A day in the life of a Peritoneal Dialysis Nurse doesn't involve sitting around all day with your feet up. While there’s no typical day as a Home Dialysis Nurse, you can get a glimpse of what life is like in my shoes, with this real-life example:

0700: My day starts with a cup of dark roast full-bodied coffee.

0715: Review & respond to emails.

0730: Prioritize to-do list for the day and then receive a call from a patient experiencing abdominal pain. Patient instructed to come in as soon as possible.

0735: Notify Nephrologist his patient will be arriving due to abdominal pain and it may be possible peritonitis.

0800: First patient arrives for scheduled blood draw.

0807: Nephrologist calls to inform nurse that his patient has a new PD catheter and will need a catheter flush within this week and to schedule this patient to start training next week, he’s faxing all records now.

0830: Second scheduled patient arrives for blood draw as well as the patient with abdominal pain.

0900: Receive a phone call from patient stating she didn’t order enough dialysis solution and needs 10 boxes before her next delivery arrives.

1000: Third scheduled patient arrives for blood draw and transfer set change.

1045: Bladder exploding and 1st cup of coffee wearing off. Ugh!

1100: Fourth scheduled patient arrives for blood draw and transfer set change.

1145: Grab lunch to eat at the desk while documenting.

1230: Core Team Meeting

1345: Call Baxter to resolve patient issues with solution shortage.

1430: Scheduled new patient and her husband arrive for modality education.
1530: Attended a Webinar.

1630: Call all patients scheduled for the next day’s blood draws.

1730: Wrap up loose ends before punching out.

2130: Submit on-line course assignment

2215: Self reflecting on today’s events. Although it was busy, it was also rewarding to receive a call at 2:00 p.m. from the Nephrologist thanking me for taking on his patient at such short notice. I also felt an overwhelming sense of appreciation when a teammate recognized how busy I was and offered to wipe down the training rooms at the end of the day. The icing on the cake was how the new patient and her husband expressed how comfortable I made them feel by answering all their questions, which made it easy for them to move forward with their decision to choose PD as their HOME modality.

2300: Wrap up next day’s To Do List. Lights out, bedtime, now it’s time to put my feet up! The day starts over bright and early at 6 a.m.

Sheena Beckford, BSN, RN