

#### **Huddle Objective**

Improve blood pressure control in dialysis patients by enhancing monitoring practices, recognizing abnormal patterns, and promoting patient education and individualized care.

## **Key Teaching Points**

- 1. Importance of BP Management in Dialysis
  - High and low BP increase risk of cardiovascular events, hospitalizations, and intradialytic symptoms (cramping, fatigue, syncope).
  - Accurate BP monitoring and timely intervention improve outcomes and patient wellbeing.

#### **Team Discussion Prompt**

Ask the team: What's one strategy that's helped your patient with BP control lately?

### **Takeaway Message**

BP control isn't just about numbers it's about supporting heart health and patient safety every step of the way.

## **HUDDLE UP**

# **Blood Pressure (BP) Management**

## **BP Monitoring Best Practices**

- Pre-, Intra-, and Post-Dialysis BP Checks:
  - Ensure proper cuff size and positioning
  - Patient should rest 3–5 minutes before measuring
  - Avoid measuring on fistula/graft arm
- Common Patterns to Watch:

| Туре                       | What to Look For                                 |
|----------------------------|--------------------------------------------------|
| Intradialytic Hypotension  | SBP drop >20 mmHg with symptoms                  |
| Hypertension Post-Dialysis | SBP >140 mmHg consistently after sessions        |
| Wide Variability           | Frequent swings in BP within or between sessions |

## **Red Flags - When to Escalate**

- SBP < 90 mmHg with symptoms (dizziness, nausea, cramping)</li>
- SBP > 180 mmHg or DBP > 110 mmHg pre- or post-dialysis
- Persistent intradialytic hypotension despite intervention
- Patient reports chest pain, shortness of breath, or confusion

#### **Interventions and Support Strategies**

Dry Weight Reassessment:

- Is the patient at their true dry weight?
- Frequent hypotension may indicate need to adjust dry weight

#### Medication Review:

- Are any BP meds being taken right before dialysis
- Coordinate with provider/pharmacist to adjust timing or dosage

#### Fluid & Sodium Intake Counseling:

- Excessive intake can cause fluid overload and HTN
- Reinforce dietary restrictions and fluid goals

## Treatment Adjustments:

- Modify ultrafiltration rate for unstable BP
- Use cooler dialysate or mid-treatment reassessments



## **Patient Educations Opportunities**

- Review home BP logs (if applicable)
- Reinforce importance of fluid restriction and medication adherence
- Explain why intradialytic symptoms occur and what to report

## **Action Plan for Today**

- Identify 2–3 patients with unstable BP or recent symptoms
- Review their:
  - BP trends
  - Medication list
  - Recent fluid gains
  - Dry weight accuracy
- Assign staff for:
  - Follow-up assessments
  - Patient education
  - o Documentation in EMR

| Blood Pressure Management        |
|----------------------------------|
| Date: Huddle Leader:             |
| Staff Signatures (Print & Sign): |
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