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## Pitfalls in In-Center Hemodialysis

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Let me make it clear right-a-way that I have great respect and sympathy for every medical profession member Doctors, Nurses, technicians who relentlessly work day and night to keep so many patients like me alive. The narration here is just to point out some pitfalls in these centers that might jeopardize their otherwise selfless sacred duty. These observations emanate from actual observation by the author. With the onset of Covid-19, movement of people has been curtailed a lot. Taxi operators are frantically looking for riders. In order to alleviate their suffering, confidence of public in riding taxis must improve. This is a common knowledge that in dialysis centers, the technician disinfects each chair once used by a patient. This gives confidence to the incoming patient that the chair is safe to use. This process of disinfecting the chair, side tables, blood pressure cuff and TV remote and its cables takes less than three minutes. Likewise the taxi drivers should prove that their taxis are safe to ride by disinfecting the vehicle in the presence of the rider just before entering the vehicle. The driver should wipe the inside and outside handles of the vehicle, the back of the plexiglass sheet separator, the seat and belts. This should take just two minutes. Any number of guidelines given to the operator by the government may not convince the riders that the driver does the job well. This is particularly the case with medical transport vehicles.

Coming to the dialysis centers, it is noticed that in case of emergency, the patient is expected to get up from the inclined chair, close the stop cocks connecting to the machines, cut the tubing and proceed to the designated safe place. This is easily said than done. As patients periodically we are asked to explain what we do as patients in case of emergency but actually not asked to demonstrate that we can do that. Let me explain the problem with this approach. I am 84 years old. First, I have to remove the blood pressure cuff. It is very difficult for me to get out of the heavy inclined chair on my own. In a hurry, I might forget to close the cocks. If I forget the sequence and cut at the wrong point, it is a disaster. There are amputees undergoing dialysis. How to they help themselves under the circumstances? It is noticed that these patients are not placed near exit doors. Further, such doors are very few compared to the number of such patients. There are no sufficient means to quickly take them out of the area in case of emergency. The number of staff on duty at any time is a fraction of the number of total patients undergoing treatment. This situation prevails in all centers. Proper care must be exercised in designing the dialysis treatment area. This needs urgent action from the authorities.

One day an elderly patient's systolic pressure fell below 100 and needed immediate attention. My nurse/technician was in a hurry to attend to him and they made a serious mistake. Both forgot that they

did not start my dialysis, and after an hour I realized the mistake and pointed out to the pair. They apologized for the mistake and started the process. They offered to perform the dialysis on next day which I politely refused saying that next two days I will be careful with my food intake. From then on, I request the technician/nurse to turn the dialysis machine in such a way that I could read the dials of the machine and follow the progress of my dialysis process. On another day, in another center, the technician entered 3 hours instead of 3.5hours for duration of my dialysis. This was corrected very soon and there was no problem.

It has been observed that some patients bring inside the treatment area personal belongings such as trolley suitcases which are bound to be dirty. All such bags should be stored in the waiting hall and only the essential items brought inside. The center may provide caged space with locks for storing personal items of patients/caregivers at some reasonable cost. It is noticed that some caregivers take liberties of taking with their bare hands items such as gloves, paper napkins meant for the use of nurses, technicians. This should be banned. I noticed once a caregiver took the IR thermometer kept on the ledge and tried unsuccessfully to measure his own temperature and that of his patient. A technician rushed and took back the thermometer. This should be banned.

Sometimes an admin comes in to the treatment area without gloves and touches many items. They should also wear COVID gear. Occasionally it was observed that some people such as gurney operators bringing in the patients entering the treatment area are not being screened. In some centers the patient is not provided gloves and is required to hold on the gauze over the wound while the technician leaves for bringing more gauze or tape. The data regarding which drug is removed during dialysis is well documented in literature (1,2,3) and based on these, one can choose the medications that can be administered at any time prior to or during dialysis with the consent of the nephrologist and knowledge of the dialysis nurse. This is important for nocturnal dialysis patients like me whose medication time falls during the dialysis time.

### References

1. [Dialyzable Drugs, Harbor-UCLA Department of Emergency Medicine \(WikeM\)](#)
2. [Johnson AC and Simmons DW. Dialysis of Drugs \(2000\) NPA](#)
3. [Calello D. Tox and Hound- Dialyze This 2018](#)