

Renal Supportive Care.

Renal Supportive Care Symposium 2013
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Outline

- Background of Renal Supportive Care
- Conservative Management
- Symptom overview
- Reading



-
- ▶ **What does conservative management mean to you?**



What does conservative management mean for the patient?

- ▶ **Continue with all CKD measures to:**
 - ▶ Slow the deterioration of renal function
 - ▶ Minimise complications of renal disease
 - ▶ Manage symptoms
- ▶ **Also:**
 - ▶ Support for carers and patients (diet, social work, psychological)
 - ▶ End of life planning (choices, substitute decision maker, advance care plan)
- ▶ **‘No dialysis’ does not mean ‘no treatment’**



'Social' causes of death in dialysis patients – A Role of renal supportive care identified here

Withdrawal from dialysis

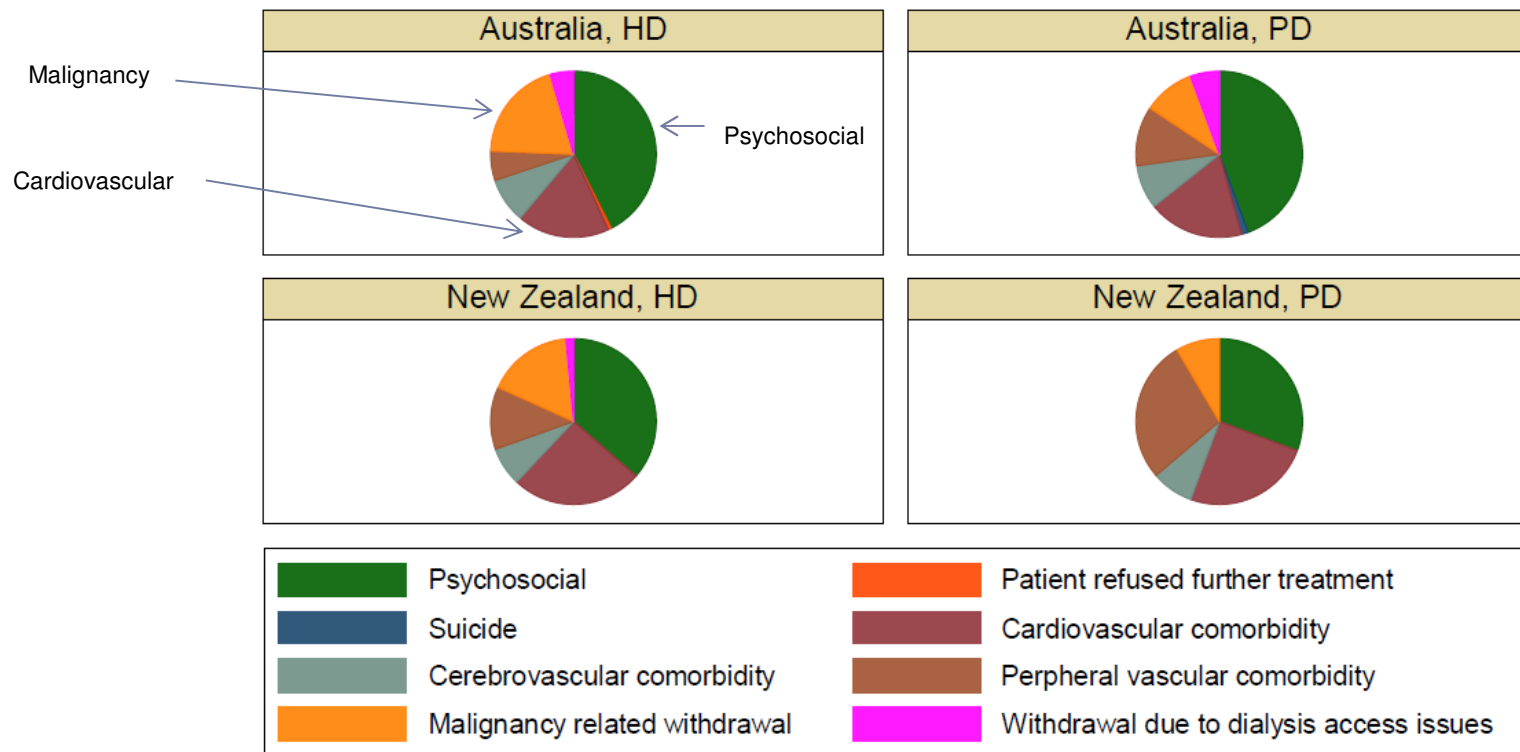
Psychosocial

15% of all dialysis patients

