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

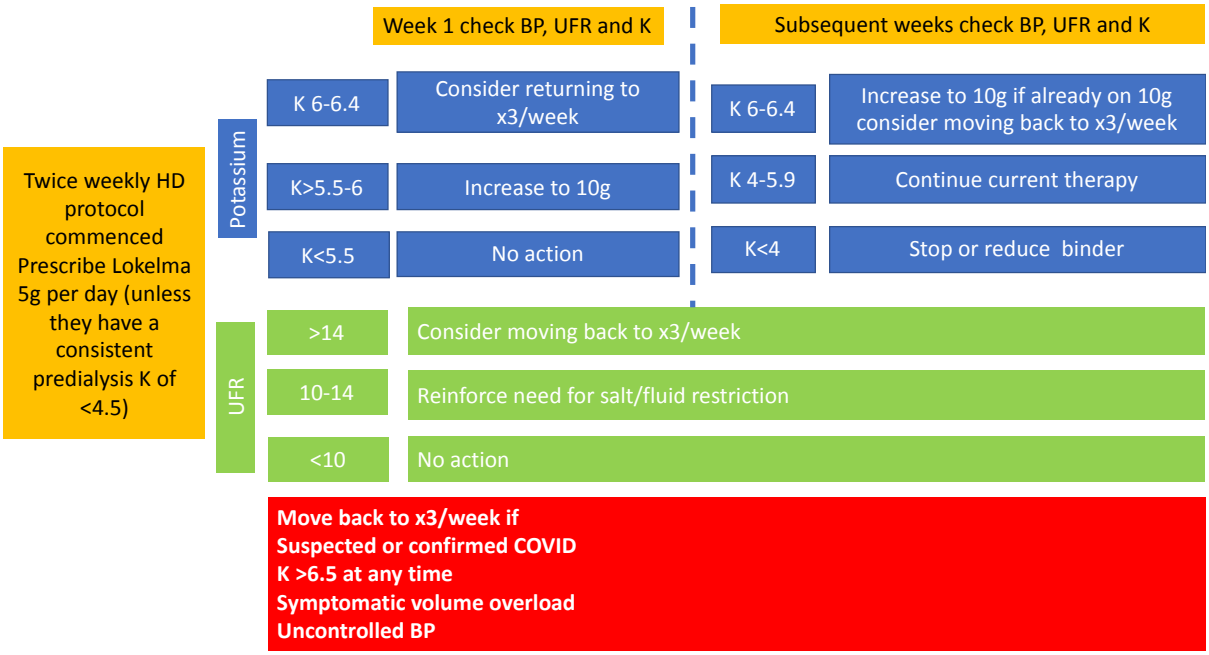
Discussion with patient highlighting the following points:

- 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 SZC/Lokelma

Move to x2/week dialysis and prescribe Lokelma 5g OD (unless they have a consistent predialysis K of <4.5)
How to take Lokelma: mix sachet with 45ml of water
Avoid taking Lokelma within 2 hours of: azole antifungals, anti-HIV drugs and tyrosine kinase inhibitors.


Week 1 check BP, UFR and K
Subsequent weeks check BP, UFR and K
Twice weekly HD protocol commenced Prescribe Lokelma 5g per day (unless they have a consistent predialysis K of <4.5)
Potassium
K 6-6.4
Consider returning to x3/week
K 6-6.4
Increase to 10g if already on 10g consider moving back to x3/week
K>5.5-6
Increase to 10g
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