The requirements of antimicrobial catheter lock solutions:

What should they do and what can they do?

Catheter lock solutions are instilled into central venous access systems to have certain effects in this location. These access systems can be either dialysis catheters, Hickman-type lines or port-a-cath systems. The latter are used mainly in parenteral nutrition and for the administration of medication in oncology patients. These access systems are approved as medical devices and are CE marked. The central venous access is inserted in the subclavian, jugular or femoral veins.

The use of Antimicrobial Lock Solutions have been recommended in the “Hygiene Guideline complementing the German Dialysis Standard” and in the Position statement of European Renal Best Practice (ERBP)**. Pure heparin solutions containing no antimicrobial agent do not meet this criterion. Antibiotics are associated with the development of resistancy which is a major drawback. Highly concentrated citrate solutions and taurolidine-citrate solutions are therefore conceivably useful in this application.

Highly concentrated citrate solutions (30% and 46.7%) cause major adverse effects such as cardiac arrests and embolisms that are a significant risk for the patient. TauroLock™ as an antimicrobial lock solution has proven useful in dialysis, oncology and parenteral nutrition for many years and has meanwhile become established in the prevention of catheter-related infections.

Antimicrobial Catheter Lock Solutions

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TauroLock™ is safe:

TauroLock™ is biocompatible and non-toxic. In contrast to highly concentrated citrate there is no protein precipitation if using TauroLock™****.


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Reconciliation and recognition in renal care

Melissa Chamney

I have been the Editor-in-Chief for 18 months and I have learned numerous things and experienced countless interesting moments since I returned to Australia and took over this role. One aspect in health care that disturbs me after living in the UK for 12 years is the apparent lack of understanding that many nurses (both students and qualified) in Australia have towards Aboriginal and Torres Strait Islander peoples and their health care needs. Indigenous people have amazingly diverse cultures and have survived numerous challenges individually, as families and communities. Yet, discrimination towards them continues, both within and outside the health system. They remain the most disadvantaged groups of people in Australia, with unequal access to the social determinants of health (Marmot 2011; Rix et al. 2015).

As good as the Australian health care system is at responding to the health care needs of the majority of Australians, Indigenous people remain disadvantaged in accessing health services and experience significantly disparate health outcomes. For this reason, the Australian Commission on Safety and Quality in Health Care (2017) has defined six specific actions to meet the needs of Indigenous people within the National Safety and Quality Health Service Standards. Within clinical governance for health services is:

1.21 The health service organisation has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients.

Does your organisation have strategies in place? Are you, as a nurse, aware of how to improve your own cultural awareness and competency? Does your renal unit offer cultural training? Do you understand the underlying philosophy of cultural safety and the concept of care being culturally safe, if the recipient of the care perceives that it is? To what extent can health consumers safely give feedback about the service/care that they receive or any concerns they may have had (NSQHS 2017)? I am sure as nurses and renal care service providers our intentions are good, but there are specific aspects required to overcome characteristics of inequity and unequal access to care that still occurs in Australia. What gaps in skills, knowledge, resources and intent remain and need to be overcome to provide cultural safety? As nurses, we can often make the mistake of not asking our patients/clients what their background is. However, it is important that we ask every patient if they are Aboriginal and Torres Strait Islander, even if they do not ‘appear’ to be Aboriginal. This ensures that we can then put into action culturally competent care for them and their family. Within Indigenous cultures the role of and connection with family is important. This may mean that family members need to be more meaningfully involved in care and decision-making, and that patients may, at times, prioritise family and community obligations over their own health care. As part of healing and reconciliation, it is important that we recognise the need for flexibility in services to support these obligations, wherever possible. Best care for these patients may be derived from a negotiation of personal, family, cultural and health care priorities (Rix et al. 2015).

It is imperative that ALL Australians, no matter where we come from, our background, or where we live, have equity in access and care to ensure there is equality in outcomes, because not everyone comes from the same starting point. This also extends to other patients who are marginalised or disadvantaged by culture, location or social stigma.

The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) is the representative body for Aboriginal and Torres Strait Islander nurses and midwives in Australia. There is detailed information available on how to provide culturally safe care via the CATSINaM website: http://www.catsinam.org.au/static/uploads/files/cultural-safety-endorsed-march-2014-wfginzphsxbz.pdf

I hope you enjoy reading this issue, which contains two articles by the same authors: the first focuses on the environmental impact of healthcare and haemodialysis and the second on waste reduction in haemodialysis. The issue also features topics including nocturnal dialysis and a NEN Continuing Professional Development Series article on Pre-dialysis education for patients with chronic kidney disease. In 2018 an edition of the journal will focus on Indigenous health issues and I look forward to receiving articles for this edition.

References

