

22nd ADMAN



**BERJAYA WATERFRONT HOTEL,
JOHOR BAHRU**

"IN PURSUIT OF EXCELLENCE AND QUALITY IN DIALYSIS"

Annual Dialysis Conference 2025

5th - 6th JULY 2025

Association of Dialysis Medical Assistants and Nurses Malaysia
<http://adman.org.my>

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Renacarb C1

Foreword from **ADVISOR**



I would like to welcome all delegates to the 22nd Annual Dialysis conference of the Association of Dialysis Medical Assistants and Nurses. These annual conferences have served as a forum to update dialysis staff of the developments in the field. They also serve to reinforce basic knowledge and practices. Dialysis, amongst all medical interventions, is predominantly carried out by medical assistants and Nurses. Few other medical interventions are carried out solely by nurses. The nurse is responsible for carrying out the dialysis prescription by the doctors and to monitor the treatment until completion. A well trained and capable nurse is an asset to the dialysis unit.

It is essential that all staff in the dialysis program, nurses, dietitian, social worker and the nephrologist keep up with progress in the field. While the ADMAN conferences focus the continuing education of medical assistant and nursing personnel, doctors and dietitians play a role in the program. The series of topics ranging from vascular access, nutrition, patient safety and outcomes, infection control and others stress the importance of teamwork in the provision of dialysis treatment.

The dialysis treatment begins with the creations of vascular or peritoneal access. These accesses are literally the lifeline of the patients. Caring for these accesses and ensuring they last as long as possible is the combined responsibility of the nurses, the nephrologist and the surgeons who create them. The Hemodialysis procedure is the joint responsibility of the nephrologist who writes the prescription and the nurses who perform the procedure. Close collaboration will ensure a smooth dialysis treatment and minimize complications like hypotension, cramps and others.

This 22nd conference as well those in the past stresses on outcomes. We all hope for the best outcomes for our patients. This is not easily achieved without close working relationship of all the players in the dialysis treatment. Good outcome is not only in improved survival rates but also in enhanced quality of life. Minimizing complications through correct dialysis treatment prescription, close monitoring and prevention of intradialytic complications, will ensure smooth HD treatment and enhance patients' compliance. Improving quality of life and survival outcomes involve managing co-morbidities in addition to providing adequate dialysis.

Lastly, I hope delegates will take this opportunity to meet and discuss with the experts on challenges they face in their work, and hopefully return with renewed enthusiasm to continue their work.

Foreword from **PRESIDENT**



Dear Esteemed Delegates,

It is with great pleasure and heartfelt warmth that I welcome each and every one of you to the 22nd ADMAN Annual Dialysis Conference 2025, held at the Berjaya Waterfront Hotel in the vibrant city of Johor Bahru. On behalf of the Association of Dialysis Medical Assistants and Nurses (ADMAN), I would like to thank all of you for joining us for what promises to be another enriching and inspiring gathering of dialysis professionals throughout Malaysia.

This year's theme, "In Pursuit of Excellence and Quality in Dialysis," reflects our collective commitment to continuously raise the standards of care we provide to our patients. As dialysis nurses and medical assistants, we are at the forefront of life-sustaining treatment, and our roles require dedication, compassion, and a constant drive for improvement. This conference serves as a platform not only to enhance our knowledge and skills but also to foster collaboration and share best practices that benefit our patients and the healthcare community at large.

I would like to take this opportunity to extend our deepest gratitude to our esteemed advisor, Dato' Dr. Zaki Morad, for his unwavering support and guidance throughout the years. His commitment to the field of nephrology and to the development of our association continues to inspire us to strive for higher standards in everything we do.

My sincere appreciation also goes to the Organising Committee, whose hard work, dedication, and months of planning have culminated in this outstanding event. To our distinguished speakers, thank you for sharing your valuable expertise and insights. Your contributions will definitely make this conference a platform for professional growth and innovation. We also extend our heartfelt thanks to our sponsors for their generous support, without which this conference would not be possible.

