

COVID-19 Rapid Guideline: Dialysis service Delivery (NG160)

What you need to know

NICE have published new COVID-19 rapid guidelines in relation to the delivery of dialysis treatments. The purpose of the guideline is to maximise the safety of patients with on dialysis, while protecting staff from infection. A number of aspects are included in the guidance including

Communication with Patients:

- Communicate with patients and support their mental wellbeing, signposting to support groups and charities where available, to help alleviate any anxiety and fear they may have about COVID-19.
- Inform patients to alert their dialysis unit if they are unwell, and to report COVID-19 symptoms before attending the dialysis unit.
- Minimise face to face contact; using methods such as telephone/ video consultations. Utilise home delivery for medication.

Patient transport to and from dialysis units

- Ensure that outpatient transport services get patients to their dialysis as scheduled to avoid their condition deteriorating. If outpatient transport services cannot be guaranteed, consider the risks and benefits of admitting the patient to hospital.
- Work collaboratively with transport providers to ensure continuity of care and minimise cross infection between patients with known or suspected COVID-19.

Case ascertainment and cohorting

- Screen and triage all patients attending dialysis units to assess whether they are known, suspected or have been in contact with someone with confirmed COVID-19.
- Set up and review facilities to minimise cross infection so that patients can be dialysed in cohorts based on their COVID-19 status
- Where possible, have separate entrances for patients known or suspected to have COVID-19.
- Ensure dialysis scheduling can accommodate the cleaning needs for any cohorted areas.

Before a Patient enters the unit

- If a patient is suspected to have COVID-19 where possible, do a rapid turnaround testing before dialysis to establish COVID-19 status. Consider if dialysis can be delayed until their COVID-19 status is known, if not ensure the cohort status of the patient is managed appropriately. If a patient is COVID-19 negative, ensure that other explanations for the symptoms have been considered and treated; retest the patient if there is still a clinical suspicion of COVID-19.
- Patients should continue to be treated as close to home as possible; inform them they may need to move to other units to allow effective cohorting.

Home dialysis provision

- Continue and maintain current home dialysis provision. Assess the resilience of care reliant on carers, family and friends
- Consider the possibility to increase home dialysis provision for new incident patients
- Test for COVID-19 in patients, carers and assistance in the community who are using any form of home dialysis if they develop symptoms. Test paid assistants carrying out assisted automated peritoneal dialysis.

Provision in dialysis units:

- Ensure agreed protocols are in place, outlining restrictions to the dialysis unit to those staff and visitors essential to delivery of the service. Explaining when dialysis treatment might be safely delayed for new incident patients and encourage uptake of home therapies.
- Explain to patients about the importance of remaining with their regular dialysis unit during the COVID-19 outbreak, unless told differently by the clinical team.

What you can do

- Follow the government guidelines for investigation and clinical management of possible cases and infection, prevention and control.
- Encourage and support shared care with patients in the dialysis units.
- Ensure you are aware of new guidance as it is published; the Quality Governance team will provide updates as and when new guidance is published from NICE.

Full guidance: <https://www.nice.org.uk/guidance/ng160>