Welcome to the Dialysis Center at Mohawk Valley Health System!

Thank you for choosing the Faxton St. Luke’s Healthcare (FSLH) Dialysis Center. FSLH is part of the Mohawk Valley Health System. It is the mission of everyone on the dialysis team to provide high quality, comprehensive, compassionate care to patients with acute and chronic renal failure and/or end stage renal disease.

Our physicians, nurses, certified technicians, dietitians and social workers work collaboratively with you to meet your medical, physical, social and psychological needs.

This guide provides basic information about the Dialysis Center and is a good resource to help you prepare for your dialysis treatments. We are eager to answer your questions and discuss any concerns you may have.

Our commitment is to you, our patient, and it is our privilege to care for you. We look forward to providing you quality care.

Sincerely,

Lila Studnicka
Dialysis Program Executive Director
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# Vision and Mission

**Our Vision**
To provide individualized, holistic care for the dialysis patient in our state of the art facility that supports and promotes the patient's health and well-being.

**Our Mission**
It is the mission of the dialysis center to provide high-quality, comprehensive, compassionate care to patients with acute and chronic renal failure and/or end stage renal disease.

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Treatment Options

The Faxton St. Luke’s Healthcare Dialysis Center at the Mohawk Valley Health System (MVHS) provides care for those with chronic and acute renal failure. The center offers several treatment options, including outpatient hemodialysis, home hemodialysis, peritoneal dialysis, as well as referrals to kidney transplant programs for those who are deemed medically suitable by their nephrologist. Not all patients are candidates for each method. Treatment depends on the patient’s physical condition, emotional condition and family. Options can be discussed with the patient’s nephrologist.

Hemodialysis

Hemodialysis is a process where blood is removed from the body and sent through an artificial kidney via a surgically placed access. The artificial kidney has a cellophane-like membrane, and is bathed in a solution called dialysate. The blood is cleansed of waste products and excess fluid. This includes electrolytes, especially potassium, which in excess can cause cardiac arrhythmias. Hemodialysis is usually performed three times a week, for three to five hours.

Home Hemodialysis

Home hemodialysis requires that the patient be deemed medically suitable and they must have a support person who is willing to be trained to assist with the procedure at home. Training may take three to five weeks to complete. The patient and partner are responsible for all aspects of the treatment including water testing, insertion of needles or accessing a catheter, and monitoring vital signs and machine operation. For more information on home dialysis, contact your primary nurse. The patient and their physician can discuss whether this treatment option is the right choice. The Dialysis Center offers NxStage home hemodialysis.

Peritoneal Dialysis

Peritoneal dialysis removes waste products and excess fluid from the blood through the peritoneum. The peritoneum is a membrane that surrounds all of our organs. This membrane acts like an artificial filter that filters out waste products and excess fluid. In peritoneal dialysis, a catheter is surgically placed in the abdomen and dialysate is instilled into the abdomen and left for a number of hours. After a prescribed amount of time, the dialysate is drained out of the abdomen. It is a slower dialysis method and must be done several times during the day, every day. Sterility is vital during peritoneal dialysis connections.

There are two types of home peritoneal dialysis:

Continuous Ambulatory Peritoneal Dialysis (CAPD) is a manual method of doing exchanges. The patient connects a fill and drain bag to the catheter, performs the exchange and disconnects the tubing from the catheter. Exchanges must be done four to five times per day during waking hours. Precautions must be taken to assure sterile connections to the catheter.

Continuous Cycling Peritoneal Dialysis (CCPD) is a method of doing exchanges with a machine called a cycler. The patient connects his catheter to the cycler and the cycler automatically drains and fills the abdomen once. The patient disconnects himself and is free until bedtime. At bedtime, the patient reconnects himself to the cycler and the cycler automatically drains and fills the abdomen four to five more times during the night while the patient sleeps eight to 10 hours. Sterility is vital during the dialysis connections.

Ask your renal team for more information on these dialysis treatment options.

Transplantation

Renal transplantation is the placement of a kidney from another person (donor) into the patient with renal failure. It involves major, but low-risk, surgery. The donated kidney can perform all the functions that the patient’s damaged kidneys are unable to do.

The patient with a functioning donated kidney no longer requires dialysis treatments. The patient who receives a transplant generally feels better and has more energy. Many restrictions are lifted after transplantation, including food and liquid restrictions.
A strict medication regimen must be adhered to in order to prevent rejection of the transplanted kidney. However, if rejection does occur, the patient may have to return to dialysis.

Once your physician gives you medical approval, arrangements can be made with the transplant hospital for information and evaluation.

Any questions about these treatment options can be asked of your primary nurse or physician.

**Nocturnal Dialysis**
This is a type of hemodialysis where patients receive dialysis treatments while sleeping at night for six to eight hours. This can be done in the dialysis center or at home via a monitoring system with a dialysis unit. The initial requirements are the same as home dialysis. Nocturnal dialysis is not currently offered at MVHS.

**No Treatment**
Dialysis is your choice. You have the right to refuse dialysis, or there may come a time when you feel that dialysis is no longer an option and you want to discontinue your treatments. If this occurs, it is important to discuss your feelings with your loved ones and your health care team. Your doctor and primary nurse can advise you about the type of care you may need once a decision has been made. Your social worker is also available to make arrangements for end of life care. More information is available at www.kidney.org.

**Access Options: Fistula First - Catheter Last**

Ask your nephrologist: “What is my vascular access plan?”

Information on access options can also be found at www.kidney.org, www.aakp.org or www.ipro.org/index/esrdny.