Finally, to all our delegates, thank you for your continued trust and participation. Your presence and active involvement are the driving forces behind ADMAN's success and growth. Let us make the most of this opportunity to learn, connect, and renew our shared mission of excellence in dialysis care.

Wishing everyone a productive and memorable conference.

Warm regards,

Charles Lazar

President

Association of Dialysis Medical Assistants and Nurses (ADMAN)

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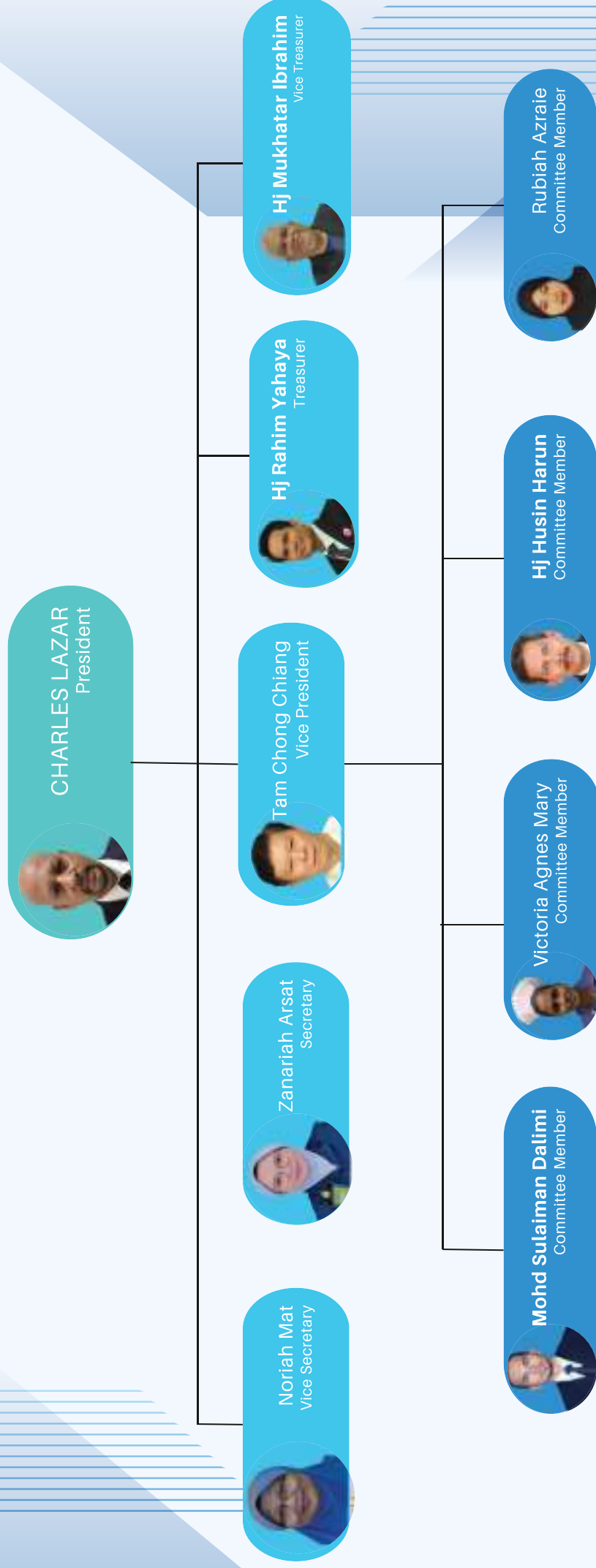
Disinfectant for Dialysis Machine



Council Committee

ADMIN

2024-2026



AEROS Reverse Osmosis Water Treatment System
(US Patent : 10,058,820)



