

Twice weekly dialysis during COVID pandemic

It is likely that the Covid pandemic will remain the key clinical issue for renal units in the coming 12 to 18 months. At various times during the Covid pandemic there may be reasons to temporarily switch carefully identify patients from three times a week to twice weekly dialysis. This decision would be made in order to reduce the risk to that patient in relation to their exposure to the virus and would only involve patients who are suitable for safe temporary switching to twice weekly dialysis.

Switching to twice weekly dialysis should not be undertaken primarily to manage resource issues but it is recognised that in undertaking a switch to twice weekly dialysis for appropriate patients some flexibility will be created in relation to dialysis resources.

Identification of incentre HD patients who may be suitable to move to twice weekly programme.

Excluding those patients with:

- Current or recent symptoms of Covid
- UFR>10ml/kg/hr or history of admission with fluid overload
- Pre HD BP>160 systolic
- Pre dialysis K>5.8

Discussion with patient highlighting the following points:

- Risks: under dialysis/hyperkalaemia/fluid overload/worsening hypertension
- Benefits: potentially less exposure to corona virus
- That this is a **temporary** switch and will be reviewed regularly.
- Patients understand the need to salt (fluid) restrict/dietary potassium restrictions with dietitian

If patient accepts twice weekly HD session

For units using Patiomer/Veltassa

Move to x2/week dialysis and prescribe Veltassa 8.4g OD (unless they have a consistent predialysis K of <4.5)

How to take Veltassa: mix sachet with 45-80ml of water

Administration of Veltassa should be separated by 3 hours from all other oral medications

		Week 1 check BP, UFR and K	Subsequent weeks check BP, UFR and K
Potassium	K 6-6.4	Consider moving back to x3/week	K 6-6.4 Increase to 16.8g if already on 16.6g consider moving back to x3/week
	K >5.5-6	Increase Veltassa 16.8g OD	K 4-5.9 Continue current therapy
	K <5.5	No action	K <4 Stop or reduce binder
UFR	>14	Consider moving back to x3/week	
	10-14	Reinforce need for salt/fluid restriction	
	<10	No action	
Move back to x3/week if Suspected or confirmed COVID K >6.5 at any time Symptomatic volume overload Uncontrolled BP			