

Government of Telangana
Aarogyasri Health Care Trust

CIRUCLAR

Circular No. AHCT/P&C Dept., /2017, Date: 15/05/2017.

Sub: AHCT – P&C Dept., - Revised guidelines to Network Hospitals on Maintenance Haemodialysis under Aarogyasri Scheme – Intimation – Reg.

With reference to the subject cited, it is to inform that the Trust after obtaining the inputs from the specialists on Maintenance Haemodialysis, the following are the revised guidelines on Maintenance Haemodialysis under Aarogyasri Scheme.

Revised Guidelines on Maintenance Haemodialysis

Pre-treatment investigations to be submitted for the first time of raising pre auth are the following.

- i. Ultra sound abdomen
- ii. Complete blood picture
- iii. Serum electrolytes
- iv. Serum calcium and Serum phosphorus
- v. Blood grouping and RH typing
- vi. Viral markers
- vii. Blood urea
- viii. Serum creatinine
- ix. Random blood sugar
- x. Liver Function tests
- xi. 2D Echo
- xii. ECG
- xiii. Serum iron & Hb profile
- xiv. Serum uric acid
- xv. Chest X-Ray
- xvi. PTH
- xvii. The investigations that are to be repeated after one month are
- xviii. Blood urea
- xix. Serum Creatinine
- xx. Serum electrolytes
- xxi. RO water quality report from Recognized Lab/IPM.

The investigations that are to be done once in 3 months are

- i. Serum iron
- ii. Viral markers(HbsAg, HIV, Hep C RNA)
- iii. PTH
- iv. SGOT
- v. SGPT

Haemodialysis units:

- i. Every patient should be given 3 sessions per week for 4hrs each (minimum 12 per month)
- ii. The Dialyzer can be changed after usage for 4 times, but the tubing to be disposed of every session.
- iii. The Dialyzer should be having a surface area of 1.2 m² or 1 m² (based on the required dialysis dose and the body size of the patient) Verification to be done by the Medical superintendent/attending Nephrologists.
- iv. The photographs of the patient should be taken without a bed sheet covered
- v. All HDs should have a biometric attendance in and out timings for all the sessions in a month.
- vi. Erythropoietin may be given as per the requirement according to the level of haemoglobin and the dose may be adjusted at the discretion of the treating Nephrologists.
- vii. Emergency kit and CPR kit should be available in dialysis center
- viii. Oxygen supply should be available
- ix. Bio medical wastage should be disposed of in required format.
- x. A minimum of 3 dialysis machines for Negative cases, one dialysis machine for positive cases shall be installed.

Criteria for the patient on Haemodialysis:

- i. Should be a patient of end stage renal disease and such evidence should be provided to the trust by the Nephrologists at the time of initiation of Haemodialysis procedure.
- ii. Every attempt should be made to get an early vascular access preferably an AV Fistula and patient should be vaccinated for Hepatitis-B Virus.
- iii. He should undergo all the required Bio-Chemical and pathological investigations at least once a month from profile and viral markers, PTH should be done at least once in six months.
- iv. He should have been explained about a need of kidney transplantation at time of induction into MHD program and such evidence should be submitted to the trust.
- v. In case of any shift from a private hospital to a Govt. Hospital and vice versa, he should take a prior approval sighting the reason for such a shift and reason should be informed to the trust.
- vi. Every dialysis center, one counsellor is must and display board on Jeevandhan scheme to be placed in local language for educating the patients about organ transplantation
- vii. In case the patient wishes to get transplanted in private Hospitals, it should be informed to the trust.
- viii. Death during MHD program should be notified to the trust within 10 days after the death along with the patient details and report on death. It should be mentioned during the last claim submission and the case may be closed.
- ix. If the patient intends to get transplanted not under Aarogyasri i.e, under cash mode the facility of post-transplant immunosuppressant/CMRF facility for the transplant cannot be approved.
- x. The dialysis center shall maintain all the mandatory Registers, Records, RO plant, Laboratory with viral markers facility and biomedical waste management.