SURcleanse hd



DR-1 Automatic Dialyzer Reprocessor



CITROcleanse hd



DRS-1 Automatic Dialyzer Rinsing System



MRO-HD3 Portable Reverse Osmosis System



DBB-27



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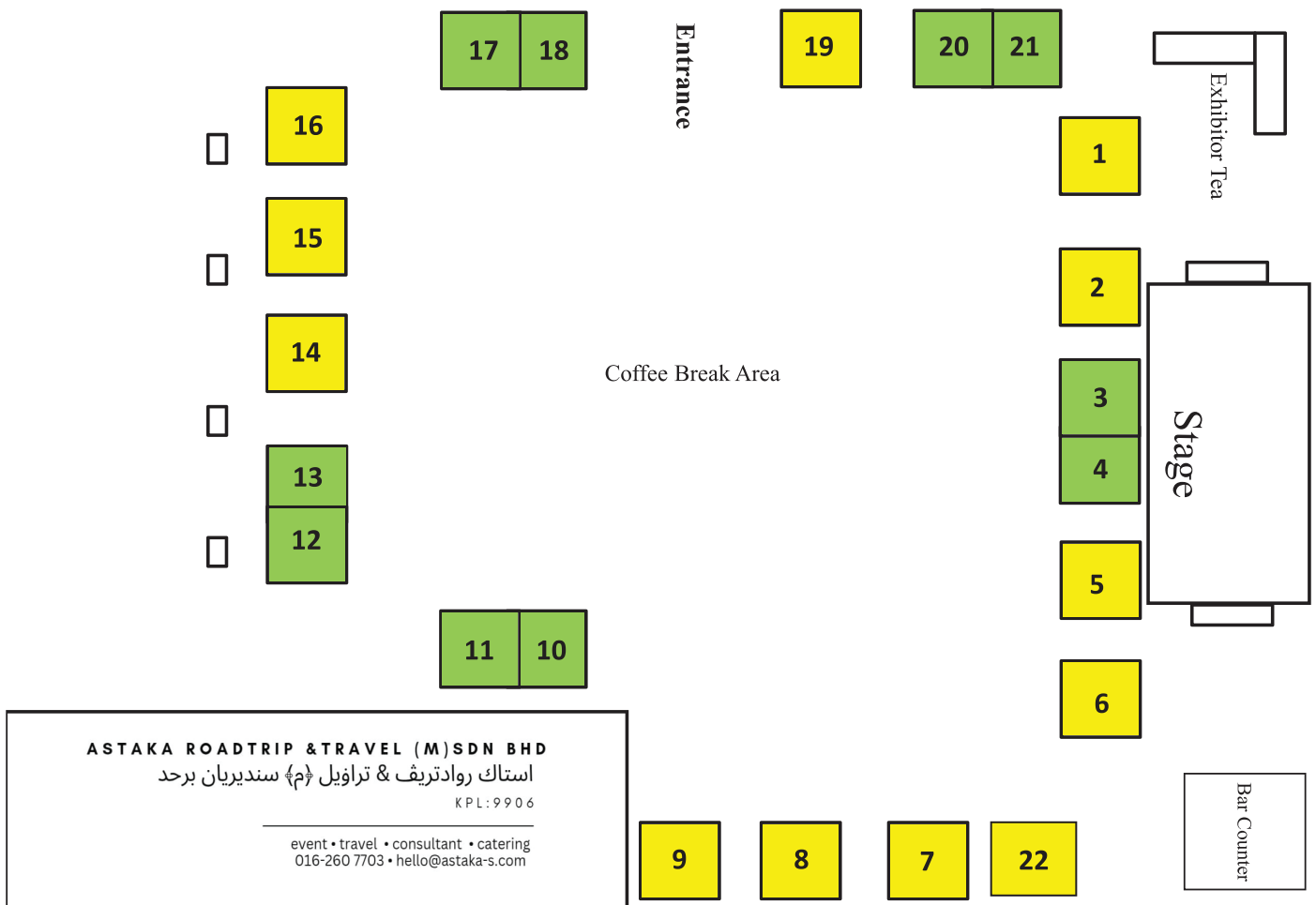
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Besides that, we offer comprehensive line equipment and accessories for every dialysis needs. It is ranging from *reverse osmosis water purification system, Chemical Disinfectant, Hemodialysis Machine, Automatic Dialyzer Reprocessor* and related disposable products.

