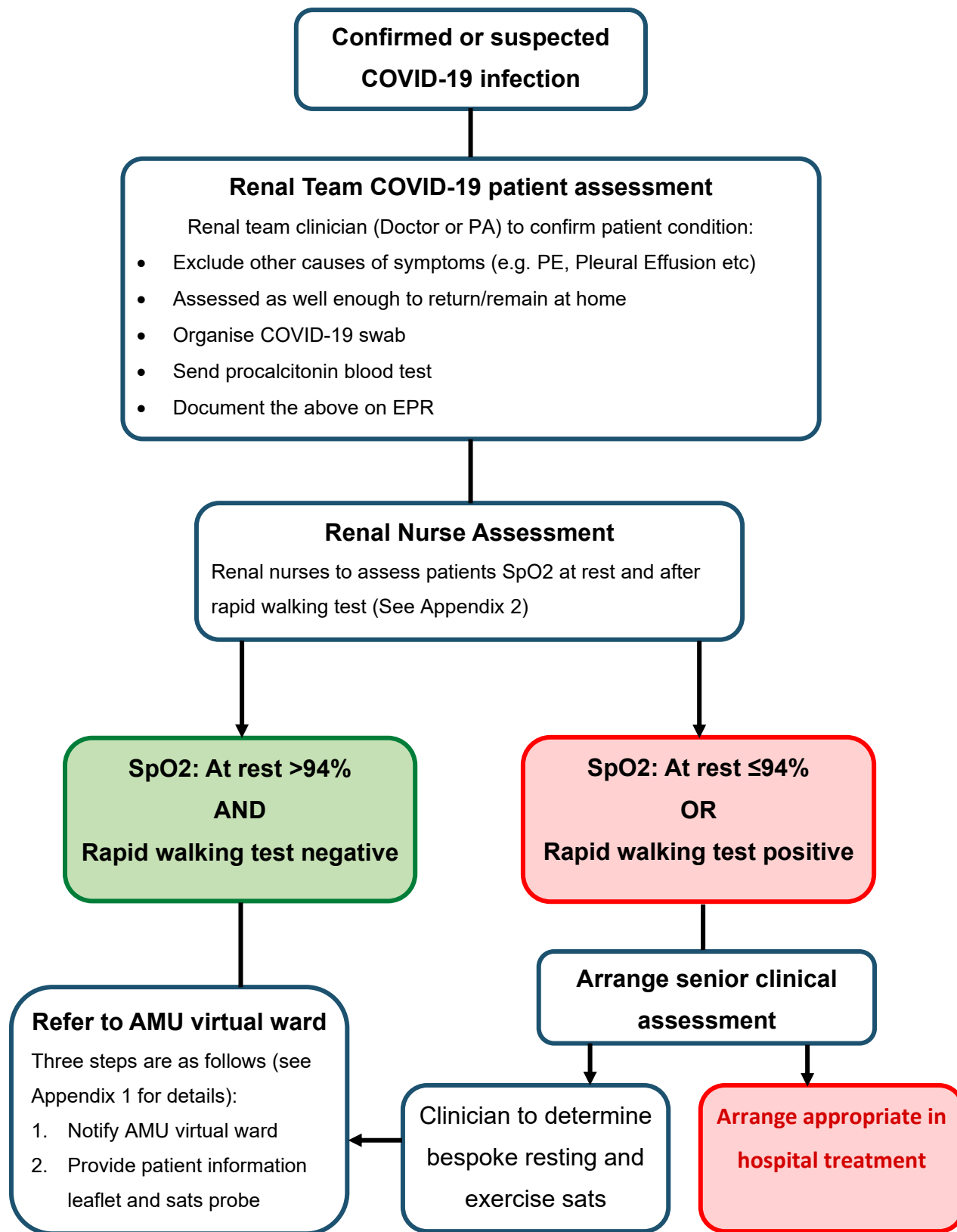


\*FLOW CHART IS A GUIDELINE ONLY\*



**AMU virtual ward contact details:**

Ext: \_\_\_\_\_

Email: \_\_\_\_\_

### 1. Notify AMU virtual ward

Please contact the AMU Virtual Ward Mon-Sun between 9-5pm. Outside of these times please fill in and email the referral form to \_\_\_\_\_

Referral information required:

