**Medical Alert Cards for People with Chronic Kidney Disease- Improving Patient Safety and Experience**

**Problem:** Analysis of patient safety incidents reported on our datix system indicated that kidney patients are at risk from potential mismanagement when they attend emergency departments, and urgent care centres that are distant from the renal base. In our area of the UK, there are 5 different emergency departments that may receive our kidney patients’, and dozens of acute wards in other Trusts, where they may be admitted. Renal patient safety incidents included; use of haemodialysis (HD) central venous catheters to administer intravenous antibiotics and blood transfusions; transfer of acutely ill HD patients to satellite Units; use of the arterial venous fistulae (AVF) arm to take blood pressure, venepuncture and cannulation directly into the fistula. Conservatively managed and haemodialysis patients have also been administered inappropriate doses of opiates, and other medications were discontinued unnecessarily due to ‘low’ kidney function.

**Purpose:** To alert staff in emergency departments to the specialist needs of our kidney patients and to avoid untoward incidents occurring. To sign post non- renal staff how to access rapid support and advice from the Renal Team. To support kidney patients to inform non- renal staff about their condition and promote safe care, in particular their dialysis access.

**Design:** A medical alert card was created, containing patient information, dialysis treatment, and contact details for the HD unit and the 24 hour renal ward. On the reverse of the card is advice regarding basic care of a dialysis patient, with reference to prescribing of medications, fluid restriction, access care and avoidance of blood pressure and venepuncture on the fistula arm. All existing and new haemodialysis patients have been provided with the card. At the same time, information was circulated to Emergency Centres as posters with pictorial information about central venous catheters, AVF and tenckhoff catheters.

**Findings:** We have successfully rolled out the safety card to all dialysis patients in 6 different HD units and the Home Haemodialysis department at our Trust. All patients understand how and when to use the card, and feel more confident to challenge staff about their care in non-renal areas. A review of recent datixes appears to demonstrate a reduction in these incidents; this will be audited after a full year. Due to staff and patient turnover, the use of the card will need to be reinforced and encouraged. The success of this card has prompted us to develop a similar card to support the care of conservatively managed kidney patients in the community.

 **Conclusion:** We have developed a simple alert card to enhance patient safety, empower kidney patients, and signpost non-renal staff how to access expert support and assistance when dealing with our patients in acute or emergency care situations.

**Relevance:** This alert card is relevant to all renal departments at other Trusts in order to keep kidney patients safe.