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- Sale & services of Automatic Dialyzer Reprocessor Machine (Roxyplus) - single station and double station.
- Sale & service of Portable RO (Purecare).
- Sale & services of Reverse Osmosis System (Purecare).
- Sale & services of Hemodialysis Machine (Sales Agent).
- Consultant for new dialysis centre (until Borang 4).
- Disinfectant (Peroxy Plus RP & Citro Plus).
- Haemodialysis Bicarbonate Bag (BiBag).
- Test Strips (Peroxide, Peracetic Acid, Chlorine, Hardness).
- Sodium Chloride Tablet (Pharma Grade) - 10 KG & 25 KG.
- Bloodline- Tubing sets (3-in-1).
- Dialyzer (Low Flux & High Flux).
- Dialysis chair & Cardiac table.
- Digital weighing scale
- Guard filter , Bacteria filter & Carbon filter

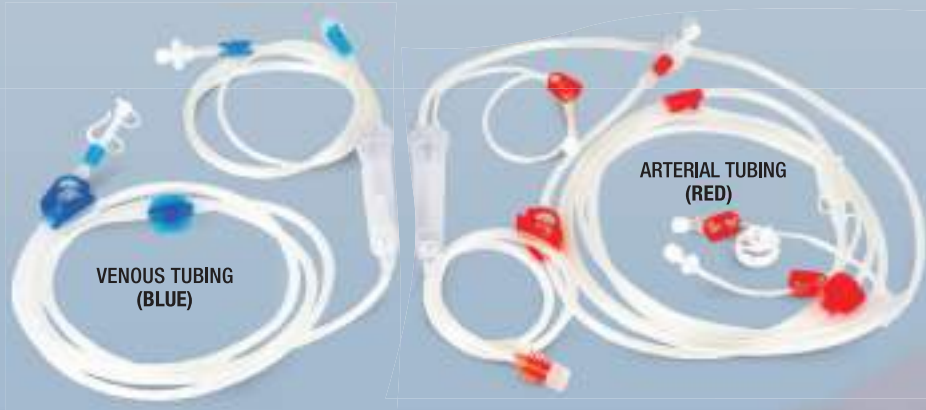


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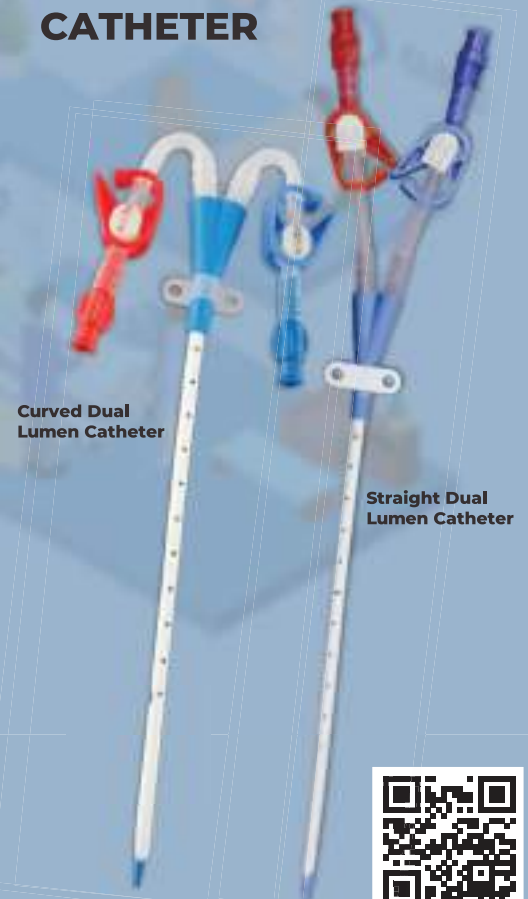
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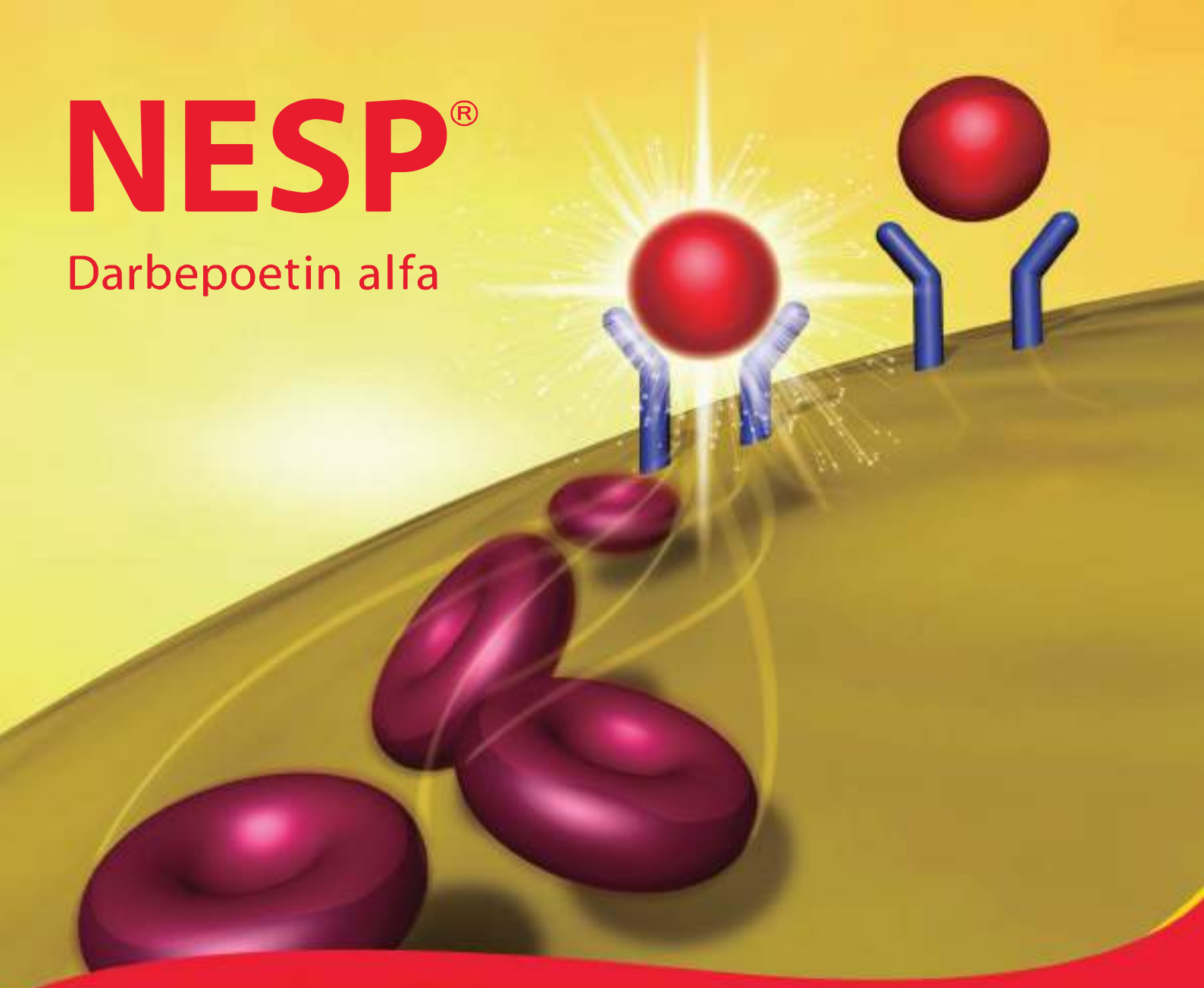