Access, CVA etc	21%
Accident	0.6%
Suicide	2/1525 patients

Withdrawal reasons ANZDATA 2011

Causes of deaths attributes to withdrawal
Deaths occurring in 2011



Graphs by Country at time of death and Modality at time of death



Decision making pathway

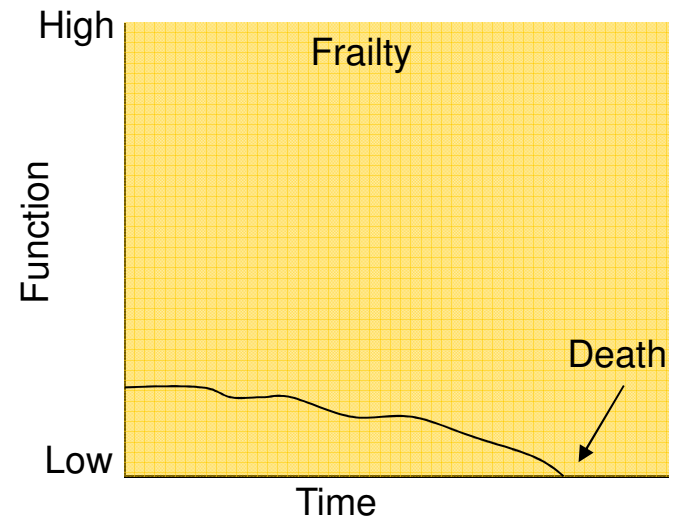
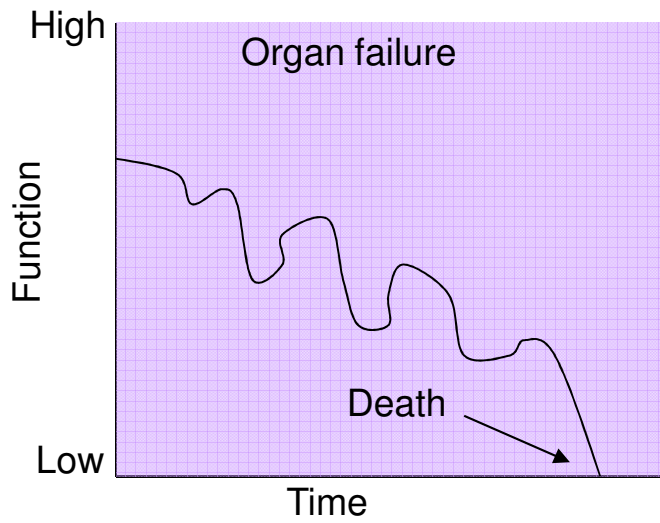
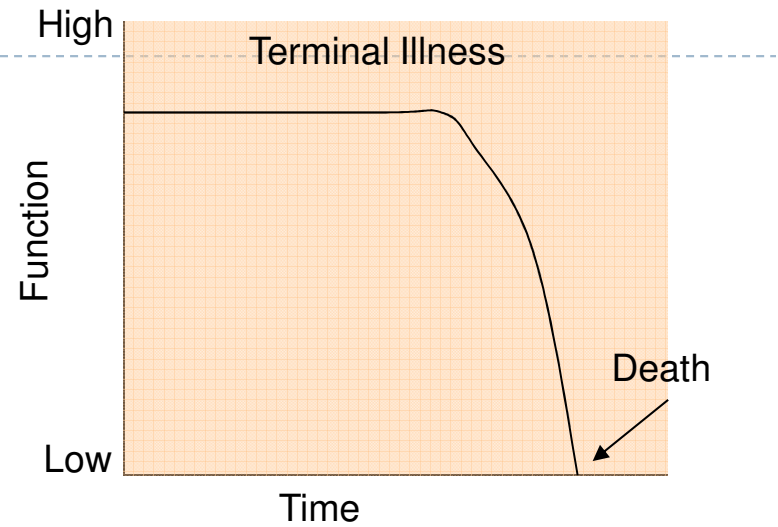
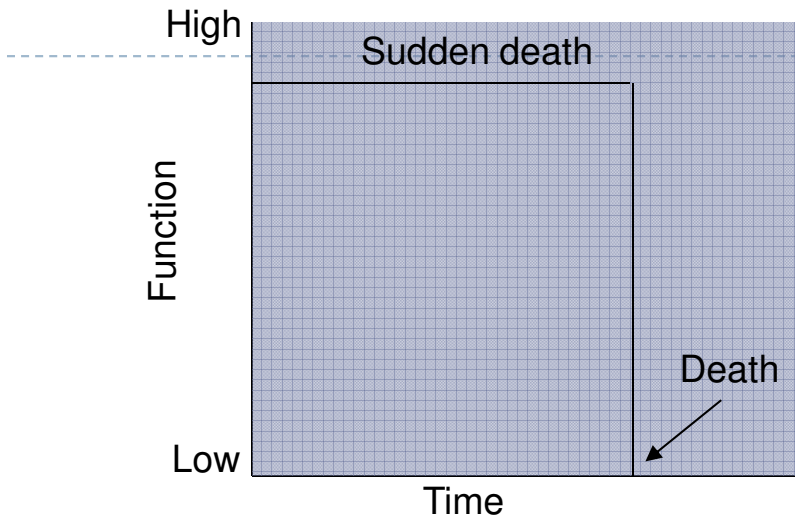
- ▶ Timely renal referral
- ▶ Information about appropriate treatment choices
- ▶ When near end of life, an agreed palliative care plan
 - ▶ Preferences such as place of care and place of death
 - ▶ When/if they would consider withdrawing treatment
- ▶ The old system
 - ▶ Choices of renal replacement therapy
 - ▶ Conservative care did not access palliative care services routinely
 - ▶ Symptoms not always addressed or no management pathways
 - ▶ No plan for end of life care
 - ▶ No advanced care plans



