

OCT 17 goal/re-eval early 2023

Goal: decrease admissions from the ED for patients who need extra dialysis or missed dialysis for DCI established ESKD patients.

Measurable:

- Nephrology APPs keep record of MRNs when contact by ED
- Charmain/DCI to keep record of names/dob when contacted.
- Evaluate how often chairs are available.
- Chart review
 - Sent for outpatient dialysis and readmitted

Inclusion criteria

- ESKD patients established as outpatient with DCI
- Ex:
 - Present having missed several treatments
 - On baseline O2 but with small increase in O2 requirement.
 - Small increase in O2 requirement in a patient who already has home O2
- O2 sat 89% or greater (small increase in home o2 ok, but no new o2)
- potassium cutoff: $K \leq 6.0$ and no EKG changes

Exclusion criteria

- Unestablished ESKD patients
- Patients who dialyze with another organization
- Patients who are receiving outpatient dialysis due to AKI (higher risk population, very small minority of patients)
- New o2 requirement in a patient who does not have established home oxygen
- $K^+ > 6$, unstable vital signs, new oxygen requirement (increase o2 from baseline is ok)

Process

- Obtain CBC/ch7/EKG
- ED physician contacts Nephrology APP to review objective data (APP under TigerText role "Adult Renal Consult APP A"; nephrology consult fellow if no immediate response from APP)
 - Phone discussion/consult (will avoid delays in D/C). Formal consult not typically necessary.
 - Nephrologist may choose to see the patient
- If patient is a candidate, Nephrology service (APP or nephrologist) will contact Charmain Madero, DCI Area Operations Manager, to confirm and provide orders to DCI as needed.
- ED physician will contact ED case management (ED RN Case manager role) for cab voucher to HD and home from dialysis, as needed.

Time cutoffs

- MWF: 3:30 pm cutoff (4:30 at the latest and by exception only)
- T/Th: 9:30a cutoff for same day
 - Later cutoffs by exception
- Next day HD: within business hours

