



## *In-Center Hemodialysis Nurse*

- 0300: My alarm goes off- I ponder hitting the snooze button but I know I can't or I'll be late. I dress quietly and pour a cup of coffee into my trusty travel mug for my drive.
- 0400: I arrive at the hospital—all is quiet. I open the dialysis unit door and I'm met with bright lights, machines buzzing and alarming and patient care technicians hastily setting up machines and eagerly awaiting our first shift of patients.
- I check the Emergency Resuscitation cart- hoping to never use it but ensuring readiness if needed. I check the patient assignment sheet and the communication log from the previous night. Any patients in the hospital? Any patients rescheduled their treatment at the last minute?
- 0415: We open the doors- the first few patients drift in and quietly take their turn at the scale to weigh themselves. I greet them and perform a nursing assessment before they start their treatment. I listen to lungs, heart, assess dependent edema, and check their vascular access. Any new medications or doctor visits since I last saw you? Do you have any pain? I review their orders, and instruct the patient care tech to initiate their dialysis treatment
- I go to my next patient. Marla is 85 -and she is quiet- this is unusual –typically she is sprightly and chatty- and I struggle to engage her in any meaningful way. I check her blood pressure- it's okay and she has no fever- but that gut instinct strikes- something is not right. I call the doctor and tell her that I'm sending her to the Emergency Room (ER)- I need to remember to call the family later- did they notice anything??
- 0530: I move to my last patient- John is 74 and I find that his AV graft is clotted- yikes- Interventional Radiology does not open until 7:30. I draw some blood and send it for potassium check and an INR because I know he is on Coumadin for his A-Fib. I assure him to sit tight and I will be back when I get his labs. John asks me to call his daughter and let her know what happened-I tell him I will.
- 0630: Time for coffee and something to eat- I'm on my second bite of blueberry muffin- yikes, I forgot to call Marla's family. I tell them she is in the ER and give them the number.
- 0640: John's labs are back –his K is 6.5-I call the doctor and tell her I'm sending him to the ER also- IR won't touch John with a bargepole with that K level. I talk to John and explain the plan- he agrees and reminds me to call his daughter, which I do.
- 0700: Time to catch up on some charting.
- 0730: Start preparing to take patients off the machine-I hope Mr. Arich's BP doesn't drop like it did last time- too late- he says he doesn't feel good. We take him off and he stabilizes quickly. I try to tell him that taking off 4kg off on one session is too much for his heart. He listens- he smiles- he pats my hand and

promises to do better next time... Funny- he said that last week, too. I need to approach this differently if I want him to hear me.

1000: We have taken off all of first shift and started the second shift- I review all my notes and add a few for clarification.

1030: I call the ER –they are going to admit Marla- she might be septic –probably another UTI. I ask about John- they gave him insulin, dextrose and calcium and they can declot him later in IR- and ask if I can dialyze him after that? I check the schedule –we have an opening at 6pm. I make a mental note to report that to the next shift of nurses.

1100: Finally, lunch- 30 minutes to defuse and talk about the latest episode of Game of Thrones.

1130: Round on all my patients and add any relevant notes.

1400: Almost done for the day- my charting is about done and I'm ready to report today's events to the incoming charge nurse. I'm exhausted and need a shower! But, I'm happy- I gave the best care to my patients-they trust me with so much and I take that seriously. I'll be back tomorrow with a smile and a full heart because I love what I do.

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

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*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.*