# N23 - Missed Treatments: Understand the Barriers

**When:** A missed or shortened treatment, repeated late arrival, or a patient who says dialysis is becoming hard to manage.

## Do this

• Check safety: confirm the last completed treatment, current symptoms, and whether the patient is hospitalized or dialyzing elsewhere. Notify the clinician and coordinate the next treatment under unit policy [1].

• Meet them where they are: ask privately, 'What got in the way?' Listen without blame. Acknowledge the difficulty and ask which barrier they want help with [2].

• Explore rides, work/caregiving, food/housing/utilities, costs, communication/support, and how dialysis makes them feel. Pain, cramps, fear, fatigue, and recovery burden need clinical attention too [2-4].

• Agree on one achievable action. Make a direct handoff to the appropriate team member; name an owner, follow-up time, and backup plan. Confirm the treatment slot and transportation when needed.

• At the next contact, ask whether the plan worked. Record the patient's stated barrier, agreed help, and unresolved needs; a referral alone is not resolution.

## Call / escalate

• Severe breathlessness, chest pain, syncope, confusion, or concerning weakness/palpitations: urgent clinical assessment under the emergency pathway. Feeling well does not prove it is safe to wait after missed dialysis [1].

• Unsafe discharge situation, immediate safety threat, suicidal intent, or no feasible plan for needed dialysis: escalate promptly through the unit's clinical and social-support pathways.

## Don't

• Do not shame, threaten, or assume the patient does not care. Do not label declined help or an unanswered call as 'no need.'

• Do not independently change dialysis, increase UF to make up missed time, or assume home dialysis solves the barrier.

Evidence numbers refer to the sources on the reverse.

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## Why

• People may understand the risks of missing dialysis and still be unable to attend. Transport, treatment burden, and support need specific responses, not just repeated education [2].

• Transport insecurity is associated with missed treatments; observational evidence does not prove that arranging a ride alone fixes every attendance problem [3].

• Screening can identify food, housing, utility, transport, or safety needs. Ask what help the person wants, then confirm that the connection actually happened [4].

## Bring this to the review

Last treatment and symptoms; the patient's reason and priority; clinician/treatment plan; help accepted; named team member; confirmed appointment/ride and backup; safe contact method; follow-up date and whether it helped.

## Sources - click to open

1. NKF: Missing dialysis treatment and clinical risks.

2. Patient perspectives on dialysis attendance. PMID: 24447838

3. Transportation insecurity and HD outcomes. PMID: 40512563

4. CMS: AHC health-related social needs screening tool.

## Full reviews and navigation

Missed Dialysis Treatments and Health-Related Social Needs

N19: Dialysis adequacy and quality review

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Adapted from the linked Clinical Mastery reviews. Updated September 29, 2026. Andrew Bland, MD, FACP, FAAP - Urine Nephrology Now.