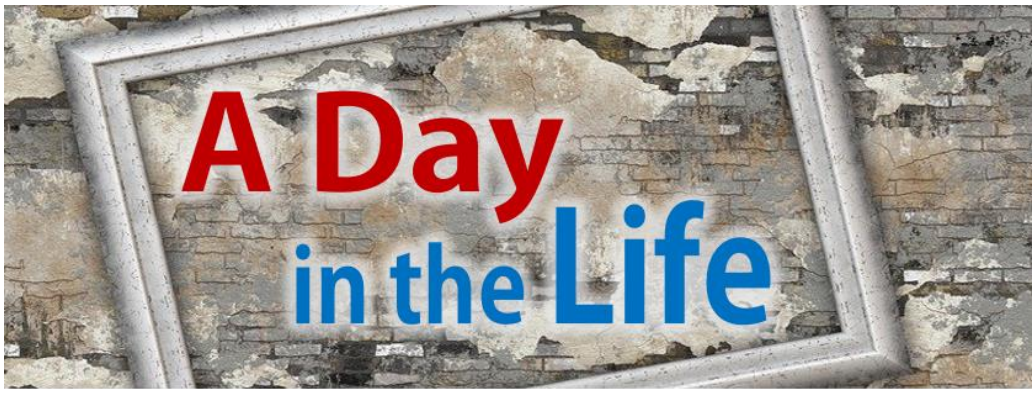

Acute Dialysis Nurse

0530: My alarm goes off-time for another day!! I throw on my scrubs and grab much needed coffee on the way out. Every good day starts with coffee!!

0700: I look at my schedule- taking a mental note that it could change at a moment's notice. The charge nurse delegates patient assignment based on priority and urgency. But, in an acute care hospital- something inevitably happens and another patient's condition warrants a more urgent need, so I have to be ready to switch assignments and switch gears at any given time.

0800: I have done all the required water testing on my machine and reviewed my dialysis orders for my patient. I have also looked at the patients' history and reason for current admission, so I know who I am going to be taking care of today. I start rolling my machine to the ICU to dialyze Mrs. Smith in Room 6.

0810: I set up my machine by the bedside and do an assessment of my patients' vital signs. Despite being intubated and sedated, I talk to Mrs. Smith and tell her who I am and what I am going to do. I tell her I will stay with her for the next 4 hours and what my plan of care is for her. She does not appear to respond but I know that it's possible she will be able to hear me or know that I'm here.

0830: I initiate her dialysis according to my orders, then page the physician to let them know that I have started and that they can come see her during her dialysis treatment.

0930: Mrs. Smith's family comes in- her husband and her two teenage children. They are quiet and stare at her- not really knowing what to say or do. I explain to them who I am, what I am doing, and why. I encourage them to talk to her despite all the machines around her beeping, and to hold her hand through all the tubes. I tell them she might be able to hear you and feel their touch. They try but are clearly in denial and look shell-shocked. Four days ago, this lady was in great health until a wrong way car hit her head on.

1100: Mrs. Smith's heart rate starts to increase and her blood pressure is slowly dropping- I work with the ICU nurse to adjust her pressors and make some adjustments on the dialysis machine. I call the doctor and let them know what is going on and that I may not be able to remove the ordered amount of fluid if she does not improve.

1230: The nephrologists come to see the patient- I have been able to revert to the prior machine settings and am not able to get this fluid off the patient. They discuss that if this trend continues she may need to start continuous renal replacement therapy (CRRT). The family has already left but the doctors will need to discuss this change in her condition.

1330: I take her off dialysis but have not achieved my plan of care because of her response earlier. I finish my charting and start to clean my machine in preparation for my next assignment in the Cardiothoracic ICU. I get a call from my charge nurse- change of plan- I'm not going to the Cardiothoracic ICU. A new trauma was admitted yesterday to the Burn ICU with rhabdomyolysis, and needs to start CRRT as soon as possible. I push my machine back to the dialysis unit and start preparing a CRRT machine. I check the orders on my new patient- are all the solutions ready? Does the patient have vascular access? Did we get a consent from the family to start the CRRT?

1430: I am at the bedside in the Burn ICU- looks like we have consent, access is being placed as we speak, and the solutions are ready to go. I move my machine in and start looking at the patients vitals on the monitor. The patient is de-saturating, and becoming hypotensive- the Burn ICU nurse calls it out and the ICU team takes over administering fluids and various medications. The nephrologist is still trying to secure vascular access during this time so that we can start the CRRT- this patient needs to start dialytic therapy immediately so that we can control volume, medication, and nutrition among other things. Somebody yells "Code Blue" and the code team is activated- they are at the bedside within what seems like seconds – compressions are well under way before they arrive and multiple emergency drugs are being administered. After several minutes the patient has a rhythm –the blood pressure is still low but maintaining. The nephrologist and the critical care physicians agree to start the CRRT- delaying start only delays the patients chance of recovery. I start the procedure and the patient seems to be maintaining their vitals. Someone says "the family is here- who is going to talk to them?". The critical care physician volunteers. I can't imagine how the family of this 19-year-old patient, who was fine 24 hours ag, and is now here in this ICU following a motorcycle accident are going to react to the news. Makes me think of my own family- I have an 18 year old who just went off to college- I want to call him right now to tell him I love him and please be careful…

I stay with the patient for a while and assure things look good before I report to the BICU nurse about the dialysis prescription and to call me if she has any questions. She has done CRRT several times and feels very comfortable running the system. As I leave the patient's room I see the family coming in their faces convey utter denial and agony. I call my son as soon as I am out of earshot of the room.

I am done for the day and feeling a little emotionally drained- but I know that feeling. That is okay. If ever I don't feel something when taking care of these patients it is time to hang up my hat and find something else to do. Acute dialysis nursing is challenging in so many ways but is also one of the most rewarding things I have ever done. I get to see patients at their worst and many times am part of a team that gets them back to health. I'll be back tomorrow to take on another day. I can't imagine doing anything else!

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*All patient names have been changed to protect their privacy.

Wendy Lester RN, MSN, CNN

Wendy Lester is an Administrative Nurse Manager with over 30 years of Nephrology Nursing experience. She has worked in both acute and chronic dialysis (Hemodialysis, CRRT, Peritoneal and transplant) attending both adult and pediatric patients. She currently manages the In-center Hemodialysis Unit at UCSD Health, San Diego, California.