Guidelines for Dialysis technicians:

- i. All the technicians should be vaccinated against HbsAg.
- ii. All the technicians shall be trained in CPR & Dialysis procedure.
- iii. Universal precautions regarding proper uniform code and aseptic precautions to be followed strictly.
- iv. Counselling classes to be conducted regularly.
- v. Class 12 candidates to be considered & training to be given every year.

Guidelines for Administration of Injection Erythropoietin:

- i. The minimum dose of Inj. Erythropoietin should be given intravenously /subcutaneously.
- ii. The batch no. of the inj or vial to be mentioned in the invoice bill.
- iii. The optimal Hb% should be 10gm% to 11gm%.
- iv. The optimal serum iron level should be 100µg/dl to 150µg/dl

Guidelines for NWH regarding MHD cases:

- i. The precautions to be followed in the Dialysis Unit are that patient should not be allowed to have his food in bed in dialysis unit.
- ii. A separate rest room attached to the units should be available for the patients for food.
- iii. Blood transfusion should be avoided in the Dialysis unit, the blood transfusions, have to be done only under medical supervision preferably in a hospital setting.
- iv. If the pt. is HbsAg positive the HbsAg vaccination protocol should be followed.
- v. Pts. with co-morbidities for them emergency admissions priority should be given in the same hospital.
- vi. Any patient with HD emergency should be given priority for emergency admission
- vii. The other parameters like serum calcium and phosphorus deficiency should be treated.
- viii. Supportive treatment for anaemia like iron therapy folic acid and B12 should be advised.
- ix. Patients should be counselled regarding diet, Kidney transplantation surgery, Registration with Jeevandan.
- x. The Nephrologists should submit a compliance report regarding the Patients who are undergoing treatment regarding the complications or any anaphylactic reactions.
- xi. Reports on Reactions or any complications like seizures or deaths to be submitted once in 3 months.
- xii. Fumigation of the unit to be carried out once in a week preferably on every Sunday.
- xiii. Water quality to be tested once in three months Treated water sample should be sent for detailed chemical analysis to a recognized laboratory having adequate instrumentation and by microbiologists/Biochemical analysts for testing at least once in 3 months to Hospital authorities and copy to commissioner TVVP and CEO AHCT.

- xiv. Nephrologists or unit in-charge should interact about non-compliant patients and non-compliance.
- xv. If patient is registered in one dialysis centre and undertakes dialysis in another centre, it should be informed to the AHCT.
- xvi. Under the Aarogyasri scheme patient admission is must, case sheet submission is mandatory. All the medications given to the patient dosage, route of administration and duration to be updated in the case sheet.
- xvii. A small note book should be allotted to every patient for medication.
- xviii. For every 5 dialysis machines one nurse to be appointed.
- xix. One backup dialysis machine for every 8 machines to have rest for dialysis machines and proper sterilization of the dialysis machines.
- xx. Isolation for HBsAg and HCV pts. one in 8 machines and TDS meter for RO plant to be maintained.
- xxi. NWH should submit MHD photos/MHD chart for all dialysis cycles at the time of claim submission.
- xxii. The total amount of claim will be approved depending on the no. of HD cycles done per month, if patient undergoes more than 12 cycles in a month, no extra amount shall be charged on the patient.
- xxiii. The NWH shall not submit the present month claim for HD cycles performed in the previous month.

Hence, all the Network Hospitals of Telangana State are hereby informed to follow the above mentioned revised guidelines of Maintenance Haemodialysis under Aarogyasri Scheme.


15/5
Chief Executive Officer

To

1. The MD/CEO/Medical Superintendent of all the Network Hospitals.
2. The GM (PMU), AHCT with a request to place in the AHCT Portal.
3. The GM (FOSS), AHCT with a request to communicate all the District Coordinators of Telangana State

Copy to:

1. All the HoDs of AHCT for favour of information.
2. The PS to CEO, AHCT for favour of information.