NURSING ROLE: INCORPORATING RENAL SUPPORTIVE CARE AS PART OF NORMAL CLINICAL PRACTICE

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INTRODUCTION

- Patient referral
- Conservative management
  - The deteriorating patient
- Managing symptoms
- Withdrawal from dialysis
- End of life care
- Model of care

KEY POINTS IN RSC

- Not every patient is suitable for dialysis – or may not want it (conservative management)
- Dialysis patients still suffer from distressing symptoms
- Dialysis does not last forever, it is not the 'fountain of youth', early introduction to a palliative service aims to avoid distress for both the patient and family as end of life approaches
- Support requirements increase with time
- Dignity
- Demoralisation
- Communication

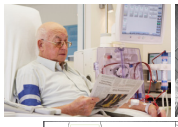
Cranach: Fountain of Youth

STAGES OF KIDNEY DISEASE

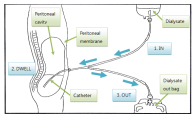
		Albuminuria Stage		
Kidney Function Stage	GFR (mL/min/1.73m²)	Normal (urine ACR mg/mmol) Male: < 2.5 Female: < 3.5	Microalbuminuria (urine ACR mg/mmol) Male: < 2.5 -25 Female: < 3.5-35	Macroalbuminuria (urine ACR mg/mmol) Male: > 25 Female: > 35
1	≥90	Not CKD unless haematuria, structural or pathalogical abnormalities present		
2	60-89			
3a	45-59			
3b	30-44			
4	15-29			
5	<15 or on dialysis			

RENAL REPLACEMENT THERAPY

- Haemodialysis



- Peritoneal Dialysis



- Transplant

REFERRALS

- General: CKD stages 4-5 (eGFR<30)
  - Conservative
  - Dialysis
  - Pre-dialysis
- Exceptions:
  - Complex symptoms with CKD (i.e. post-herpetic neuralgia)
  - Cardio-renal syndrome
  - Multi-organ failure
  - Malignancy with CKD (palliative stage)
  - Transplant

SYMPTOMS

- Renal Failure:
  - Mostly silent until end stage
  - Fatigue, restless legs, uraemic pruritus, fluid management, age related symptoms
  - Cognitive decline
- Cardiorenal
  - SOB
  - Fluid management plus the above symptoms
  - Medication burden

SYMPTOMS

- Dialysis
  - Prevalent and similar to cancer patients (Weisbord SD et al, NDT 2003; 1345-1352)
  - Often reported as 'severe'
  - Multiple aetiologies and comorbidities
  - Polypharmacy
  - Elderly group with aging issues
- Davison 2003 reports
  - 55% reporting severe pain
  - 35% receiving no therapy for pain
  - 75% reported ineffective pain treatment

PAIN ISSUES IDENTIFIED IN LITERATURE

- Pain present in approximately 50% of renal patients
- Under assessed
- Under treated
- Associated with:
  - Depression
  - Insomnia
  - Withdrawal of dialysis

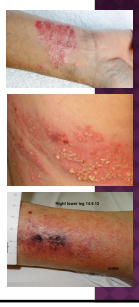
Adapted from a presentation by Steven D. Weisbord MD: Assessment and management of symptoms in patients on dialysis.

SYMPTOMS

- Careful assessment, holistic approach.
- Work with the other teams involved
- Open communication
- Manage symptoms for comfort
  - Not a renal or cardiac clinic
  - Not an oncology service
  - Keep in mind what else is happening (other treating teams, biochemistry, current medications)
- Follow up - time dependent on interventions and symptom severity

SYMPTOMS

- Careful assessment and management
- Look for all potential causes
- Treat appropriately
- Discuss risks and side effects
- Make a treatment plan
- Crisis plan where appropriate
- Ensure other teams aware of plan
- Monitor medications in case of changes
- Document



NURSE INITIATED SYMPTOM CARE FOR PATIENTS ON DIALYSIS

- Itch:
  - Check skin looking for dryness, rashes, wounds
  - Consider scabies, fungal infection, allergy
  - Check biochemistry for elevated Phosphate
  - Start with moisturisers or if infection suspected, get medical opinion.
  - If PO_4 high, dietitian and talk about when they are taking phosphate binders
  - After all of this, then we may consider medication

NURSE INITIATED SYMPTOM CARE FOR PATIENTS ON DIALYSIS

- Bowel management
  - Reinforce maintaining regime with opioids especially
- Dry mouth
- Phosphate management
- Anaemia management on dialysis
- Fluid management
- Dry skin
- Dietitian and social work referral