SPEAKERS

1.	DATO' DR. ZAKI MORAD B. MOHAMAD ZAHER	SENIOR CONSULTANT NEPHROLOGIST, KPJ AMPANG PUTERI SPECIALIST HOSPITAL
2.	DR.(MS). IZETY SHEZLINDA BTE NORAN	CONSULTANT PLASTIC SURGEON HOSPITAL MELAKA
3.	DR.YUDISTHRA A/L M GANESHADEVA	CONSULTANT NEPHROLOGIST, KPJ JOHOR SPECIALIST HOSPITAL
4	DR. SURYATI YAKOB	CONSULTANT NEPHROLOGIST HOSPITAL KUALA LUMPUR
5.	DR. SZE XUN QUAN	CONSULTANT NEPHROLOGIST HOSPITAL MELAKA
6.	DR.MOHAMAD ZAIMI BIN ABDUL WAHAB	CONSULTANT NEPHROLOGIST & HEAD OF DEPARTMENT (M) HOSPITAL KUALA LUMPUR
7.	MR. RAMESH K. CHANDRAN	POST BASIC TUTOR ILKKM SULTAN AZLAN SHAH, PERAK
8.	DR. NUZAIMIN HADAFI BIN AHMAD	CONSULTANT NEPHROLOGIST HOSPITAL PAKAR SULTANAH FATIMAH, MUAR JOHOR
9	DR. P'NG HON SHEN	CONSULTANT NEPHROLOGIST & HEAD OF DEPARTMENT HOSPITAL SULTANAH AMINAH JOHOR BHARU
10	DR. BEE BOON CHEAK	CONSULTANT NEPHROLOGIST & HEAD OF DEPARTMENT HOSPITAL SELAYANG, SELANGOR
11	DR. NURUL ZAYNAH BINTI NORDIN	CONSULTANT NEPHROLOGIST HOSPITAL KUALA LUMPUR
12	DR. SUNITA BAVANANDAM	CONSULTANT NEPHROLOGIST
13	MS.TEONG LEE FANG	CLINICAL DIETICIAN HOSPITAL SELAYANG
14	PROF MADYA DR. NOR FADHLINA ZAKARIA	CONSULTANT NEPHROLOGIST HOSPITAL UNIVERSITI PUTRA MALAYSIA
15	DR. PENG BAN CHAI	CONSULTANT NEPHROLOGIST HOSPITAL MELAKA
16	DR. ROSNAWATI YAHYA	CONSULTANT NEPHROLOGIST SUNWAY MEDICAL CENTRE
17	MR. HANSEN J KASIL	ASSISTANT MEDICAL OFFICER, HEMODIALYSIS UNIT, HOSPITAL KUALA LUMPUR

NESP®

Darbepoetin alfa



NESP®

***is indicated for the
treatment of anemia associated with chronic renal failure,
including patients on dialysis and patients not on dialysis***

****Dosage and Administration:**

[Renal Anemia]

<Hemodialysis patients>

Initial dose

The usual dose of NESP® in adult patients is 20 µg as Darbepoetin Alfa (Genetical Recombination), to be administered as a single intravenous injection once weekly.

Initial dose at the switching from erythropoietin preparations (Epoetin Beta (Genetical Recombination), etc).

The usual dose of NESP® in adult patients is 15-60 µg as Darbepoetin Alfa (Genetical Recombination), to be administered as a single intravenous injection once weekly.

Maintenance dose

When correction of anemia is achieved, the usual dose of NESP® in adult patients is 15-60 µg as Darbepoetin Alfa (Genetical Recombination), to be administered as a single intravenous injection once weekly. If alleviation of anemia is maintained by once weekly injection, the frequency of administration can be changed to once every two weeks with an initial dose set to be two-fold of the dose in the once weekly injection. In this case, the usual dose in adult patients is 30-120 µg administered as a single intravenous injection. In all cases, the dose should be adjusted in view of degree of anemic symptoms and patient's age and should not exceed 180 µg as a single injection

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<Peritoneal dialysis patients and patients with chronic kidney disease not on dialysis>

Initial dose

The usual dose of NESP® in adult patients is 30 µg as Darbepoetin Alfa (Genetical Recombination), to be administered as a single injection once every two weeks subcutaneously or intravenously.

Initial dose at the switching from erythropoietin preparations (Epoetin Alfa (Genetical Recombination), Epoetin Beta (Genetical Recombination), etc).