Disease Trajectories

- ▶ ESKD patients do not have a straight forward trajectory
- ▶ Unpredictability related to co-morbid disease





Disease Trajectories

- ▶ ESKD patients do not have a straight forward trajectory
- ▶ Unpredictability related to co-morbid disease
- ▶ **Factors to consider**
 - ▶ Frailty
 - ▶ Hospital admissions
 - ▶ eGFR, Urea etc
 - ▶ eGFR < 5 - death becoming imminent
 - ▶ High urea causes more symptoms (not always correlated to expected death, but sudden significant rises can indicate time is short (Urea 40+))
 - ▶ Low albumin makes fluid removal difficult
- ▶ **Crisis Planning - anticipate potential events**



Conservative Care Pathway

Stable eGFR >20

- Dialysis choices
- Choice of conservative
- Uncertain prognosis
- Nephrologist, GP other specialties

GFR falling 10-15

- Confirm dialysis / non dialysis choice
- Prepare for predictable acute events
- Symptom control if required
- Continued education if required
- Advanced care plan

eGFR 5-10

- Discuss any change in choices if required
- Symptom control
- Advanced care plan review
- Crisis planning
- Continue to liaise with other disciplines where required
- Palliative care referral may be required (CPCT)

eGFR <5

- Death may be imminent
- Know preferred place of death
- CPCT or hospice (or hospital)
- Continue to have a crisis plan
- Communication with family to prepare for death

Death and bereavement

Conservative Pathway

▶ Stages

1. Stable eGFR
2. Falling eGFR
3. Deterioration
4. Intensive Period where death is imminent and deterioration accelerates
5. Death
6. Bereavement (social work, bereavement councillors, Renal Memorial Service here for dialysis families)



RSC Patient Consultation

- ▶ General overview on how they feel and symptom assessment
- ▶ Drill down on any reported symptoms
 - ▶ How long have they had it?
 - ▶ What has helped in the past?
 - ▶ What causes the symptom?
 - ▶ Severity, description (dull, sharp, radiating, rating out of 10)
- ▶ What is the renal replacement plan (dialysis – no dialysis)
 - ▶ Do they have any concerns or questions?
- ▶ Review of patient choices – is plan still appropriate?
- ▶ Is there an advanced care plan or does it need reviewing?
- ▶ Is NFR required?