- Confirm contact details on EPR are correct (contact number is required)
- Brief history of COVID-19 including status, when symptoms started, and how symptoms are manifesting, if at all
- Brief previous medical history, highlighting COVID-19 risk factors
- Immunosuppressants?
- Oxygen saturations (**Baseline, Resting, Walking**)

*Are resting sats >94%? Yes / No (If no, patient should be considered for admission for oxygen therapy). Rapid Walking Test (30 metres / 40 steps or bespoke test if unable to walk 30 metres): if drop in sats >5% patient should remain in hospital.*

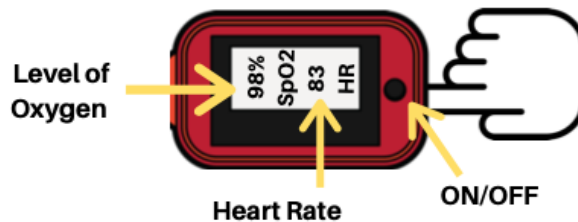
### 2. Patient Information

- Provide patient with sats probe and patient leaflet (located in \_\_\_\_\_)
- Ensure patient understands government social distancing / self-isolation guidance and the need for self-isolation to other household members
- Tell patient AMU Virtual Ward will phone patient next day
- Patient can call AMU Virtual Ward with any COVID-19 related emergencies or concerns (Tel: \_\_\_\_\_). **Out of hours patient must call 111 or 999.**

*Patient MUST call their renal unit with any renal related medical emergencies or concerns.*

### Patient Haemodialysis day

*Patients are required to have their resting and walking sats done daily. AMU virtual ward will call in the morning and request these. Please have these ready before dialysis.*



#### 1) Resting sats

- Make sure the patient has been resting for at least 5 minutes before measuring.
- Hand should be warm and resting on a flat surface.
- Switch the pulse oximeter on and place it on the (middle or index) finger.
- Keep the pulse oximeter in place for at least 1 minute, until the result has not changed for 5 seconds.
- Record the highest reading

**ACTION:** We expect oxygen saturations to be 95% or above when sitting. If it is below 95%, check it again in 5 mins. If it is still below 95%, please follow the pathway and inform the AMU Virtual ward.

**If the oxygen sats are more than 95% please continue to do the exercise stress test.**

#### 2) Exercise Stress test

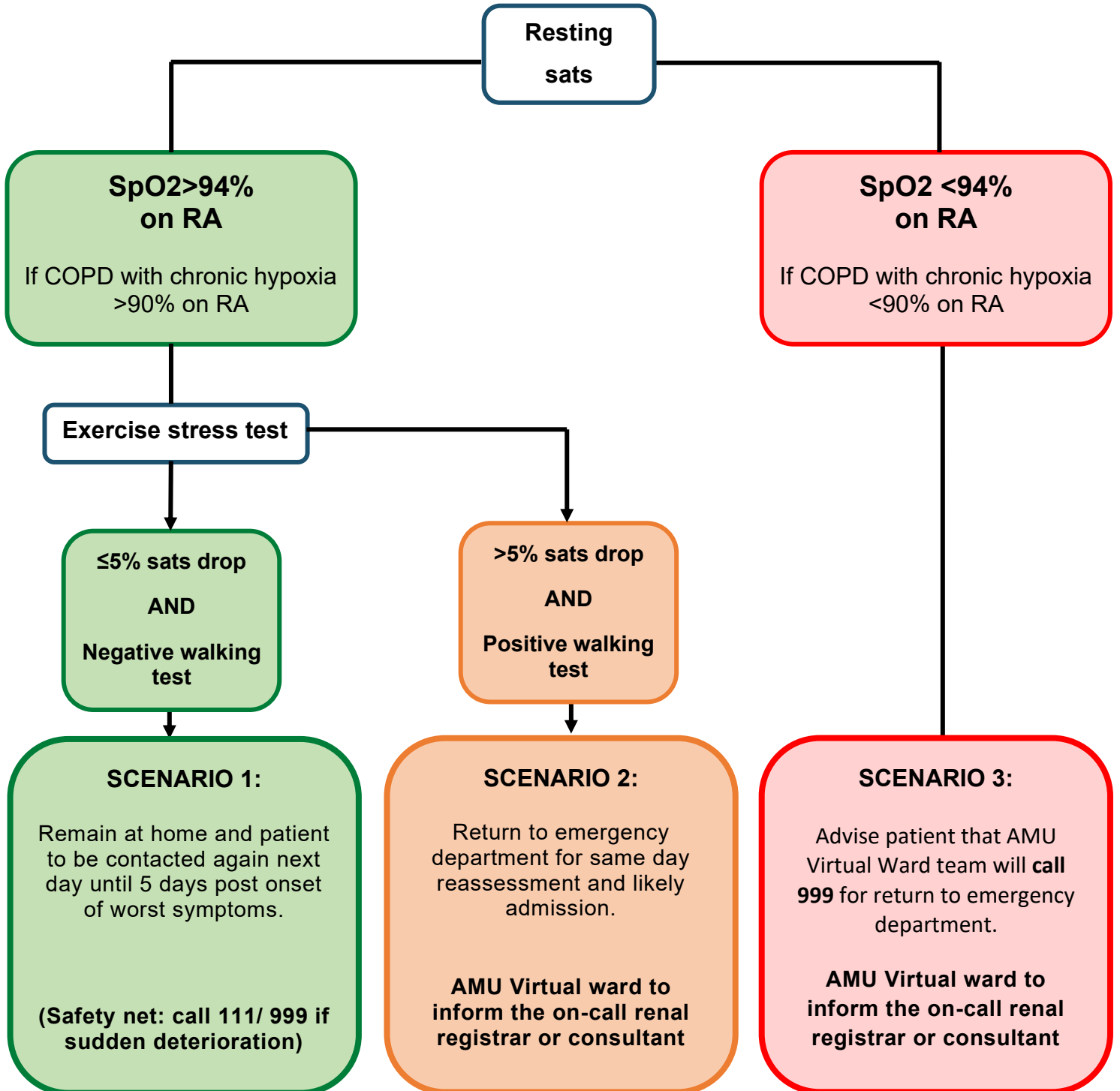
- Encourage patient to walk briskly for 30 meters on a straight path.
- Bespoke walking test for patients with limited mobility. (This should be signed off by a clinician but can be created by a physiotherapist).