**Arterio-Venous (A-V) Fistula**
The fistula is the gold standard for vascular access and should be considered first for every patient needing hemodialysis. This type of access is placed by a vascular surgeon. It is a connection between an artery and a vein to create a large blood vessel to provide a high volume of blood flow so that your hemodialysis treatment will be efficient and effective. It also allows for repeated needle insertions.

Locations: Forearm, upper arm
Advantages:
- Decreased infection rates
- Higher blood flow rates
- Higher efficiency of dialysis treatment
- Fewer complications
- Improved clearance of toxins from blood
- Lasts many years.

**Graft**
A graft is another access that is inserted by a vascular surgeon. It is a synthetic tube placed under the skin in any of the locations listed below. It can be straight or in a loop. This type also allows for needle insertions for high blood flow.

Locations: Forearm, upper arm, thigh
Advantages:
- Can be used two weeks after placement
- For use when a fistula does not work
- For patients with special health issues.
**Care of Your Vascular Access**

**Catheter (Perm-Cath)**
This is a temporary access that is placed by doctors in our Special Procedures Unit. A dialysis catheter is placed under the skin and into a large vein that leads to your heart. It has two lumens, one to deliver blood from the patient to the filter and the other one returns blood from the filter to the patient.

Because the tip of the catheter sits in the heart, all efforts should be made to decrease the length of time that a catheter is used. This is to prevent bacteria from getting into the catheter and essentially into the heart.

Locations: Neck (jugular vein), groin (femoral vein) or chest (subclavian vein)

Advantages:
- Only used in an emergency or for temporary access
- Can be used when other access types are maturing.

Disadvantages:
- Infection
- Clotting
- Lower blood flow rates
- Vessel damage
- Designed for short-term use only.

**Vascular Access Coordinator**
Each patient admitted to the outpatient dialysis program must have a vascular access plan. This plan consists of obtaining an arterial venous fistula (AVF). The vascular access coordinator is a registered nurse who helps the patient follow through with this plan. The coordinator, along with your nephrologist, follows all patients to make sure they are assessed for an AVF, and tracks the patient through the process of having the AVF surgically created, the development of the fistula and its use. If you are not a candidate for an AVF, you, the vascular access coordinator, and your nephrologist will create a new vascular access plan.

**Proper care of your vascular access must be followed to ensure your safety and prevent infections.**

**Post-Dialysis Fistula or Graft Care**
When the needles are removed from the fistula, the patient holds pressure over the needle sites to stop the bleeding while wearing a glove.

Pressure should be adequate to stop the bleeding but not stop the blood flow through the access. Pressure should be held for at least 10 to 15 minutes and released gradually. The sites will be covered with bandages, which should remain on the sites until the next day.

Occasionally, you may experience leaking from the venipuncture sites after dialysis. If bleeding occurs, apply direct pressure to the site.

It is recommended you carry some 4x4 bandages in your purse or car, and have some at home to enable you to hold pressure on the sites to stop the bleeding.

**Care of the Fistula or Graft at Home**
It is important to keep the fistula clean. By keeping the skin in the area of your A-V fistula clean, you can substantially reduce the risk of infection.

Wash your fistula daily with soap and water.

On a daily basis:
- Check your fistula for signs of infection such as redness, swelling, soreness or drainage
- Check your fistula for proper function, making sure you feel a pulse or thrill along the length of your fistula or vein to which your graft is attached. To do this, place your fingertips over your access.

Pressure should be held just as it is done post-dialysis.

Notify your physician or dialysis center if bleeding occurs at home.

**Care of the Fistula or Graft at Home**

- Wash your fistula site
- You may shower and bathe normally.
Do not:
• Restrict blood flow through your A-V access for long periods. Be careful when lifting and carrying objects that press against it
• Sleep on your A-V access
• Use your A-V access for the administration of any drug or medication without professional renal medical assistance
• Wear tight jewelry over your A-V access
• Allow lab draws or IV insertions in the arm of the A-V fistula
• Allow your blood pressure to be monitored using this arm.

When to call the doctor:
• Absence of thrill (buzzing sensation) in arm
• Pain or swelling in arm
• When signs or symptoms of infection occur (i.e.: drainage, tenderness, redness, warm to touch)
• If any substantial bleeding occurs from fistula at home.

Treatment of Hematoma or Clotted Access Hematoma
A hematoma is bruising of the skin around your fistula caused by blood leaking into the tissue. Ice the area for 24 hours, 15 minutes on and 15 minutes off. Apply moist, warm compresses after 24 hours. Check your access for thrill.

Thrombosed Access (also called a Clotted Access)
Removal of clot in the fistula or graft is necessary before the access can be used for the purpose of dialysis. This is done in the Special Procedures Unit and must be done as soon as possible once the clotted access is noted.

Care of the Perm-Cath at Home
• Check the exit site for signs of infection, such as drainage, swelling, redness and soreness
• Showering and swimming are prohibited when catheters are in place. The catheter cannot be submerged in water at any time. Doing so may result in infection
• If the bandage covering the catheter exit site becomes damp or wet, replace it with a clean, dry one.

When to call the doctor:
• If drainage, pain, swelling or redness is noted around the catheter exit site
• If fever is more than 100 degrees
• If the catheter comes out at home, place direct pressure on the skin site with the palm of your hand or any clean towel or washcloth.

Do not:
• Pull or tug on the catheter
• Remove any sutures that are holding the catheter in place. This must be done by the nephrologist
• Allow usage of the catheter by anyone for IV or lab draws
• Remove any caps or unclamp any clamps on the catheter.
Preparing for Your Visit

To provide you with the best care possible, we’ll need a complete medical record for our files. Please have the following details available for our nurse on your first treatment date. This information is confidential.