The usual dose of NESP® in adult patients is 30-120 µg as Darbepoetin Alfa (Genetical Recombination), to be administered as a single injection once every two weeks subcutaneously or intravenously.

Maintenance dose

When correction of anemia is achieved, the usual dose of NESP® in adult patients is 30-120 µg as Darbepoetin Alfa (Genetical Recombination), to be administered as a single injection once every two weeks subcutaneously or intravenously. If alleviation of anemia is maintained by once every two weeks injection, the frequency of administration can be changed to once every four weeks with an initial dose set to be two-fold of the dose in the once every two weeks injection. In this case, the usual dose is adult patients is 60-180 µg administered as a single injection once every four weeks subcutaneously or intravenously. In all cases, the dose should be adjusted in view of the degree of anemic symptoms and the patient's age and should not exceed 180 µg as a single injection.

Reference: ** NESP Injection Plastic Syringe Prescribing Information September 2024 Version 6

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NSPLBM10525V1



Peritoneal Dialysis Care

- Decreasing Dialysate GDPs (glucose degradation products)
- Improving Peritoneal Membrane Function
- Improving Symptoms of EPS



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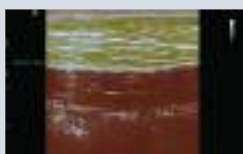
Heart, M mode



Thyroid, Power doppler



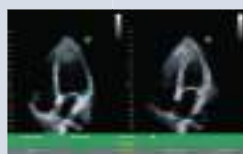
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01

ThriveRO Reverse Osmosis Water System

The DWS RO Single pass RO Water System intended to be used for supplying reverse osmosis water to hemodialysis machine used in hemodialysis treatment. The system complied with AAMI grade water. The system is designed to meet all current standards for dialysis quality water.

Advantages: High quality water product, High operational reliability, Cost-saving and economical RO water purification, Alarms:- Permeate conductivity- Excess pressure- Low inlet pressure, automatic shut down, Touch Screen controlled panel, Pex pipe treatment area, Expandable up to 6 membranes, Effective bacterial prevention, Supply more high-quality RO water follow AAMI Standards for Dialysis.

ThriveHD Hemodialysis Machine

Models: TW-T2008-B

ThriveHD Hemodialysis Machine is used for HD dialysis treatment for adult patients with chronic renal failure in Medical Departments.

Features: LCD touch screen with button interface, Standby battery emergency power 30mins, Operation & Alarm information Memory function. A/B Ceramic proportion pump, Hydraulic compartment (Balance chamber + UF pump), Endotoxin filter system, Online Kt/V, BPM and Bi-cart.

Disinfectant: Thrive citrix 21 (Citric Acid 21%)



03

ThriveADR Automatic Dialyzer Reprocessor

Model: DRS 2 (Double channels).

Certificate: CE and ISO13485 certificate.

Applicable for hospital to sterilize, clean, test and affuse reusable dialyzer used in hemodialysis treatment.

Features: Effective reprocessing double dialyzers at one time, Cost-effective: compatible with many brands of disinfectant, Accuracy & safety: automatic disinfectant dilution, Anti-cross infection control: extra blood port header to prevent infection among patients, Record function: print reprocessing data, such as name, sex, number of case, date, time, etc.

Disinfectant: ThriveCS Cold Sterilant and Thrive 409 Protein Blaster



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Thrive CS

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04



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DAY 1: 5TH JULY 2025 (SATURDAY)