FRAILTY

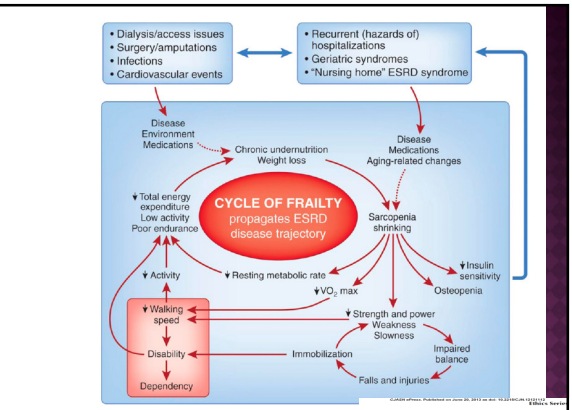
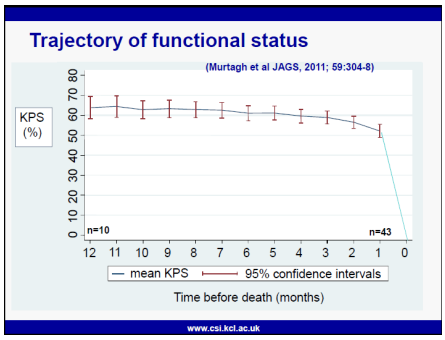


Figure 1. | Cycle of Frailty with trigger entry point health events. Reprinted fro

FUNCTIONAL DECLINE

COMMON 'FUNCTIONAL' SCENARIO WITH ESKD



END OF LIFE CARE IN ESKD

- Managing symptoms as they arise
- Support to the family
- Discussion on appropriate place of care
- Home death requires planning and GP
- Patients with mental health issues / dementia
  - Is hospice appropriate?
- Young dialysis patients reaching end of life with issues usually associated with aged care
  - Nursing home not where they want to be
  - Care with maintaining hope

END OF LIFE CARE IN ESKD

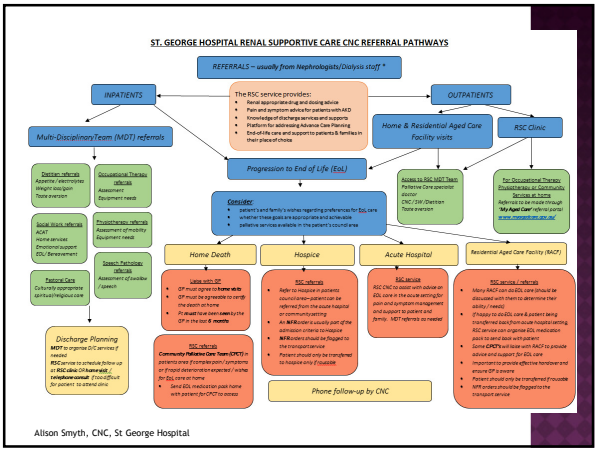
- Medications at end of life follow the 'normal' palliative care plan but with a couple of adjustments:
  - Hydromorphone instead of morphine
  - Avoiding Hyoscine hydrobromide
  - Mindful of Parkinsons or restless leg syndrome
    - Avoid Maxolon and haloperidol, and replace with Cyclizine and Olanzapine ODT
- Ceasing non-essential medication
- Ambulance care plan
- Pacemakers / internal cardiac device

WHAT WILL HAPPEN TO ME?

- If dialysis is ceased, what will happen to me?
  - Patient and family are supported
  - Place of care is discussed
  - Anticipatory medicines prescribed
  - Home /nursing home organised/communicated with
  - A pack of anticipatory medicines are sent with the patient
  - Prognosis discussed (may or may not be clear)
- If the patient never starts dialysis, they will be supported
  - All usual nephrology care continues with exception of dialysis
  - Renal supportive care introduced early - while able to attend clinic and before functional decline occurs

MODEL OF CARE

- Differs in every hospital and local health service
  - Adapted to who you have on staff, who you can seek advice from, your patient demographics etc
- Priority is holistic patient care and appropriate referral pathways for managing ongoing needs
  - Medical, physical, psychological, social, nutritional, functional, carer



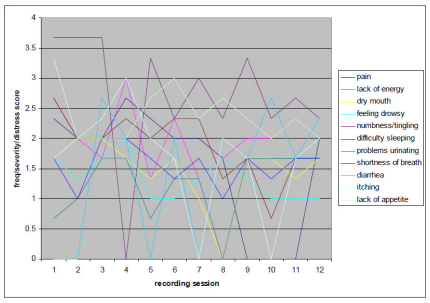
TOP REFERRAL REASONS

- Pain
- Restless leg syndrome
- End of life consultation
- Itch
- Functional decline requiring increasing support to stay at home

CONCLUSION

- RSC helps patients and families throughout the CKD journey
- Focus on support and symptom management
- Mainly elderly patients
- Active management to improve QOL
  - Fluid/electrolyte balance
  - Anaemia control
  - Preserve renal function
  - Treat underlying diseases
  - Support and preparation before death
- Symptoms can be complex and results vary

VARIABILITY OF SYMPTOMS



From a presentation by: Burns, A. (2011) Consultant Nephrologist, London.

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Treating Pain in Late Stage CKD & Dialysis Patients
Clinical Algorithm & Preferred Medications