Health Insurance Cards
We will need a copy of your health insurance information, which is used for billing purposes and is kept on file. If you receive new insurance, please provide us with a copy of the new insurance card. Depending on your insurance coverage, it may be necessary for the social worker to ask you questions regarding income. This is a federal requirement and is necessary to ensure that you are adequately insured.

Allergy List
It is important that you let the renal team know if you have any allergies, especially to latex, and what kind of reaction you have. This includes medications, dyes, foods, etc. Please prepare a list of your allergies and bring it to your appointment.

Medication List
Your renal team needs to know all the medications you currently take. This includes anything over the counter, such as pain relievers or allergy pills. We also need a list of the vitamins, minerals, herbs or natural substances you are taking. Please bring in all of your medications or a list of the medications and the dosage of each. If you have recently been discharged from the hospital, you can give us a copy of your discharge summary. Also, please let us know whenever a medicine has been discontinued or a new medication has been started so we can keep our files current. This is important because certain medications can cause side effects which may affect your dialysis treatment.

Vaccination Information
Dialysis patients are at greater risk for developing communicable diseases. It is important for us to know if and when you have received the following vaccinations. So that we can ensure that you receive the appropriate level of care, we provide all patients with these vaccinations when needed:
- Hepatitis B Vaccine
- Flu/Influenza Vaccine
- Pneumonia/Pneumococcal Polysaccharide Vaccine.

Health Care Proxy, Advance Directives and DNR
You may choose a relative or trusted friend to make health care decisions for you if you become unable to make decisions on your own. Advance directives or living wills are specific preferences for your care. A DNR is a “Do Not Resuscitate” preference. The DNR form, which must be signed with your doctor present, states that if your heart should stop, you do not want any life-sustaining efforts made. If you have any of these preferences already in place, please bring a copy so we know your wishes. Your social worker will be discussing this topic with you initially at the start of dialysis therapy, as well as annually to ensure that your wishes are addressed.

Questions for Your Doctor
It is important for you to learn all that you can about renal failure and the treatment options available to you so that you may make well-informed decisions. All questions are valued and our nurses will respond to them if they are able. If not, the questions will be forwarded to your physician. Some questions you might want to ask:
- Why have my kidneys shut down?
- Why do I have to restrict my fluids?
- What are the treatment options available to me?
- Can I continue to work?
- Why am I so tired?
- What dietary restrictions do I need to follow?
- What are the side effects of hemodialysis?
- Can I receive a kidney transplant?
- Why do I need to have a fistula?

Transportation
Because you might feel weak following your dialysis treatment and unable to drive home, we suggest that you make transportation arrangements with family or friends. Your
The Day of Your Appointment

Please arrive no sooner than 10 minutes prior to your appointment time. All appointments are carefully scheduled and we are unable to accommodate you earlier than your prearranged time. Your first scheduled appointment will be one hour earlier so that the registered nurse can complete the necessary paperwork prior to initiation of dialysis.

Please report to the waiting room rather than walking directly into the unit. Please do not wait in the hall as this causes unnecessary traffic and violates safety codes.

We apologize if there are delays in starting your treatment. Possible reasons may include medical problems with other patients, equipment problems or staffing issues. Our top priority is the safe treatment of every patient in our care. We strive to have your dialysis treatment start on time and therefore request a 20 minute window around your scheduled appointment to allow for issues that may arise.

Treatments are scheduled three times per week for three to five hours, as prescribed by your nephrologist. Once you are given a regular schedule, on occasion, there may be circumstances that require us to ask you to change your dialysis time.

If you wish to have a different dialysis schedule or want to go to another unit, please notify your renal team. Changes are made based on your place on the waiting list and when your requested spot in the unit or schedule becomes available.

To ensure fairness to all patients who are treated at the center, we have a policy in place for patients who chronically arrive late for appointments, sign off treatments early (AMA) or do not show up for their appointments. We encourage compliance and give patients who abide by the rules a more preferable schedule.

If for some reason you cannot make your appointment, please call your unit. The charge nurse may be able to reschedule you if time allows.
What to Expect at Your Appointment

This section will help you understand what to expect while you are being treated at the Dialysis Center.

When you arrive for your appointment, our staff will assist you into the unit at your scheduled time.

For your safety as well as our staff’s safety, equipment may be used to prevent injury such as a wheelchair or lift devices. Also, to prevent falls or injury, ambulating patients must wear properly fitted, non-skid footwear at all times. They may be removed once you are seated in your chair.

You will be weighed on the scale while standing, while in your wheelchair or while in the Hoyer lift. This weight determines how much fluid you have gained since your last treatment.

You will be brought to the sink to wash your access and hands, and then to your seat for treatment.

Your nurse will verify your identity by confirming your name and date of birth at every treatment.

Once in your seat, a nurse will take your temperature, blood pressure and heart rate, and will examine you for signs of fluid overload, such as edema or shortness of breath. He or she will listen to your heart and lungs, and look at your vascular access for any signs or symptoms of infection or malfunction. This is the time to tell your nurse of any problems or complications you may be having or if you have had a change in medications. It is recommended that you carry an updated list of medications with you at all times.

The nurse will set your machine according to your doctor’s orders. The nurse is obligated to follow the dialysis prescription that has been written by your doctor.

Your nurse will be wearing personal protective equipment for safety, including a gown, gloves, mask, goggles or face shield.