**ACTION:** If oxygen saturation drops by MORE than 5% from resting saturations, please follow the pathway and refer to a senior clinician (these patients are admitted as sats can start to drop at rest). If oxygen saturation drops by LESS than 5% repeat these tests the next day.

## Triage Pathway for Haemodialysis patients

Confirmed or suspected  
COVID-19 infection

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**NOTE:** Please contact the Renal team if there are any renal concerns or bleeding from a fistula – not stopping (see appendix 3)

### Renal team contact details

Renal Consultants: \_\_\_\_\_  
On-call registrar pager: \_\_\_\_\_

## Appendix 3: Emergency bleed from Fistula or Graft

### Summary for AMU virtual ward

For all bleeds, please call the renal dialysis unit. If profusely bleeding or if in doubt, **call 999 immediately**. Advise the patient to hold firm pressure with bottle top over the bleeding site until the ambulance crew has arrived.

Occasionally a fistula may bleed a little after the plaster is removed at home, if this happens it should stop quickly when pressure is applied. However, although it is a very rare occurrence you should be aware of the actions to take if profuse bleeding occurs from a fistula or graft site unexpectedly between dialysis sessions. This is a **medical emergency**.

- Seek help urgently from anyone who is around. The blood flow can be fast and make you feel faint, so do not delay in alerting others.
- Dial 999 and report “excessive bleeding from a dialysis fistula”.
- Apply **firm** pressure over the bleeding site, using a milk bottle top or similar can help localise pressure over the bleeding site. This should always be applied with the hollow side against your arm as shown in the photo.
- Do not use a large absorbent dressing such as a towel as this may stop you applying enough pressure in the right place.
- If the bleeding is not controlled by you pressing on the site, then lie down and ask someone to help by supporting your arm over your head. Check you are pressing in the right place.
- Stay calm; bleeding can usually be stopped with enough pressure in the right place. It may take more pressure than usual if the bleeding is not easily controlled.
- If bleeding stops before help arrives, it is important that your fistula is still checked urgently, as bleeding should not happen between dialysis sessions. You should attend hospital so your fistula can be checked by a fistula surgeon. Also tell your dialysis unit.
- Do not be tempted to look or to move the bottle top to check the site. It is best left in place until you are seen by the doctor or in hospital.
- Please be aware this is a rare occurrence but it important that you and your family know how to act if it should occur. Being aware of signs of complications and reporting these promptly should ensure you do not experience any emergencies with your fistula.