Basic Symptom Management for Nurses

- ▶ Oral Thrush
- ▶ Constipation
- ▶ Pain
- ▶ Pruritus
- ▶ Carer stress
- ▶ Increasing frailty
- ▶ Hates dialysis and wants to stop



Oral thrush when patient is palliated

- ▶ Affects taste of food/appetite
- ▶ Nilstat 1ml QID until thrush clears, severe oral thrush may require a stronger treatment (Fluconazole)
- ▶ Mouthcare



Constipation

- ▶ Coloxyl and Senna
- ▶ Movicol (each sachet dissolved in 125ml water)
- ▶ Bisacodyl and Glycerol suppositories (soften and stimulate)
- ▶ Avoid Lactulose unless patient prescribed it for liver failure (encephalopathy).
 - ▶ Patient not on a fluid restriction
 - ▶ Requires 2L fluid intake a day
 - ▶ Bloating
 - ▶ Cramping
 - ▶ Colic



Pain

- ▶ Assess cause of pain
- ▶ What are they already using?
- ▶ Often regular Panadol 1g QID is beneficial
 - ▶ Mindful if abnormal liver function
- ▶ Heat packs (avoid burns)
- ▶ Physio (Enhanced Primary Care Program (EPC))
- ▶ Further investigations if required to find cause
- ▶ If severe refer to pain specialist
- ▶ If already seeing pain specialist, ask them to revisit them
- ▶ Follow up any interventions
- ▶ Only change one thing at a time



Pruritus

- ▶ **Check skin**
 - ▶ Dry skin
 - ▶ Scabies
 - ▶ Underlying condition i.e dermatitis
- ▶ **Moisturizer**
- ▶ **Soap free body wash**
- ▶ **Laundry powder**
- ▶ **Doctor referral if scabies or other condition suspected or if potentially a medication may be required**
- ▶ **Evening Primrose Oil capsules (100mg bd)**



Carer Stress

- ▶ ? Respite care
- ▶ Services in the home
- ▶ Family support
- ▶ Reason for stress
- ▶ Social worker
- ▶ Psychologist
- ▶ Fear

- ▶ Many potential causes



Increasing Frailty

- ▶ Requiring more care than family are able to provide. May need to discuss nursing home
- ▶ May need assessment for more support in the home. Showering, rails, shower aids, walking aids
- ▶ Increased hospitalizations
- ▶ Increased falls risk



Expresses wish to cease dialysis

- ▶ Talk to the patient about their concerns
- ▶ Answer their questions
- ▶ Give advice on who they can talk to
 - ▶ Nephrologist
 - ▶ Psychologist
 - ▶ Family
 - ▶ Social Worker
- ▶ Is there something causing this decision or has it been something they have wanted to do for a long time?
 - ▶ Investigate if there is something reversible, does the social worker need to be involved?



More complicated inpatient symptoms

▶ Delirium

- ▶ Delirium screen
- ▶ How long have they had it
- ▶ Find any reversible causes (hearing, eyesight, medications, pain sleep, hydration, nutrition, language)
- ▶ Manage the symptoms aiming for improvement
- ▶ If irreversible, dementia screen, or may be terminal depending on medical background

▶ Nausea and Vomiting

- ▶ What triggers it (after eating, smell, sight)
- ▶ Appropriate medication(s)