Your nurse will prepare your vascular access by cleaning your fistula or your dialysis catheter. This prevents bacteria from entering your bloodstream and causing a possible infection. If using a fistula, the nurse will insert two needles into it. The purpose of the vascular access is to have a way to remove blood from your body and return it in high volumes.

Once your dialysis access and the dialysis machine are ready, the nurse will then “connect” you to the machine using two lines. Labs that need to be drawn are taken before the connection to the machine is made. The access line pulls the “dirty” blood from your body, and the venous, or return line, pushes the “clean” blood back into your body. Approximately half a pint of blood is removed and returned to your body per minute.

While on the dialysis machine, blood is continually being pulled from your body, traveling through the dialyzer (filter), which removes toxins and extra fluid. This is done by the processes of diffusion, osmosis and ultrafiltration. The blood is then returned to your body.

To prevent your blood from clotting in the dialyzer or blood tubings, Heparin is given during your treatment. Heparin is a blood thinner so it is necessary for you to tell your caregiver of any falls, bleeding or procedures that you may have had prior to each treatment.

You are closely monitored by nursing staff throughout your treatment. You can expect to have your blood pressure taken every 30 minutes to make sure it is not too high or too low.

While receiving treatment, you may hear machine alarms. These alarms alert the staff of any potential problems, and are quickly responded to and resolved.

Remain in a reclined position with your feet elevated while receiving treatment. This prevents your blood pressure from falling too low.

If you have needles in place, please hold that part of your body still to prevent a needle from being dislodged or cause an infiltrate.
A Few Things to Keep in Mind

We have policies and procedures in place to keep patients safe and to provide you with the best care possible. We ask your cooperation in the following:

Closed Unit
When you come for your appointment, please be seated in the waiting room until we call you. To ensure safety, confidentiality and infection prevention, we are unable to allow visitors in the unit. Exceptions are made based on medical necessity, individual circumstances and the safety of our patients.

Televisions
Each dialysis station has a television for your viewing. To reduce noise in the unit, we ask that you wear headphones when watching television or listening to music.

Cell Phones
Cell phone use is allowed in the Dialysis Center.

Vitals will again be taken before you go home (this includes sitting and standing blood pressure, heart rate, temperature and weight). Be sure to rest a few minutes before getting out of your chair if you feel lightheaded or weak.

Food
No food or drinks are allowed in the treatment area at any time. Eating and drinking during dialysis can be very dangerous because it causes your blood pressure to drop to what can be dangerous levels. A drop in blood pressure could cause you to become unresponsive and lead to choking. Eating and drinking are only allowed in the waiting room area either before or after your dialysis treatment. If you are concerned about nourishment during your treatment, please eat before coming to dialysis.

If at any time you do not feel well, please alert the staff. This includes nausea, muscle cramps and dizziness.

Report any pain using the Pain Scale of zero to 10 as a measurement.

During each month of dialysis, expect to have blood work drawn and a monthly education topic presented to you.

Once your treatment is completed, your blood will be returned to your body. Any post-treatment lab work will be drawn before needles are removed or your dialysis catheter is closed.

If you are a patient holding your needle sites after they are removed, you will need to wear a glove for infection control purposes.

Every patient, before leaving the unit, must wash their hands, use the hand sanitizer or hand wipes provided by your nurse. This is for your protection and for others.

Remember: Watch your fluid and sodium consumption in between dialysis treatments. It is important to take good care of your body to receive the most from your dialysis treatments.

If you are a patient holding your needle sites after they are removed, you will need to wear a glove for infection control purposes.

Wireless Service
MVHS provides free wireless internet service for patients and families. Laptops that are wireless enabled will see a pop-up notifying them of the availability of this wireless network. There are pamphlets in the waiting room instructing how to access it.

Every patient, before leaving the unit, must wash their hands, use the hand sanitizer or hand wipes provided by your nurse. This is for your protection and for others.
Beverages
The Dialysis Center provides one cup of ice chips to you during your treatment. Please eat before coming to dialysis.

Weight
The staff must be present at the scale when you are weighing in or out to reduce the risk of removing too much or too little fluid.

Privacy
Please respect your privacy and the privacy of your fellow patients. We are an open unit and conversations are easily heard.

Tobacco
Smoking (including electronic cigarettes) is not allowed inside or outside any of the MVHS buildings or satellite units. Chewing tobacco is also prohibited inside the dialysis center and on the grounds.

Surveys
Once a year, a survey will be sent to your home. We want to make sure we are providing the best care possible to you, so honest feedback is appreciated.

Oxygen
If you need continuous oxygen during your treatment, you will need to bring enough portable oxygen with you. Your social worker can assist you with making arrangements with your medical supply company.

Emergency Care
As an established dialysis patient, whenever you need emergency care, you need to report to the Emergency Department at the St. Luke’s Campus. Dialysis is available there if you should need it. Although we contract with St. Elizabeth Medical Center to provide dialysis services, it is not their intent to admit chronic dialysis patients to their facility.

Weapons
All employees and people at MVHS campuses and satellites are prohibited from carrying weapons, concealed or otherwise. MVHS takes its obligation to safeguard all employees, patients and visitors seriously. Anyone with a weapon will be escorted off the premises by security or police officers.

Infection Control and Handwashing
In the dialysis unit, disease producing bacteria can be spread by patients, staff, contaminated equipment, water, dialysate and air. Handwashing (or the use of hand sanitizer) before and after your treatments is the single most important measure to prevent the spread of infection.

Chronic Kidney Disease (CKD) Program
The Dialysis Center offers a CKD Program that is an educational program for people who have been diagnosed with a chronic kidney disease. Clients will have the opportunity to meet with a renal dietitian, social worker and nurse to learn how kidney disease affects their life and what to expect with this diagnosis.

