N19 - Dialysis Adequacy and Quality Review

When: The monthly adequacy result, recurrent shortened sessions, or symptoms despite an acceptable Kt/V.

Do this

• Confirm sampling technique and timing for pre/post urea. Compare delivered treatment time with the prescription and identify missed or shortened sessions.

• Review blood-flow delivery, repeated alarms, interruptions, access findings, and recent access procedures when Kt/V falls.

• For conventional three-times-weekly HD, distinguish the KDOQI target spKt/V of 1.4 from the minimum delivered value of 1.2 [1]. Report results below the prescribed goal.

• Review symptoms, volume tolerance, recovery time, intake/weight change, function, and the patient's own priorities alongside adequacy.

Call / escalate

• An unexplained fall or result below target, recurrent inability to complete treatment, or an abnormal access examination: arrange prompt team review.

• Breathlessness, chest pain, confusion, arrhythmia symptoms, or acute access failure: use the urgent clinical pathway; do not wait for monthly rounds.

Don't

• Do not shorten prescribed treatment because Kt/V is above a threshold.

• Do not apply a per-session spKt/V target to a different dialysis schedule without the nephrologist's prescription, or change blood flow, time, or dialyzer independently.

Evidence numbers refer to the sources on the reverse.

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Why

• Kt/V describes urea clearance. It does not measure every treatment goal or capture how a patient feels [1,2].

• The HEMO trial did not find an overall survival benefit from increasing the small-solute dose above the standard-dose arm. Meeting a minimum is necessary; chasing a higher number is not a complete quality plan [2].

• A meaningful review connects the result to delivered treatment, access performance, safety, nutrition, symptoms, and patient goals.

Bring this to the review

Prescription and actual minutes; sampling method; Kt/V trend; missed sessions; blood-flow/pressure alarms; access findings; symptoms and recovery time; barriers and a specific follow-up plan.

Sources - click to open

1. KDOQI Hemodialysis Adequacy: 2015 Update. PMID: 26498416

2. HEMO trial. N Engl J Med. 2002. PMID: 12490682

Full reviews and navigation

Adequacy, Nutrition, Depression, and Cognition - and What Quality Metrics Miss

Ultrafiltration rate and treatment time

Complete screening and health maintenance white paper

All nursing cards | HD section home | Main homepage

Adapted from the linked Clinical Mastery reviews. Updated September 27, 2026. Andrew Bland, MD, FACP, FAAP - Urine Nephrology Now.