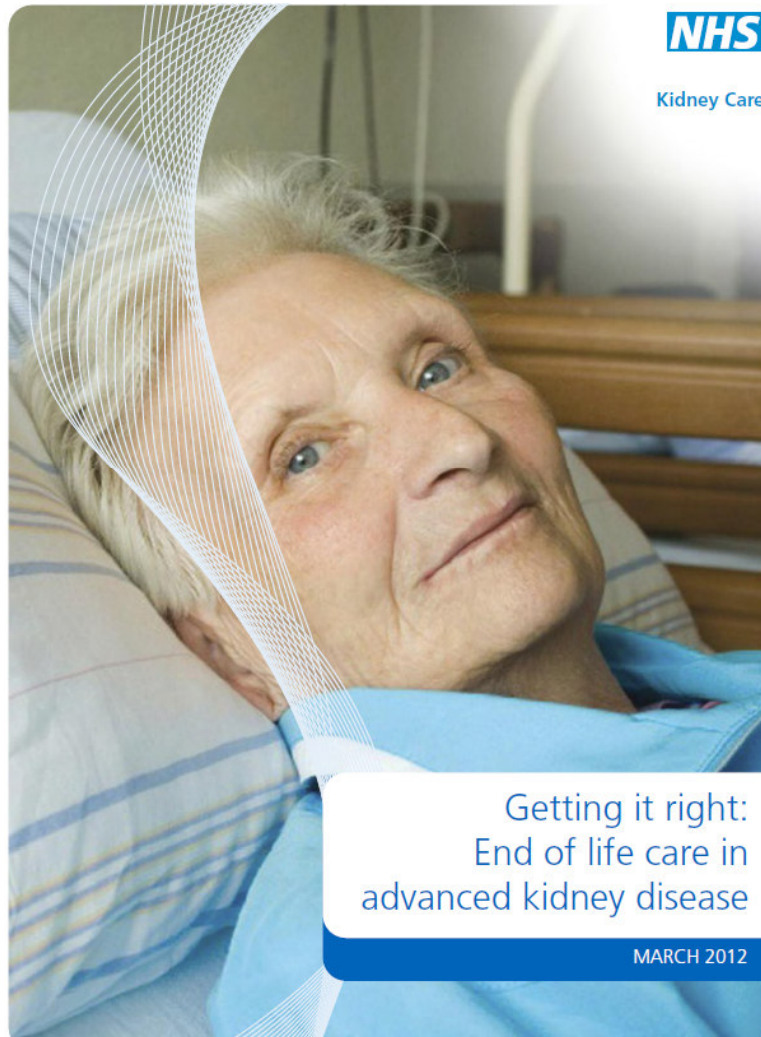


Calciophylaxis

- ▶ Extreme pain
- ▶ Deteriorates rapidly (both the wound and the pain)
- ▶ Aggressive pain management
- ▶ High mortality rate
- ▶ Dialysis vs conservative patient management
 - ▶ Multi disciplinary
 - ▶ Management depends on renal function in conservative patients
- ▶ Distressing condition



Useful documents



Advance Planning for Quality Care at End of Life

Action Plan 2013-2018

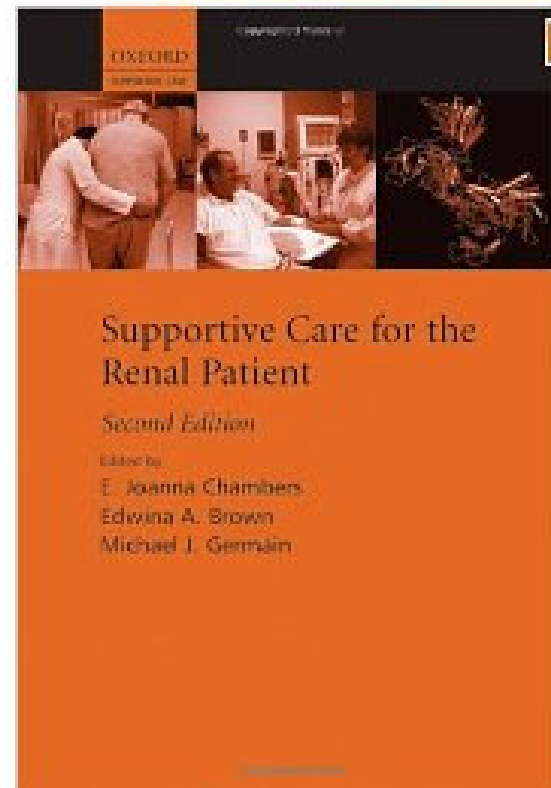


Useful documents



Introduction to the Ethical Framework

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References

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- ▶ The National Council for Palliative Care. (2011). Palliative Care Explained. Retrieved 04/07/2011
- ▶ NHS
http://www.kidneycare.nhs.uk/our_work_programmes/improving_choice_for_kidney_patients/end_of_life_care_for_akd/tools_to_help_you/#



Useful Resources

- ▶ <http://stgrenal.med.unsw.edu.au/>
- ▶ <http://hospicefoundation.ie/publications/ethical-framework-on-end-of-life-care/>
- ▶ <http://clinicaethics.info/what-is-clinical-ethics>
- ▶ <http://www.swslhd.nsw.gov.au/services/pepa/>