End stage renal disease (ESRD) will also be covered. Clients will learn about dialysis treatment options and what access options are most suitable. This program will promote coping with the transition from CKD to ESRD. Learning about kidney disease makes it easier to make the appropriate decisions that are best suited for you and your loved ones.

CKD and ESRD clients are strongly encouraged to attend this program. Please feel free to bring family, friends or those in your support system. Call (315) 624-5660 to schedule an appointment with the CKD Program coordinator.
Tips for Traveling While on Dialysis

You can plan dialysis treatment so you can travel.

Find a dialysis center in the area where you plan to travel.

Your dialysis center can give you a list of known centers and phone numbers in the area where you will be traveling.

If you are visiting family, ask them to find the closest center for you. Have them call the center to see if they are taking visitors on the dates you requested.

When you or your family calls the dialysis center, have this information ready:
- Your center’s phone number
- Your center’s fax number
- Your center’s contact person.

Ask MVHS if required forms can be faxed to your dialysis center.

Plan ahead. Begin calling centers two to three months prior to your planned trip. For more popular destinations, such as Hawaii and Florida, you will want to call as far in advance as possible.

Be flexible. Most centers are fairly full. You may have to be flexible with your days and times, or even have to travel to a nearby city if the local center is full.

Verify your insurance. Check the rules of your insurance and find out if it:
- Pays for dialysis outside of your area
- Requires you to get authorization in advance
- Provides full coverage only if you go to certain “in-network” centers.

Note: NYS Medicaid does not pay for medical care outside of New York State.

Check requirements. Find out if the center requires you to:
- See one of their local doctors before you dialyze at their center
- Put down a deposit
- Bring any medications with you
- Pay a separate doctor’s fee.

Inform your social worker.
- Give your social worker your travel dates to coordinate your treatments
- Give consent to send your medical records
- Give the name, address and phone number where you will be visiting

• Ask if you need to have any special testing/labs for out of town dialysis. Results could take up to five business days
• If you are on the transplant list, inform the transplant center of your travel plans.

Get confirmation. Call at least two weeks before your arrival to confirm arrangements.

Traveling as a home dialysis patient: Peritoneal dialysis or NxStage home hemodialysis allows for greater flexibility when traveling. It’s one of the greatest benefits of self-care options. These patients should still check with their facility about making travel arrangements and special supply deliveries.
Your Team

The Dialysis Center is committed to Relationship-Based Care. With the patient as their central focus, all employees work with patients and their families to provide the best care possible.

A team of healthcare professionals will help administer your care. Members of your personal dialysis team include:

Nephrologist
If you were admitted to the hospital, a consult was made with a nephrologist who directed your care. That same nephrologist will continue with your care, making rounds at the dialysis units. You may also have appointments at your nephrologist’s office. The nephrologist prescribes the orders for your dialysis treatments and is the only one who can make changes. Many nephrologists have nurse practitioners or physician assistants who make rounds, and any of your questions for the physician can be discussed with them.

Treatment Care Team
While you are receiving dialysis, you will be cared for directly by a registered nurse (RN), licensed practical nurse (LPN) or a patient care technician (PCT). All care delivered by both the LPN and PCT is overseen by an RN in addition to a charge nurse. Labs and education are done on a monthly basis. Any questions you may have about your treatment can be directed to your nurse.

Social Worker
You will be assigned a primary social worker who can provide assistance to you and your family in adjusting to kidney disease and helping you maintain an optimal quality of life. The social worker can assist you with changes you experience in the home, workplace and community, as well as assist you with insurance needs and issues. He or she can help you plan a treatment schedule that fits your lifestyle, help schedule travel plans and identify supportive resources to meet your needs. The social worker is available to help with any other issues or concerns as they arise, so please feel free to contact them.

Dietitians
Part of your responsibility during dialysis involves making adjustments in your eating habits to prevent a dangerous build up of toxins. A dietitian will work with you to individualize your nutrition care plan, educate you and your family about diet changes, and review your monthly lab work with you. Your dietitian will help you adjust to your diet while addressing your individual nutritional needs.

Other Providers
There are many people who work at the dialysis center to ensure its smooth operation. They are secretaries, biomedical technicians and unit managers.

The Inter-Disciplinary Care Plan Conference
Care conferences are scheduled for 30 days, 90 days, annually and as needed for established patients. They include patients’ nephrologists, nurses, social workers and dietitians. An appointment is given to the patient and family members so that they may attend. These conferences are scheduled to make certain that each patient has a plan of care that is being followed. We encourage all patients to attend these conferences.
Dialysis Bio-Med Team

Our dialysis bio-med team is comprised of certified dialysis technicians. Their mission is to ensure that all dialysis-related equipment is operating optimally at all times according to manufacturers’ specifications to provide our patients the best care available.

Your safety and well-being are of the utmost importance. Our team of dedicated professionals works diligently to ensure that stringent standards are always met. Some of the steps taken to ensure adherence include detailed inspections, evaluations and any equipment repairs required.

Water

The importance of properly treated water for hemodialysis therapy cannot be overstated. Our facilities use the latest, state of the art water purification equipment available, ensuring that all industry standards are met or exceeded. The water is tested according to standards. Results are reviewed by the medical director on an ongoing basis.

