

The Victorian floods: a regional dialysis unit perspective

Sarah Malcolm

Malcolm S (2011). The Victorian floods: a regional dialysis unit perspective. *Renal Society of Australasia Journal*, 7(3), 60.

Submitted March 2011. Accepted May 2011.

Abstract

Both haemodialysis and peritoneal dialysis clients can be affected by regional floods. This paper reinforces the need to be flexible in times of disaster, to activate emergency transport and to ensure people receiving automated peritoneal dialysis keep their continuous ambulatory peritoneal dialysis skill during floods when no power is available.

... the client was picked up by helicopter at his local football oval and airlifted out of his community to attend dialysis.

In January 2011 many communities throughout Victoria experienced serious flooding. I work in a dialysis unit that services a large area of north and north-west Victoria, caring for peritoneal dialysis (PD) and haemodialysis (HD) clients. Many of our clients and staff live in communities that were affected by the flooding.

Several problems arose from the widespread and long-lasting flood waters. The initial problem encountered was that haemodialysis clients began experiencing difficulties in attending HD appointments. The rain became quite heavy during the day on 14 January and this meant that several clients who were having their treatment were unable to get home from dialysis. Alternative accommodation had to be organised for numerous clients and included nursing homes and family and friends of the clients.

Once the extent of the flooding was realised, phone calls were made to clients who had appointments on the following day, to ensure they would be able to get to dialysis in the morning. Most clients were not expected to experience any difficulties. One client, however, reported that his district was already nearly

surrounded by flood waters and was anxious that by the morning he would be completely isolated. This client was encouraged to leave at this time and stay with family in Bendigo to ensure his ability to attend dialysis in the morning. The community was isolated rapidly and the client was unfortunately unable to leave. During several phone calls the importance of fluid and diet restrictions were reinforced and the client was encouraged to maintain regular contact with the dialysis unit. In subsequent phone calls the client revealed that he was weighing himself after every drink to ensure he was not putting on too much weight!

After several days it became evident that the flood waters were not going to recede any time soon and it was decided that for the client's safety, he needed to be evacuated. Ambulance Victoria was contacted and the client was picked up by helicopter at his local football oval and airlifted out of his community to attend dialysis. As you can imagine, this generated a lot of discussion between other dialysis clients!

Other clients missed appointments as they were busy defending their homes from the rapidly rising flood waters, with some clients experiencing severe property loss. Support services for these clients were organised swiftly.

Keywords

Dialysis, nursing, flood, disaster.

During the flooding, many districts experienced a loss of power for several days and this affected not only those on automated peritoneal dialysis (APD), but also those on continuous ambulatory peritoneal dialysis (CAPD) as they were unable to use mains power to warm their bags. Luckily, affected APD clients had back up CAPD stock and were capable of transferring to CAPD for a short while. This highlighted the importance of keeping APD clients skilled in performing CAPD for emergencies like this. In terms of bag warming, patients were able to use the cigarette adaptor in their car to power the heater bag.

The next problem encountered was the task of getting PD stock to clients in communities that were completely isolated by flood waters. As mentioned before, most clients keep four–five days' worth of 'back up' stock; this meant that those who were isolated had enough to get them through until the roads were clear again. This has reinforced the significance of clients keeping extra supplies in their homes.

Overall, no insurmountable problems were encountered. Each situation involved a bit of 'thinking outside the square', and lots of communication with clients and other support services. These floods did, however, emphasise the importance and value of being prepared for situations when a client may be unexpectedly isolated from their health service.

Author details: Sarah Malcolm RN, MN (cand), Clinical Nurse Specialist, Bendigo Dialysis Unit, Bendigo Health.

Correspondence to: Sarah Malcolm, Bendigo Dialysis Unit, Bendigo Health, VIC, Australia. SMalcolm@bendigohealth.org.au