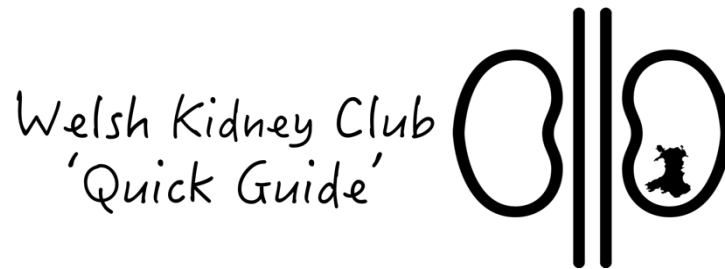


B5 ACUTE BED CRITERIA (3-6 slots per day) (SPR OF THE WEEK/ON-CALL RESPONSIBILITY)



- Patients with AKI in UHW on outlying ward
- Patients with established HD who are unable to dialyse in their usual unit due to:
 - Poor mobility (post-op cardiac, vascular, ortho surgery)
 - Potential cardiopulmonary instability
 - Acutely confused patients requiring greater supervision than can be provided on satellite units
- All patients using the acute bed must meet criteria for safe inter-hospital transfer (see quick guide)
- Handover to Team covering outliers for review

Communication is key- Discuss the availability of slots with nurse in charge before accepting a patient!
Record Patient name, local hospital URN, local consultant, ward location and Telephone No.

Check Patient has **not dialysed abroad in last 3 months** - will need BBV screen and machine isolation

Patient notes and drug chart travel with patient, ensure **any review by yourself is documented** in the usual manner (call home team if any specific medical handover required)

Within hours contact the patients' usual renal unit for their **regular anticoagulation dose**

HD prescriptions should be performed in a timely manner as to not block beds- these scripts are kept on the unit in the acute bed log folder. Be aware that patients' usual dry weight and UF volumes may be affected by their current reason for admission; **assess and prescribe accordingly**

Think ahead - if IP stay in outlying ward/hospital is ongoing, book the necessary slots in advance (M/W/F) etc, accepting that flexibility may be required if high demand for acute bed.

Occasionally, patients deteriorate whilst on acute bed HD and become too unstable for transfer back and admission is required. The risk of this is reduced if criteria for safe transfer are adhered to. **If you are in doubt, contact consultant in charge for advice**