Information For Parents and Carers

Haemodialysis Unit 01 878 4757
Main Hospital Number 01 878 4200
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We have developed this booklet to provide you and your child with information on haemodialysis (dialysis). Before your child starts dialysis we will familiarise you both with the staff, the unit and other children and families. We will explain everything when your child begins dialysis but do not hesitate to ask questions at any time.

**Why Does My Child Need Dialysis?**

You have been told your child needs dialysis because their kidneys have stopped working, this may have happened over a short or long period of time. Your child’s renal team will discuss this with you in depth.

**What Does Dialysis Do?**

Dialysis takes over the work of your child’s kidneys by removing waste products and excess fluid from their blood.

**What Are The Different Types Of Dialysis?**

There are two methods of dialysis: your child’s doctor will talk with you about the best method for your child.

**Haemodialysis**, uses a machine to filter your child’s blood - it works like an artificial kidney. Haemodialysis is carried out within the hospital a number of times each week over several hours.

**Peritoneal dialysis**, is carried out in a different way. A catheter (thin plastic tube) is placed into your child’s abdomen / tummy area. Fluid is drained in and out at night through the catheter. After training, parents can carry out peritoneal dialysis at home. As this information booklet only explains haemodialysis, please see our separate booklet explaining peritoneal dialysis.
How Does Haemodialysis Work?

Haemodialysis can only be provided in Temple Street Children’s University Hospital by a group of specialist nurses.

Haemodialysis Access
For haemodialysis to be carried out there must be access to your child’s bloodstream. To provide this a **central venous catheter (CVC)** is inserted in theatre. This is a narrow tube placed in one of the veins near your child’s heart and held securely in place by a cuff which is under the skin. The tube is made up of two narrow tubes joined together, this allows the blood to be taken out and returned to the body at the same time. Before your child begins dialysis they will be admitted to the ward to have their CVC inserted and monitoring for a few days after their first few dialysis sessions.

When not in use, your child’s CVC will be filled with a drug called Heparin or Alteplase to stop the blood in the CVC line from clotting which would cause it to block.

Preparing For Haemodialysis

Before dialysis begins, you and your child will have the opportunity talk about all options with your child’s renal team. In preparation, you might find it useful to talk to your child and write out a list of questions you both would like to ask.

Our dialysis nursing team will give you and your child a tour of the unit, show you the machine and introduce you to other families and children on dialysis.

Our play specialist will help you to prepare your child for dialysis by getting to know each child and their individual needs to provide age appropriate distractive play.
The renal clinical psychologist will help you and your child with any anxieties that you may have.

Our renal dietitian will discuss your child’s food preferences and design a specific diet for their individual needs and tastes to help ensure they have a well balanced diet which is needed for normal growth and development. During dialysis your child will be given breakfast or dinner and a snack pack.

Our medical social worker can meet you to discuss any supports you may be entitled to and help with transport to and from the hospital in addition to providing social support.

All members of our multidisciplinary team are available to provide support to parents and children on dialysis.

**What Happens During Dialysis**

Each dialysis session lasts three to four hours depending on each child’s condition and diagnosis. When you arrive to the unit a nurse will check your child’s weight, blood pressure, heart rate and temperature.

Your child will sit on the dialysis chair or cot provided for the duration of their session. Your child’s CVC will be connected to the dialysis machine to clean their blood. The dialysis machine pumps your child’s blood through a filter called a Dialyser which involves removing waste products and excess fluids from their body.

During this time your child will be confined to their cot or chair. Our play specialist can help you provide appropriate play for your child. School going children will receive lessons from one of our hospital teachers to ensure they keep up to date with their school work.

The hospital canteen is open to parents and carers to avail of meals or take a break from the unit.
Are There Any Risks Or Side Effects With Haemodialysis?

As with all treatments there are some potential side effects of haemodialysis. Our dialysis team are specially trained to support and monitor your child during their treatment to minimise these side effects.

The most common effect is low blood pressure (hypotension). This can cause nausea, headache, dizziness or muscle cramps. Children who need fluid to be removed during their dialysis may experience hypotension, your child’s nurse will aim to minimise any potential side effects.

Too much potassium in your child’s blood, also known as hyperkalaemia, is a possible side effect of renal failure. Hyperkalemia can cause an irregular heart beat. Your child will be monitored for this. Our renal dietitian will provide you with information on low potassium foods and how to reduce the potassium in foods. You may be asked to record their daily food intake which will be reviewed.

During dialysis, if your child complains of feeling unwell in any way please let us know immediately.

When Dialysis Begins

Starting dialysis will be a large learning curve for both you and your child. We acknowledge your important role in the delivery of care to your child during dialysis and as you are your child’s main carer at home.

