

## **CARE OF HAEMODIALYSIS PATIENTS WITH SIGNS OF FLU**

It is likely that during the course of the year one or some of the haemodialysis patients will develop symptoms that may be suspicious of 'swine flu'. This document intends to outline some of the steps to be taken in their care.

### **PATIENTS WITH SYMPTOMS**

Patients who have symptoms that are suspicious of flu should not travel to dialysis with other patients and should not wait in general waiting areas. Patients who have flu symptoms (**who do not need admitting to hospital**) should be cared for in a side room and should come to the unit after all other patients are on their machines or when activity is at a minimum.

Patients who need admission should be cared of under local 'flu pandemic plans'. This needs to be assessed on a case by case basis.

#### **In Oxford**

Patients who need to be admitted with 'swine flu symptoms' will be cared for on John Warin ward.

Dialysis facilities will be available for a renal nurse to go to John Warin ward to provide their dialysis. Dialysis will be provided as needed, rather than on the regular three times a week pattern.

#### **In Satellites**

Patients who need admission should where possible be admitted to the local hospital and cared for under local 'pandemic flu guidelines'. They can attend the dialysis unit for the dialysis and should be cared for in an isolation room. They should come to the unit when activity is at its minimum and should have one identified nurse.

If the dialysis can not be managed locally then admission can be arranged to John Warin ward via the renal registrar.

## TREATMENT OF FLU

Renal patients may be vulnerable to complications of Flu.

In the oxford Radcliffe Trust all Anti-viral need to be discussed with microbiology.

Oseteltamivir (Tamiflu) is the treatment available in the ORH and in end-stage renal failure it needs a dose reduction.

CAPD	<b>Dialysed. Treatment &amp; Prophylaxis: 30 mg weekly.<sup>1,2</sup></b>
HD	<b>Dialysed. Treatment &amp; Prophylaxis: 30 mg post dialysis.<sup>2</sup></b>
HDF / High flux	<b>Dialysed. Treatment &amp; Prophylaxis: 75 mg post dialysis.</b>

### In non-dialysis patients

#### DOSE IN RENAL IMPAIRMENT

GFR (mL/min)	
30–50	<b>Dose as in normal renal function.</b>
10–30	<b>Treatment: 75 mg once daily or 30 mg twice daily</b> <b>Prophylaxis: 75 mg every 48 hours or 30 mg once daily</b>
<10	<b>Treatment &amp; prophylaxis: 30 mg every 10 days.<sup>1,2</sup> See 'Other Information'.</b>

There is limited information about Zanamivir (Relenza) and dosing in renal failure and dose in normal renal function is currently recommended.