Describing my experiences of renal nursing in the 1970s

Richards, L. 2009 Historical Reflections: Describing my experiences of renal nursing in the 1970s
Renal Soc Aust J 5(2) 77-78

Submitted January 2009 Accepted May 2009

Abstract:
This paper is a personal, historical, reflective account describing renal nursing in the early days of dialysis. Reflection includes renal nursing in the United Kingdom and Australia.

Key Words
history, kidney, renal, haemodialysis, peritoneal dialysis, nursing

Nurses and home haemodialysis patients had to strip, clean and grease the inside parts of the machine monthly.

My first experience of renal nursing was in the United Kingdom (UK) when I worked a shift in a small room where there was a Travenol (I think) dialysis machine that used a coil dialyser into which the blood would flow. It seemed to be an awful lot of blood required to fill it. In 1974 I came to Australia and have been working in renal nursing since then; unbelievable that it is now my 35th year and it has been a pleasure for me to write down my experiences to share with others.

After arriving in Sydney, I starting working in the Renal Unit (Ward 17) at Sydney Hospital. The reason I started working in renal was my enjoyment of the work and my regard for the patients. The unit was very busy and consisted of beds for peritoneal and haemodialysis, and haematology. At the time, Sylvia Martin was the charge nurse and the nephrologists were Dr John Stewart and Dr John Mahony.

Peritoneal dialysis was performed using glass bottles that were kept in a warm water bath. The patients seemed to have a lot of tubing that needed to be rolled up and tucked inside their underwear. Tenkhoff catheters were removed on the ward by wrapping the catheter around the right hand (if right handed), placing the left hand on the abdomen and pulling. There was no local anaesthetic used. Once the catheter was removed, you had to make sure that there were 2 cuffs on the catheter. This was done using aseptic technique.

Dialysis machines that were around then were Drake Willock 4015 and 4215. The 4015 had a conductivity meter that had manually adjustable limits. These could be turned to open up to the maximum, which eliminated the machine from being in "bypass". The only dialysate concentrate available was acetate solution. Patients were often vomiting and hypotensive. Hypotension was treated with saline, but the vomiting could sometimes last for a couple of hours. We explained to the patient, that the body takes time to convert the acetate into bicarbonate, which can be then be used by the body. During this time, there may be symptoms of nausea and vomiting and feeling very unwell.

Staff and (home) patients needed to calculate their own TMP as these machines only had negative pressure gauges.

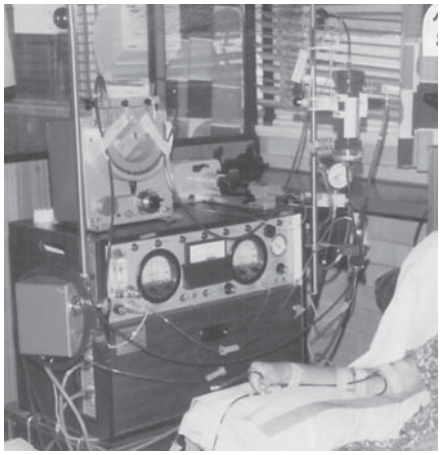
TMP was calculated by

- Calculate total fluid loss
- Divide weight loss by number of hours
- Divide answer by ultrafiltration (UF) rate of dialyser
- Subtract venous pressure from trans-membrane pressure (TMP)
- This calculated the amount of negative pressure to apply

Nurses and home haemodialysis patients had to strip, clean and grease the inside parts of the machine monthly. This included the conductivity meter, proportioning pump, blood leak detector. Following this we needed to put it all back together and hope it worked for the next dialysis! Patients had to reuse (especially at home) lines and dialysers and instill formaldehyde until needed for the next dialysis.

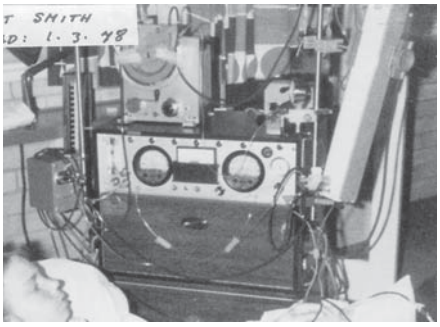
The blood pump was situated on top of the machine with the segment going in a U shape. I had one patient who rang me one evening because the pump segment had come off the line and he had blood dripping off the ceiling!

The Satellite unit at Blacktown Hospital opened in 1976. It was a cottage in the grounds. We had six Drake Willock machines, and the patients came from Western Sydney. The patients remained with their renal physicians who were based at St Vincents, Royal prince Alfred



Author Details:
Lynne Richards RN is a Clinical Nurse Consultant (Home Haemodialysis) at the Regional Dialysis Centre, Blacktown Hospital, Sydney.

Correspondence to:
Lynne Richards at Lynne_richards@swahs.nsw.gov.au



(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.

In 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

Kruger, A. 2009 Historical Reflections: How it was before computers *Renal Soc Aust J* 5(2) 78-79

Submitted January 2009 Accepted May 2009

Abstract

This account details early memories of dialysis in Adelaide. The role of the nurse was assisting with shunt de-clotting and individually specialling 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

Author Details:
Ann Kruger RN is Renal Anaemia Co-ordinator, Flinders Medical Centre, South Australia

Correspondence to:
Ann Kruger at Ann.Kruger@health.sa.gov.au