



(RPA) and Royal North Shore Hospitals. If the staff needed to speak to the doctor regarding anything to do with their care, we spoke directly to the relevant physician. (No mobile phones then!) If there was an urgent problem, we had to page the medical intern or registrar to assess the patient, but first we had to explain where we were (in the grounds). The usual response was, “I didn’t know

we had dialysis here”. It was really good not having a doctor present as we then had to manage patients ourselves. Dr Mahony came every week to see his patients, and to write any medication charts or scripts that were needed.

It was not until 1989 that bicarbonate concentrate was used in our unit at Westmead. We used to fill an eight litre tank with demineralised water, put in a magnet and the bicarbonate powder and put the tank on a magnetic stirrer. Once dissolved, the magnet was removed and the fluid ready for use.

Dialysis dementia was another long term complication. Years ago there was very little in the way of water treatment. Consequently, patients would get aluminium from the water. Pyrogenic reactions were also seen quite often due

to the lack of water treatment.

I completed the renal course in August 1975. I did the course with Gill Anderson, amongst others. We were often mistaken for one another, as we were both small and we spent a lot of time together. She was my rock during that time, and we helped each other with study etc. We are still good friends. I did the course because I wanted to increase and improve my knowledge so that I could help the patients.

I love my work in teaching patients. It gives me a wonderful sense of pride to know that I have taken someone who doesn’t feel the best, to someone who feels like jumping for joy, who has knowledge to manage their treatment at home safely and competently, and looks forward to getting up in the morning.

How it was before computers

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Abstract

This account details early memories of dialysis in Adelaide. The role of the nurse was assisting with shunt de-clotting and individually specialising the person receiving dialysis. Peritoneal dialysis was performed using glass bottles and temporary catheters.

Key Words

history, renal, peritoneal dialysis, haemodialysis, nursing

It was a time when there was plenty of nurses and few vacancies

I completed my registered nurse training in the early seventies. It was a time when there was plenty of nurses and few vacancies. Imagine that!

There was a job available in blood transfusion. It was a technical type job, grouping and matching blood for patients at the Royal Adelaide Hospital and various private hospitals around the metropolitan area. It was also the place

for old nurses to take the weight off their feet and wait for retirement age. There was no superannuation then!

After a year or so of that work, I saw the need to update my nursing skills as we were planning to buy a home in the southern suburbs of Adelaide. I asked for a ward placement and got the renal unit.

Talk about hit the floor running! I lost 6kg in a month! There was no time

to eat! There were so many really sick patients. Dialysis happened for some of them and if their kidneys switched back on, that was good, or otherwise the situation was explained and patients chose to go home and die amongst their family. The Queen Elizabeth Hospital in Adelaide had a few long term dialysis patients but they were the young ones. I don’t recall us transferring any patients to them for maintenance dialysis.

Access for dialysis was by way of a shunt. The shunts were put in at the patient’s bedside. I couldn’t bear it! Surgery

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was never my thing! The patient was sedated with intravenous pethidine. Local anaesthetic infiltration was used and a tourniquet was applied. An arm board supported the arm and as the assistant I was in charge of tourniquet pressure, sedation of the patient and cutting the stitch ends. I tried not to look. Bill Chan was the registrar and he held my concentration on the job by clamping my knees with his as we sat either side of the patient's arm. Shunts were prone to clot and de-clotting was a regular occurrence. It was a painful procedure for the patient.

Dialysis happened with the technician running the machine and the nurse specialising the patient. Very regular observations were taken – five minutely, I recall. The machine was a huge stainless steel bin of water with additives that the

technician had mixed up with a large paddle. A plastic lid covered the bin when in use. It was so heavy he needed help to manoeuvre it to the patient's bedside. When the bin was empty, dialysis was finished.

Renal failure patients were subjected to the Giovanetti diet. They got rice bubbles with a tub of cream for breakfast, plenty of sugar and black tea or coffee. Consequently their appetite and nutrition was abysmal!

At 4pm every day the doctors congregated in the nurses' station to await the biochemistry results. The laboratory phoned and the nurse wrote them into a large book with the doctors looking over the shoulder of the writer. They then could make decisions for the next day.

Later, when I worked at Flinders Medical Centre there had been excellent progress in a few short years. Dialysis machines had been made more user friendly with closed circuits. However, the peritoneal dialysis with Travenol glass bottles had a nasty habit of breaking and the sticky fluid took some time to clean up. Peritoneal dialysis was by way of temporary catheters which were removed after 48 hours of therapy and treatment comprised of one hour cycles of 20 minutes fill, 20 minutes dwell and 20 minutes drain.

Thankfully there have been significant changes to the equipment and procedures which have led to a safer environment for both patients and nurses.

Peritoneal dialysis bags, water and stick catheters

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Abstract:

In the early 1980s peritoneal dialysis at the Austin Hospital in Melbourne was very different from the 2000s. It involved many bags, stick catheters and frequent dialysate leaks.

Often the trickling dialysate effluent could be seen and squelched down the hallway

Chris graduated in 1981, completed a three month rotation at the Austin Hospital Renal Unit and then returned as a graduate in 1982. Meredith had been working as a registered nurse on night duty for eight years. We both finally worked together on Ward 3, located in the now demolished A Block. Nursing was very different in those days; patients

all had a daily rest with no interruptions, no-one entered the ward without permission from the staff member in charge, and it was the nurse's responsibility to create a very tidy and clean environment for the patients. The ward was run with 'military precision' and the Director of Nursing at that time regularly conducted ward rounds without notice.

Key Words

history, renal, nursing, peritoneal dialysis

The haemodialysis unit was located on the balcony of Ward 3. There were six chairs and the main form of communication between the ward and the dialysis unit was via a window!

The first treatment option for those patients with acute renal failure was acute peritoneal dialysis via a 'stick catheter' The nursing staff on duty would receive a call from casualty that a patient with acute renal failure would be coming to Ward 3. At this point the 'action plan'

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