The Patient’s Bill of Rights

As a patient at MVHS, you have a right to:

• Understand and use these rights. If for any reason you do not understand these rights or you need help, the hospital must provide assistance, including an interpreter.
• Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation or source of payment.
• Receive considerate and respectful care in a clean and safe environment free from unnecessary restraints.
• Receive emergency care if you need it.
• Be informed of the name and position of the doctor who will be in charge of your care in the hospital.
• Know the names, positions and functions of any hospital staff involved in your care, and refuse their treatment, examination or observation.
• A no smoking room.
• Receive complete information about your diagnosis, treatment and prognosis.
• Receive all information you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.
• Receive all information needed to give informed consent for an order not to resuscitate. You also have the right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please ask for a copy of the pamphlet “Do Not Resuscitate Orders — A Guide for Patients and Families.”
• Refuse treatment and be told what effect this may have on your health.
• Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.
• Privacy while in the hospital and confidentiality of all information and records regarding your care.
Your Responsibilities as a Patient

As a MVHS patient, you are responsible for:

- Participate in all decisions about your treatment and discharge from the hospital. The hospital must provide you with a written discharge plan and written description of how you can appeal your discharge.
- Review your medical record without charge. Obtain a copy of your medical record for which the hospital can charge a reasonable fee. You can not be denied a copy solely because you cannot afford to pay.
- Receive an itemized bill and explanation of all charges.
- Complain without fear of reprisal about the care and services you are receiving and to have the hospital respond to you, and if you request it, in writing. If you are not satisfied with the hospital’s response, you can complain to the New York State Department of Health. The hospital must provide you with the Health Department’s telephone number.
- Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.
- Make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the hospital.
- Providing accurate and complete information requested by the hospital and medical staff, to report changes in condition or in information previously given, and to make it known whether you clearly comprehend a contemplated course of action or treatment and what is expected of you.
- Following the treatment plan, orders and suggestions made or recommended by personnel responsible for your care.
- Keeping appointments and for notifying the hospital when you are unable to keep them.
- Your actions if you refuse treatment or do not follow the instructions of hospital/medical personnel.
- Assuring that all financial obligations of your health care are fulfilled as promptly as possible.
- Following hospital rules and regulations affecting patient care and conduct.
- Being considerate of the rights of other patients and hospital personnel, and for assisting in the orderly control of noise, smoking and visitors.
- Informing hospital personnel of any refusal to follow recommended treatment, orders, rules and regulations.
Dialysis Patient Responsibilities

As a patient undergoing dialysis treatment, you are responsible for:

• Making the effort to gain a thorough understanding of kidney disease and its treatments
• Cooperating and complying with diet, medication and dialysis regimens
• Taking responsibility for the accuracy of records (financial, medical) and for punctuality for appointments and meetings
• Positive encouragement and support of other patients, especially new ones
• Participating in group meetings and open communication with staff members
• Carrying out dialysis with proper management of self and equipment if on home dialysis. Some home dialysis patients feel a responsibility to take total charge of their treatment at home, thus relieving partners of burdens and possible guilt in case of an accident. Other patients and spouses disagree, feeling that equally shared responsibility is more effective.

Note: If a patient decides to shorten their dialysis treatment or leave without a treatment, he/she must sign a waiver of hospital responsibility.

Nurse’s Bill of Rights

The nurse:
• Establishes guidelines for patients’ treatment regimes in diet, medications and dialysis
• Determines patient qualifications for home training, and the nature and length of training
• Decides whether home patients require retraining, review, counseling or termination of home dialysis
• Is to be informed and is encouraged to attend continuing education programs
• Is deserving of courtesy.

The nurse is responsible for:
• Maintaining thorough and up to date knowledge about hemodialysis principles and practices
• Treatment of the patient as a “whole person” with attention to needs beyond physical management
• Close monitoring and support of all patients in the dialysis center
• Maintaining confidentiality concerning each patient’s condition and situation.
Grievance Procedure

If you have a complaint or problem, you are encouraged to report your concern. You may talk to any dialysis center member (nurse, charge nurse, nurse manager, social worker, dietitian or physician). You may also write up your concern and submit it to a dialysis center member. If you choose to report your concern verbally, the staff member will write up the complaint. A patient representative is available to help you file a complaint.

Upon receipt of the complaint, a dialysis staff member will make contact with the patient and/or patient’s designated representative within three to four days to clarify the concerns and obtain additional information. The dialysis unit will then evaluate and respond to your complaint within 10 business days. The dialysis unit’s rules of confidentiality will be upheld and there will be no discrimination, reprisal or denial of services from any member of the unit administration or staff. Those grievances involving situations or practices that place patients or staff members in immediate danger will be resolved immediately.

If you are not satisfied with the resolutions to your complaint, you will be offered to attend a meeting with members from the interdisciplinary team to discuss your concerns further.

If you still are not satisfied with the resolution, or if you wish to bypass the grievance process, you may write or telephone:

IPRO/ESRD Network of New York
1979 Marcus Avenue
Lake Success, NY 11042
1-800-238-3773

New York State Department of Health
Centralized Hospital Intake Program
Mailstop: CA/DCS
Empire State Plaza
Albany, NY 12237
1-800-804-5447

Involuntary Discharge and Transfer

The dialysis staff at MVHS wants our patients to enjoy excellent medical care that will enhance their health and quality of life. However, there are certain circumstances that will put patient at risk for being discharged or transferred from the facility. The facility may involuntarily discharge or transfer a patient only for the following reasons:

- The patient or payer no longer reimburses the facility for the ordered services
- The facility ceases to operate
- The transfer is necessary for the patient’s welfare because the facility can no longer meet the patient’s documented medical needs
- The facility has reassessed the patient and determined that the patient’s behavior is disruptive and abusive to the extent that the delivery of care to the patient or the ability of the facility to operate effectively is seriously impaired.