TIME	REGISTRATION & OPENING SPEECH	
7.00am-8.15am	Registration	
8.15am-8.30am	Opening speech by Ketua Penolong Pegawai Perubatan Malaysia : En.Zulhelmi Bin Abdullah	
TIME	SYMPOSIUM 1 : HAEMODIALYSIS ACCESS AND VASCULAR HEALTH <i>Chairperson : Hajah. Noriah Mat & Ms. Lingeswari Vasudevan</i>	SPEAKER
8.30am-9.00am	Arteriovenous Fistula: Best Practices for Access Use	Dr (Ms) Izety Shezlinda Bte Noran
9.00am-9.30am	Minimising Complications in Vascular Access	Dr Yudisthra M. Ganeshadeva
9.30am-10.00am	The Role of Ultrasound in Hemodialysis Access and Maintenance	Dr Suryati Yakob
10.00am-10.45am	Tea break	
TIME	PLENARY SESSION	SPEAKER
10.45am-11.30am	"Managing Co-morbidities to improve Dialysis patients outcome"	Dato' Dr. Zaki Morad Bin Mohamad Zaher
TIME	SYMPOSIUM 2 : PATIENT-CENTERED CARE IN HAEMODIALYSIS <i>Chairperson : Tn. Hj. Husin Harun & Ms. Rubiah Azraie</i>	SPEAKER
11.30am-12.00pm	Improving Quality of Life for Hemodialysis Patients	Dr Sze Xun Quan
12.00pm-12.30pm	Patient Education and Adherence: Building a Collaborative Approach	Dr Mohamad Zaimi Bin Abdul Wahab
12.30pm-1.00pm	Managing Mental Health Issues (Depression & Anxiety) and Well-being	Mr Ramesh K. Chandran
1.00pm-2.30pm	Lunch break	
TIME	SYMPOSIUM 3: CLINICAL BEST PRACTICES AND EVIDENCE-BASED APPROACHES <i>Chairperson : Mr. Charles Lazar & Tn. Hj. Abdul Rahim Yahaya</i>	SPEAKER
2.30pm-3.00pm	Managing Acute Complications in Hemodialysis	Dr Nuzaimin Hadafi Bin Ahmad
3.00pm-3.30pm	Managing Chronic Complications in Hemodialysis	Dr P'ng Hon Shen
3.30pm-4.00pm	Optimizing Dialysis Doses: Assessing Kt/V and Other Metrics	Dr Bee Boon Cheak
TIME	SYMPOSIUM 4: PATIENT SAFETY AND DIALYSIS OUTCOMES <i>Chairperson : Mr. Tam Chong Chiang & Ms Victoria Agnes Mary</i>	SPEAKER
4.00pm-4.30pm	Enhancing Patient Safety through Protocols and Monitoring	Dr Nurul Zaynah Nordin
4.30pm-5.00pm	Long-Term Outcomes in Haemodialysis : What the Data Tells Us	Dr Sunita Bavanandam
5.00pm-5.30pm	Reducing Hospitalisations and Mortality in Dialysis	Dr Yudisthra M. Ganeshadeva
5.30pm	Tea break & ADMAN Annual General Meeting	

Scientific PROGRAMME

DAY 2 : 6TH JULY 2025 (SUNDAY)

TIME	SYMPOSIUM 5 : RENAL NUTRITION AND DIALYSIS CARE <i>Chairperson : Hajah. Zanariah Arsat & Tn.Hj. Mukhtar Ibrahim</i>	SPEAKER
8.30am-9.00am	Assessment of Nutritional Status & Intake	Ms Teong Lee Fang
9.00am-9.30am	Electrolyte Imbalances: What to do?	Assoc Prof. Dr Nor Fadhlin Zakaria
9.30am-10.00am	Dietary Interventions to Improve nutrition in the elderly	Dr P'ng Hon Shen
10.00am-10.30am	Tea break	
TIME	SYMPOSIUM 6: INFECTION CONTROL AND SAFETY IN HAEMODIALYSIS <i>Chairperson : Hajah. Noriah Mat & Tn.Haji. Husin Harun</i>	SPEAKER
10.30am-11.00am	Preventing and Managing Dialysis-Related Bacterial Infections	Dr Peng Ban Chai
11.00am-11.30am	Preventing and Managing Dialysis-Related Viral Infections	Dr Rosnawati Yahya
11.30am-12.00pm	Infection Control Protocols in Hemodialysis Units	Mr Hansen J. Kasil
TIME	CLOSING CEREMONY	
12.00pm-12.15pm	Speech by Organising Chairman of 22nd ADMAN Annual Dialysis Conference:	
12.15pm	Lunch & Bon Voyage	

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Meeting Notes



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