

Home Hemodialysis Functional Assessment

The functional assessment provides examples of basic skills that are needed to be able to perform and manage Home Hemodialysis.

Instructions to perform the functional assessment:

1. Gather supplies and place them on a working surface
2. Nurse to demonstrate and verbally describe each step as it is performed
3. Have patient perform each step following
4. Document observations

Supplies required

- Fistula needle
- Hand sanitizer pump
- Face mask
- Scissor clamp
- IV tubing
- Pencil / pen
- Yellow scissor clamp
- Plastic jug / acid concentrate
- One bag of IV solution
- 10ml syringe

Resources

VIHA: Functional assessment 22June2016 Reviewed by: Backx,T, VKCC, NKCC, CI/SI Navigators

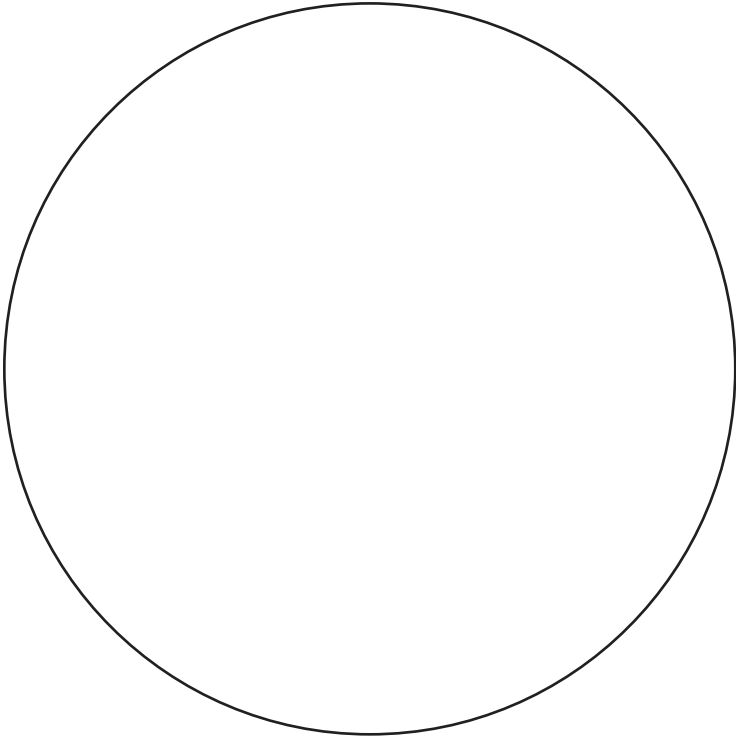
Argrell B, Dehun O. The clock-drawing test. Age and ageing 1998;; 27: 399-403

BASIC SKILL	CAN PERFORM	CANNOT PERFORM	COMMENTS
Pick up the plastic jug/acid concentrate and place it on the table.			
Put the mask on your face (make sure the patient pinches around the nose) and then clean hand with sanitizer pump.			
Hold the fistula needle in your hand. Close and then open the white clamp along the tubing.			
Do not remove the cap on the needle. Remove the small clear cap from the end of the tubing on the fistula needle without touching the ends.			
Attach the syringe to the exposed end of the fistula needle. Try to avoid touching the ends while connecting.			
Remove the plastic packaging around the IV solution bag and place the bag on the table. Pull off the blue protective cover.			
Close the roller clamp on the IV tubing and insert the spike in the IV solution bag where the blue cover was removed.			
Open the scissor clamp and clamp anywhere along the clear IV tubing.			
Look at the picture of the home hemodialysis machine on page 3 and record what is seen in the display screen on the piece of paper provided.			
Using the circle diagram on page 3 as a clock face: 1. Put the numbers on the face of the clock. 2. Make the clock say "10 minutes after 11".			



What is displayed on the screen?

Clock Test



Functional Assessment-
For Nursing Use Only



Patient name	
Assessment date	
Assessment completed by	

Patient completed all aspects of the assessment following visual/verbal demonstration without difficulty.
 Yes No

Comments:

Patient required repeated prompting to complete all aspects of the assessment following visual/verbal instructions.
 Yes No

Comments:

Clock test score: _____

- Score 1 point for each number in its correct eighth (1,2,4,5,7,8,10,11)
 - No points for pen marks or words instead of numbers
- Score 1 point for short hand pointing to number 11
- Score 1 point for long hand pointing to number 2
 - No points for hands approximately the same length
 - No point if the short hand is pointing to the 2 and the long hand pointing to the 11

Results:
 10 or greater suggests cognitive impairment unlikely
 6 - 9 indicates probable impairment
 0 - 5 indicates prominent impairment

Comments:

Future Steps:

Documentation completed: Chart PROMIS