In any event a patient is at risk for being discharged or transferred from the facility, the procedure is as follows:

- The interdisciplinary team documents the reassessments, ongoing problem(s) and efforts made to resolve the problem(s), and enters this documentation in to the patient’s medical record
- Provide the patient and the local ESRD Network with a 30 day notice of the planned discharge
- Obtain a written physician’s order that must be signed by both the medical director and the patient’s attending physician concurring with the patient’s discharge or transfer from the facility
- Contact another facility to attempt patient placement and document that effort
- Notify the state survey agency of the involuntary transfer or discharge.

In the case of immediate severe threats to the health and safety of others, the facility may utilize an abbreviated involuntary discharge procedure. An “immediate severe threat” is considered to be a threat of physical harm. An example is if a patient has a gun or knife, or is making credible threats of physical harm. An angry verbal outburst or verbal abuse is not considered to be an immediate severe threat.

After the emergency is addressed and staff and other patients are safe, staff must notify the patient’s physician and the medical director of these events, notify the state agency and ESRD Network of the involuntary discharge, and document this contact and the exact nature of the immediate severe threat in the applicable patient’s record.
Dialysis Medications

Erthrythropoietin Stimulating Agents (ESA) - Epogen, Aranesp, Procrit, etc.
Q. What is an ESA?
A. ESAs are drugs that work just like the erythropoietin produced by the body. ESAs stimulate the bone marrow to produce red blood cells at a more normal level.

Q. Do you know why you get ESAs?
A. Normal functioning kidneys produce a hormone called erythropoietin, which tells the bone marrow to produce red blood cells. Red blood cells carry oxygen throughout the body. Diseased or damaged kidneys do not produce as much erythropoietin so the bone marrow makes fewer new red blood cells, a condition called anemia.

Q. What does anemia feel like?
A. If you have anemia, you may feel weak, tired and may lack energy most of the time. Even mild exercise may bring on fatigue, difficulty breathing and some times chest pain. Although dialysis makes up for the loss of some kidney function, it cannot correct anemia.

Q. When is an ESA given?
A. The frequency of your ESA dose depends on the product used. It will be administered into the dialysis blood tubing during your dialysis session. The amount of ESA you receive is based on a blood test for hemoglobin. You will get weekly hemoglobin tests to see if you are staying within the target range. Adjustments will be made according to your results.

Iron
Q. Do you know why you get iron?
A. To make red blood cells, your body needs iron as well as an ESA. Chronic kidney failure patients on dialysis have a special need for iron. This is because you lose a little blood (which contains iron) during hemodialysis treatments. You may also have other problems that cause you to lose blood or that make it difficult for your body to store or release iron.

Q. When is iron given?
A. Lab tests are done every three months to check your iron levels. Iron is given during dialysis into the blood tubing. Depending on your iron levels you will receive iron every treatment for 10 treatments in a row and then once every two weeks, or you may start out getting iron once every two weeks.

Vitamin D
Q. Why do you need vitamin D?
A. Kidneys are responsible for normal calcium balance. Normal calcium balance helps make bones strong and keeps them healthy. The healthy kidney makes a special form of vitamin D called calcitriol.

When you have kidney disease, your kidneys stop making calcitriol. Without calcitriol, you cannot absorb enough calcium from your diet. The body begins to “rob” calcium from your bones. This makes your bones grow weak.

Also, without calcitriol, the glands in your neck (parathyroid glands) will make too much parathyroid hormone (PTH), causing even more calcium to be taken from your bones and increasing bone disease.

If PTH is not controlled, your doctor’s only choice may be to recommend that your parathyroid glands be surgically removed.

Vitamin D is given to restore PTH to safe levels and normalize calcium levels.

Q. When is Vitamin D given?
A. Lab tests are done every three months to determine how much Vitamin D you require. It is administered as prescribed into the blood tubing during your treatment.
Glossary

Following are terms specific to kidney failure and dialysis and their definitions.

Access - The part of the body where needles or a catheter are inserted to gain entry to the bloodstream to perform a dialysis treatment (e.g.: dialysis perm-cath, fistula).

Adequacy - Quality of your dialysis treatment that is measured using urea reduction ratio (URR).

Anemia - Having a shortage of red blood cells, which is common for people on dialysis. The person may feel tired, weak or short of breath. Anemia can be improved with iron or erythropoietin.

Anticoagulant - Is used to prevent blood from clotting in the dialyzer and blood lines (e.g.: Heparin).

Arterial - Line-tubing that takes blood from the body to the dialyzer.

Arterio-venous (A-V) fistula - A surgical connection between a vein and an artery, usually in the forearm, that is created for use as an access for dialysis. This connection creates a large blood vessel to accommodate increased blood flow and allows for repeated needle insertions.

Bloodlines - Tubes that connect a patient's blood circulation with a dialyzer on a dialysis machine.

Blood urea nitrogen (BUN) - A waste product in the blood that comes from the breakdown of protein. This level increases with decreased kidney function.

Catheter - A flexible tube that is surgically inserted through the skin into a large blood vessel to gain access to the patient's circulatory system. For peritoneal dialysis, it is inserted into the abdominal cavity to instill and drain dialysis solution.

Clearance - A parameter to describe dialysis effectiveness in terms of uremic toxin removal.

Clamp and disconnect - A procedure used by the dialysis staff in case of emergency, such as a fire or disaster. The bloodlines will be clamped and then disconnected to quickly take you off the dialysis machine.

Dehydration - A condition when the body does not have enough water in it to function properly.