As time passes you and your child will become familiar with the process and what to expect during dialysis. Remember there is always someone on the end of the telephone at Temple Street to advise and reassure you.
Before your child is discharged following their first few dialysis sessions you will be taught to how to continue to manage them at home by the following;

- How to take your child’s blood pressure (if required)
- Weighing your child each day (if required)
- How to deal with potential problems that may arise with their CVC
- How to avoid dehydration, fluid overload and hyperkalaemia
- How and when to give medications - when to call unit if there is a problem

**Frequently Asked Questions**

*Where will my child have haemodialysis?*
Your child will come to the Haemodialysis Unit in St Michaels C Ward. The number of times per week your child attends will depend on their individual condition. You will be given a time slot for haemodialysis each week, however this time is subject to change.

**Does it hurt?**
No it does not hurt but it can be tiring. The CVC allows for blood to flow from your child body, through the dialysis machine and back in their body without causing any pain or discomfort.

*Will my child’ condition improve when dialysis starts?*
Some children feel the benefits of dialysis immediately, have more energy or a better appetite. However, for others it may take longer.
How your child will respond will depend on their renal function before haemodialysis began. While on haemodialysis your child will be required to follow a specific renal diet and take medication. Your child’s dietitian will explain the limits of salt, potassium and phosphate and they will give recommendations based on your child’s age and diagnosis.

**Will my child still be able to go to school?**
Your child will still be able to go to their regular school between dialysis sessions. While they are in hospital a teacher from the hospital school will visit the dialysis unit and link with their school to limit any disruption to their education.

Due to the risk of infection it is not possible for your child to go swimming with a CVC. However, your child should still be able to do PE, but be careful not to damage CVC. Contact sports like rugby are not recommended. See the CVC care booklet for more information.

Your child will be able to eat school meals as long as they fit in with their special diet. You may need to discuss this with your child’s school. If necessary, the haemodialysis staff may make a school visit to inform teachers and assistants about your child’s central venous line and their specific needs.

**Are we entitled to extra benefits?**
The renal medical social worker will explain any supports or benefits you may be entitled to apply for. Generally, children who are on dialysis receive Domiciliary Allowance, Travel Support and sometimes Carer Support all depending on individual circumstances.

All children in haemodialysis are usually entitled to a medical card. There are a number of advice organisations such as Citizens Advice Centre [www.citizensinformation.ie](http://www.citizensinformation.ie) or [www.welfare.ie](http://www.welfare.ie) which may be able to help you to understand your entitlements.
What about taking medicines?
You child may be prescribed a number of medications. It is very important they take all their medication as prescribed. If your child is complaining of any side effects please contact us immediately. The staff in the dialysis unit will advise you on medications. Please check with the ward or dialysis if you have any questions.

Will we be able to go on holiday?
It is unlikely you will be able to go abroad while your child is on haemodialysis for a number of reasons, these can be discussed with you.

However, there is a possibility of a holiday to the UK where there are Paediatric Specialist Haemodialysis centres. This takes a lot of forward planning so please give staff time to organise it.

Feelings and emotions while on haemodialysis
We understand that attending frequently for dialysis can be challenging for both you and your family. This is understandable and can affect every family differently. We can arrange a meeting with our Clinical Psychologist for support and advice in dealing with life in dialysis. Issues that might arise include;

Involving relatives and friends by asking them to accompany your child to the dialysis allowing you to spend time with your other child or children may help.
## Potential Problems That Can Occur

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<th>Fluid Overload</th>
<th>Fluid Overload is too much fluid in the body</th>
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<td>Signs</td>
<td>Weight increase</td>
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<tr>
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<td>High blood pressure or headaches</td>
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<td>Puffy ankles, eyes or face</td>
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<td>Breathing difficulties</td>
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<td>Due to</td>
<td>Taking more fluid than allowed</td>
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<td>Producing less urine</td>
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<th>Looking Out For Dehydration</th>
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<td>Dehydration = not enough fluid in the body</td>
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<td>Signs</td>
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<th>Hyperkalaemia</th>
<th>Hyperkalaemia = too much potassium in the blood</th>
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<tr>
<td>Sign</td>
<td>Heart fluttering although it is usually diagnosed after routine blood tests.</td>
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<tr>
<td>Due to</td>
<td>Too much potassium in diet</td>
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Advice from past and present parents and children attending for dialysis

“Daunting experience...don’t panic...ask questions”

“Regardless of preparation...still a huge shock”

“Trust in the staff and if you need reassurance don’t be afraid to ask”

Adapted by the Haemodialysis unit,
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With thanks to:
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Please remember to wash your hands or use hand gel when you visit the hospital

Our campus is smoke free from February 13th 2013

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The information contained in this booklet is correct at time of development