

SWINDON RENAL UNIT

NEWSLETTER

Welcome to our first Newsletter designed to keep our renal people informed via handy hints and suggestions plus current policies being implemented by Oxford Radcliffe Hospitals NHS Trust.

- **ELIGIBILITY FOR NHS FUNDED TRANSPORT**

The criteria for non-emergency ambulance transport reviewed in 2004 by Oxford Ambulance NHS Trust has in the past not been fully enforced. However given the financial constraints within the Oxford Radcliffe Hospitals NHS Trust and the escalating transport costs these are now being strictly adhered to.

APPLICATION OF THIS POLICY MAY MEAN THAT PATIENTS WHO HAVE PREVIOUSLY TRAVELLED ON NHS FUNDED TRANSPORT ARE NO LONGER ELIGIBLE.

It is considered the patients' responsibility to get themselves to all Out-patient clinic appointments at Swindon Renal Unit and Oxford Renal Unit Out-patient clinics. It also includes patients who have appointments for "Access" – Eg: Tesio line insertion/removal, fistula formation and admission and discharge from the renal ward at the Churchill.

If patients fall into the following criteria they are eligible for transport:

- Need continuous oxygen or intravenous support.
- Are unable to walk or stand and therefore cannot use public transport and cannot manage in a family car.
- A stretcher is required.
- Have a current clearly recognised disability.
- Have mental health issues.

All other patients **MUST** arrange their own transport.

Under normal circumstances a person receiving mobility allowance is **NOT** eligible for NHS funded transport.

Provision of transport for haemodialysis treatment is at present unaffected but is under review. We strongly encourage all patients who feel able to bring themselves to dialysis independently to do so.

Copies of the Policy for NHS funded non-emergency transport is available on request and is also displayed on the main notice-board in the patient waiting area.

- **POLITE REQUESTS:**

PATIENT-LINE

Would all patients who utilise the Patient-line service please ensure that they **SIGN OFF** at the end of their treatment sessions. (Ring customer services and listen to automated message then **press 4** this will discontinue the service). The TV sets should then be turned **OFF** before patients leave their bed/chair. This will help the renal unit conserve energy and also help to preserve our current free patient-line service.

BLANKETS

We have been asked to assess the current consumption of linen used within the renal unit. Given the current climate of over-stretched resources we are attempting to reduce/change the current usage of blankets as these have a substantial impact on linen provision and laundering.

It would be helpful if those of you who do use blankets during haemodialysis could make arrangements to bring one in for your own use. If you are unable to do so then we will still issue one blanket that can be used for the duration of three dialysis sessions.

Lockers can be allocated for individual patients requiring storage for blankets. Please ask staff for further information.

SWINDON KIDNEY PATIENTS ASSOCIATION (SKPA)

The SKPA raise substantial amounts of funding via charity events, personal donations and bequests. This money is used for purchase of equipment and items to improve the environment and wellbeing of patients who dialyse at the Swindon Renal Unit. Most of our equipment and necessities have been purchased through the SKPA so please support them and fill in questionnaires when asked. For more information please visit the website: www.skpa.org.uk

- **HANDY HINTS**

DID YOU KNOW?

Patients who are currently on **PHOSEX** should take this medication **WITH** their food. This medication works by binding the phosphate in food when it is eaten and being digested in the stomach. It does **NOT** work when taken between meals.

The “OOPS” should have taken my Phosex with my meal, but hey never mind I will take some later not really helpful for phosphate control.

We have some discrete medication boxes if patients would like to use these for the storage of phosphate binding medication when out and about.

Please ask a member of staff or Jane the dietician if you need any information or advice on diet and phosphate/calcium medication.

THE FLUID GAME

This is the number-one favourite with renal patients. It is also very difficult to maintain the correct fluid restriction with so many tempting drinks and tasty morsels at ones' fingertips!

All the dialysis staff do their very best to remove fluid via the haemodialysis session but would like to remind all patients that "what goes through the lips dashes to (tips) feet, ankles, legs and lower back and can cause breathlessness as the lungs fill with excess fluid.

As with all aspects of dialysis treatment we try to be realistic when monitoring fluid intake for renal patients. However it is the responsibility of each one of you to try and make a conscious effort to restrict fluids to the required allowance set by the medical and nursing staff.

Excess fluid can make people feel very unwell and in the long term will cause damage to the heart. In some cases fluid overload can be fatal.

Fluid allowance is over a 24hr period and is inclusive of any form of liquid ranging from water to soups and yoghourts. If you are a beer/lager fan then think about changing to "shorts".

Most fruit and vegetables contain fluid in some form so this must be taken into consideration within your allowance.

If you are unsure as to what fluid restriction you should be on or need advice about which foods contain fluid (most do) then please ask a member of staff or arrange to see Jane our Dietician.

We hope you find this newsletter useful and would appreciate any comments.