Dialysate (dialysate fluid or “bath”) - A cleansing liquid used in dialysis for the purpose of removing toxins from the body. Its contents are similar to those in the body. In hemodialysis, it flows through the dialyzer. In peritoneal dialysis, it is instilled into the abdominal cavity.

Dialyzer (artificial kidney) - The filter unit of the dialysis machine that is used to remove waste products and excess fluid from the blood. It has two sections separated by a membrane. One side contains the patient's blood and the other side contains the dialysate.

Dry weight - An estimated body weight for a patient after a dialysis treatment in which all the excess body fluids have been removed.

Edema - Swelling caused by too much fluid in the body.

Erythropoietin - A hormone secreted by the kidneys to stimulate the production of red blood cells.

Exit site - The area where the patient's dialysis catheter exits from the body.

Fistula - A surgically enlarged vein used to gain access to the patient's blood for dialysis.

Fluid overload - When the body contains too much water. This is caused by drinking too much fluid or not having enough removed during your dialysis treatment.

Graft - A surgically inserted synthetic tube placed in a patient to create an access for the purpose of hemodialysis.
Resources

www.faxtonstlukes.com

www.mvhealthsystem.org
The official site for Mohawk Valley Health System.

www.kidneyschool.org
A site for patients to take an active role in their health. Educational modules must be downloaded.

www.kidney.org
The official site of the National Kidney Foundation. It contains a wealth of information for patients and their families.

www.aakp.org
The American Association for Kidney Patients is a comprehensive site for information. There is a fee for joining the society.

www.nxstage.com
An informative site for prospective home hemodialysis patients.

www.kidneyoptions.com
An informative site supported by Fresenius for patient education on options for dialysis and free information packets.

www.ultracare-dialysis.com
A site supported by Fresenius for information about dialysis units for travel, treatment options, education programs and patient information.

www.Davita.com
This site is a renal diet helper and supplies kidney friendly recipes.

Hemodialysis - A medical treatment where the patient's blood is cleaned outside the body by a machine that passes the blood across a filter. The patient generally receives these treatments three times a week for four hours (on average).

Heparin - An anticoagulant substance used during dialysis to prevent the patient's blood from clotting in the bloodlines or dialyzer.

Kt/V - Another method of measuring dialysis adequacy.

Nephrologist - A medical doctor who specializes in treating patients with kidney disease.

Peritoneal dialysis - Another form of dialysis in which the cleaning of the blood is done by using the lining of the abdominal cavity.

Perm-cath - Another term for catheter. It is used for hemodialysis.

Thrill - In a patient with a fistula, it's the vibration felt over the area that indicates there is blood flowing through the vessel.

Ultrafiltration - The process of removing excess water from the blood.

Vascular access - A general term used for where the blood is removed from the body for the purpose of hemodialysis (e.g.: fistula).

Urea reduction ratio (URR) - This is a blood test that compares the BUN before and after a dialysis treatment to measure the effectiveness of the treatment.

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Directions and Parking at the Faxton Campus

From the New York State Thruway/I-90 East/West
Take Utica Exit 31 and follow signs for Routes 8 and 12 South. Take Route 12 South (Arterial) approximately five miles to Burrstone/Utica College exit. Turn right onto Burrstone Road (you'll be traveling east and less than one mile from the Faxton Campus). Turn left onto Bennett Street and turn right into Parking Lot A.

From North
Follow Routes 8 and 12 South (Arterial) to Burrstone/Utica College exit. Turn right onto Burrstone Road (you'll be traveling east and are less than one mile from the Faxton Campus). Turn left onto Bennett Street and turn right into Parking Lot A.

From South
Follow Routes 8 and 12 North (Arterial) to Burrstone East exit. Enter Burrstone Road. Faxton Campus is immediately on the left. Turn left onto Bennett Street and turn right into Parking Lot A.

Parking
Parking is free for our patients and visitors. Patients are welcome to park in Parking Lot A. We offer a covered drive-up entrance where patients may be let off and picked up. Handicapped parking is available, and for your convenience you'll find wheelchairs just inside the entrance. See your dialysis social worker for a "Dialysis Patient" parking permit.

If you are traveling to a dialysis satellite unit, call the unit for driving directions.

Directions are also available online at www.faxtonstlukes.com.

Dialysis Program Locations

Regional Dialysis Center
Faxton Campus
1676 Sunset Avenue
Utica, NY 13502
(315) 624-5660

Hamilton Dialysis Center
10 Eaton Street
Hamilton, NY 13346
(315) 824-2513

Herkimer Dialysis Center
Mohawk Valley Medical Offices
201 East State Street
Herkimer, NY 13350
(315) 624-2380

Masonic Care Community
Soldiers and Sailors Building
First Floor
2150 Bleecker Street
Utica, NY 13501
(315) 724-3893

Rome Dialysis Center
Mohawk Glen, Suite 140
91 Perimeter Road
Rome, NY 13440
(315) 334-4787

Regional Dialysis Inpatient Center
St. Luke's Campus
1656 Champlin Avenue
Utica, NY 13502
(315) 624-6228

St. Luke's Home Dialysis Center
Center for Rehabilitation & Continuing Care Services
1650 Champlin Avenue
Utica, NY 13502
(315) 624-8998
General Contact Information

Dialysis Departments

Billing Office   (315) 624-5632
Dietitians      (315) 624-5701
Home Hemodialysis (315) 624-5254
Nurse Manager   (315) 624-5630
Peritoneal Dialysis (PD) (315) 624-5617
Program Director (315) 624-5640
Social Workers  (315) 624-5613