

**Abstract Title**

A survey of Canadian in-centre hemodialysis units' practices around oral intake during hemodialysis

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**Abstract**

**Introduction:** Hemodialysis (HD) patients are at risk for malnutrition due to restrictive diets, increased nutritional needs, and lengthy treatments resulting in missed meals. Although oral intake during HD provides opportunities to optimize patients' nutritional status, it is often restricted due to concerns with risks of postprandial hypotension and aspiration.

**Objectives:** To describe practices surrounding oral intake during HD at adult in-centre HD (ICHHD) units across Canada.

**Methods:** An online survey was sent to Canadian Association of Nephrology Dietitians for distribution to renal Registered Dietitians (RD) across Canada, targeting those working in adult ICHHD units (N=119). Purposive sampling was utilized. Data was analyzed using descriptive statistics.

**Results:** Forty-one surveys were returned (34% response rate); of those, twenty-four responses were complete and analyzed. All respondents' facilities permit oral intake. While 92% (n=22) of respondents reported their facility has no written practice guideline pertaining to patients having oral intake while on HD, 87.5% (n=21) of respondents reported their facilities consider some type of safety criteria (e.g. history of hypotension or choking/dysphagia). Fifty-eight percent (n=14) of respondents reported multi-disciplinary approaches with regards to permitting oral intake during HD. Seventy-one percent (n=17) of respondents reported patients can have oral intake any time during HD; 87.5% (n=9) of respondents do not make dietary recommendations to reduce the risk of hypotension.

**Conclusions:** The results suggest oral intake is permitted at Canadian ICHHD units. However, most sites do not have formal practice guidelines to support healthcare providers in decision-making processes. Practices around safety considerations, timing of oral intake, and dietary recommendations vary amongst units. Future research is needed to standardize oral intake practices during HD.

**Significance to the Field of Dietetics:** Understanding practices and considerations around oral intake during HD at ICHHD units across Canada may guide, standardize, and optimize nutrition care and safety for patients.