex gets in at the same time as our possible peritonitis patient. We decide to double team Beanie to get done before our 9:00 am trainees arrive. Alex heats up a manual bag, gets vitals, and starts an assessment which includes a deep dive into how Beanie might have contaminated as I start changing the transfer set. Once the set is changed I check Beanie's effluent in the mini sample bag. Sure enough it's cloudy. After contacting the MD we send off a cell count, culture/sensitivity/and gram stain to the hospital and give the patient 2g of Cefepime IP prophylactically. She hasn't had lab work yet this month so we draw labs, discuss the monthly education, and give her monthly 200mg of Venofer. I make a note to check her results tomorrow.

0900: Our trainees arrive so we split up and start our respective training sessions. Alex's patient, Alvin, is blind but his wife and caretaker Jeannie is a fast learner and they will probably be ready to go home on dialysis by next week. His creatinine is pretty low so his training is only four hours a day. My patient Russell is having a little more difficulty and might be a longer train. After I walk him through the priming of the cycler in my broken Spanish and with the use of the language line I connect him to the cycler. We go over exit site care and I have him practice on our mannequin "Vinny".

1000: Alex and I have a quick discussion before she heads to the Monday morning meeting with the IDT and the in center hemo staff. We have an agreement, she goes to the Monday meeting and I complete FHR and attend FHM

monthly...personally I think I got the better deal on this one. She's going to discuss our two patients in training, our patient getting a new catheter this Wednesday, and our patient who is in the hospital for DKA. Luckily everyone else is pretty stable right now.

1005: Baxter calls, they need a verbal authorization for a prescription. I give the verbal and get back to work.

1100: Alex is still in the Monday meeting so I tell Russell to read through the cleanliness chapter of the training manual, give him the call bell, and step out to take bring in Harry for his clinic visit with the doctor. I put Harry in Room 2, take vitals and perform a quick assessment, download the procard onto the computer, copy his home records, print out the labs, and call the MD.

1110: The MD gets to the room and the patient says he feels overfull with a 2500cc fill volume. We all agree to decrease the fill to 2200cc but add a last fill of 1000cc extraneal and the patient will be repeating his adequacy test in a week. The patient's Hgb dropped to 8.9 and his Isat is 14 so the MD increases the Epogen to 15,000u every other week and adds a monthly dose of Venofer. Other than that, labs are stable, so the clinic visit is pretty uneventful.

1130: Right as I'm about to go back to my trainee I get a call. Bill is short six boxes of solution and says he needs 1.5% dextrose. I grab the keys and go to the back store room. I load the 150 lbs. of solution onto my roller cart and push them back up to the front...this is why I go to the gym! While helping him load the boxes into his car I notice Bill has some periorbital edema. He confesses he's been succumbing to his potato chip cravings and that his systolic BP has been over 160 for the last three days. 1.5% will not be strong enough of a solution to pull off all that extra fluid. I load the boxes back on the cart, take them back to the store room, reload the cart with five 2.5% dextrose and one 4.25% and reload them into Bill's car….whew!

1147: Bill and I are still outside talking. His brother might consider giving him a kidney. I've known Bill for two years now so while I congratulate and encourage him I can't help but give him a little bit of a lecture on taking better care of himself. His phosphorus has been through the roof and his PTH is so high he can't possibly be taking his Sensipar. I really want him to get this transplant. He calls me mom because I'm always nagging him about taking his meds. I take it as a compliment.

1200: I apologize to Russell for my absence, ask him to review the next chapter and work on the quizzes, and quickly scarf down my lunch.

1213: My patient needs her Lasix refilled. I call CVS and call in the Lasix with a few refills.

1215: I spend the next two hours discussing infection prevention and practicing set up with Russell.

1300: Alex knocks on the door to tell me she's heading out. She took the last clinic visit, discharged her patient-in-training, and is heading off for a pre-PD home visit.

1415: Russell's eyes look heavy. He claims he is wide awake but he fell asleep twice while I was talking. I leave to give him a break and I start charting on my clinic visit and ordering the Aranesp for the next month.

1445: My 2:30pm clinic visit is running late and my 3:00pm clinic visit is early. I take them both in and put them in room 1 and 3. I'm downloading procards when Alex returns. She takes Room 1 and I take Room 3.

1515: I bring a second training cycler into Russell's room and I watch him practice set-ups a few times. His sterile connections are great but he still needs a lot of prompting while setting up.

1530: I disconnect Russell from the cycler, record his initial drain, his ultrafiltration amount, the dwell time, his lost drain, and his post treatment vitals.

1545: I quickly chart and rush out to pick up my daughter from daycare. On our way home she informs me that she no longer loves her favorite stuffed animal. I ask her why and she responds "The Virus." Children really do say the darndest things.

1625: I get a text from my boss. One of my hospitalized patients is going to be discharged from the hospital to a nursing home tomorrow afternoon. The night nurses at the nursing home need an in-service first thing tomorrow morning before they leave for the day so they can safely treat the patient at night. Alex is going to a neighboring clinic for a homeroom so she's booked up. I text my parents to ask if they can watch my daughter until the daycare opens at 7:30am. They agree so I can make it to the nursing home by 7:15am.

1645: I'm home and meal prepping for tomorrow. Alex is working late today because she works 10hr shifts Monday-Thursday. She's taking all the late afternoon patients, printing the clinic visit paperwork, and prepping the lab bags for tomorrow.

1800: The water for our pasta dinner is boiling when my phone rings. I'm on call this week and it's one of my patients. I turn the stove off and step into my bedroom to take the call. It's Harriet, she called to tell me she's worried because she has some edema and her BP is higher than usual. We agree she should use a stronger solution tonight. I ask her to call the clinic first thing in the AM to follow up. I'm trying to remain composed and professional while my daughter is hollering about "peeing in the potty" in the background throughout the conversation. Before Harriet hangs up she strongly recommends I use M&Ms for potty training.

Next day:

0100: Ronald calls because his cycler is alarming. It takes me a while to wake up and realize what's going on. I throw my legs off the side of the bed and sit up so that I can focus on the conversation. We walk through the troubleshooting but I recommend calling the on call number for machine alarms in the future and I go back to bed.

0600: I hear my daughter yelling, "Mommmmy".

There are some hard and very busy days but all in all I have a great schedule, awesome patients, and fantastic coworkers. Today we only have the in-service, the patients in training and one clinic visit. It's a nice light day and we can use it to catch up!

**A*ll patient names have been changed to protect their privacy.

Lila Khan, RN, BSN, BA

Lila Khan is a Peritoneal Dialysis RN with 7 years of nursing experience. She started on an Acute Care for the Elderly Unit and shortly after switched to Telemetry Nursing. Three years into her nursing career she discovered her passion for nephrology nursing and has been doing it ever since (starting with hemodialysis but now she works solely with peritoneal patients). She plans on going back to school for her DNP in Fall of 2021.