

STANDARD OPERATING PROCEDURE FOR INITIAL MANAGEMENT PLAN FOR SUSPECTED HAEMODIALYSIS LINE SEPSIS

Suspect sepsis if:

1. Single temperature of 38°C
2. Temperature of 37.5 °C or greater on 2 occasions more than 1 hour apart
3. Patient has rigors associated with a temperature
4. Sudden drop in blood pressure plus 1 of the above on dialysis

If febrile or you suspect line sepsis:

1. Check Bloods Cultures peripherally and from haemodialysis line. **Please ensure you remove line lock prior to taking bloods** (see below).
2. Please also send U&E's, Bone profile, CRP, LFT's and Full Blood Count.
3. **Urgent** medical staff review if on dialysis.
4. Check line site for obvious signs of infection, swab insertion site and redress.
5. Advise and discuss with Renal Consultant on call if not on dialysis.
6. Commence Intravenous Antibiotics **via haemodialysis line at all times** using strict aseptic technique. Please ensure you remove line lock prior to giving antibiotics.
7. Intravenous fluids, if required, need to be administered via a **peripheral** cannula.
8. Commence oral Nystatin as antifungal therapy.
9. Note in HD diary to chase cultures results and sensitivities in 24 and 48 hours .

Antibiotics:

Vancomycin and Gentamicin are first line drugs unless known allergy. Prescribe on drug kardex to be administered via HD line.

Vancomycin: 10mg/Kg stat dose (infusion as per administration guideline in BNFC)

Gentamicin: 2.5mg/Kg stat dose

Antibiotic levels MUST be checked before re- prescribing and re-dosing; typically after each haemodialysis session as clearance will occur.

However, if the team has a patient who already has suffered deafness and you wish to look for alternative empirical gram negative cover (in addition to Vancomycin for Gram positives) then Ceftazidime or Ciprofloxacin could be considered.

Line Lock

All chronic dialysis patients will have a line lock which requires removal pre-bloods and pre-antibiotics. The haemodialysis line will require re-locking post antibiotics.

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14/11/16

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