What is Renal Supportive Care? A Nurses Perspective

Renal Supportive Care Symposium

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Outline

- Background to the evolution of supportive care
- Have a basic understanding of our definition of supportive care
- Recognise patients who would benefit from the management of advanced chronic kidney disease (CKD) using supportive care principles
- Identify the role of the nurse

Background

- 1960's dialysis introduced, thus ESKD patients start to survive longer
- 1960-2000: Increasing technical advances and more patients start dialysis
- > 2000: Medicine becoming more aware of QoL of patients with a realisation that not all patients benefit

Background

- 1979 ANZDATA annual report
  - "there has been a continuing trend of treatment to 'older' patients, reflected by the 49.5% of new patients over 49 years of age in the past 12 months compared to 31.5% of new patients in the same age group in 1973" "45% of all dialysis patients were> 45yrs at 31st October 1978"
- 2010: 67% of new patients in Australia were ≥ 55 years. 22% are ≥ 75 years

Primary Renal Disease

- 1979:
  - 7% of new dialysis patients were diabetic and had a 55% 1 year survival
  - 18% new patients had analgesic nephropathy
- 2010:
  - 35% of new dialysis patients have diabetic nephropathy

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)

How does dialysis impact the elderly patient?

- Prolong life?
- Increased hospitalisations
- Transport issues
- Some may face a decision to withdraw from dialysis
- Regret

What is supportive care?

Supportive Care definition

- “helps the patient and their family to cope with their condition and treatment of it – from pre-diagnosis, through the process of diagnosis and treatment, to cure, continuing illness or death and into bereavement. **It helps the patient to maximise the benefits of treatment and to live as well as possible with the effects of the disease.** It is given equal priority alongside diagnosis and treatment”

- The National Council for Palliative Care, 2011

Which patients do you think would benefit from a supportive care approach

- People with advanced CKD
  - Are elderly
  - Have co morbidities
  - Choose not to have RRTs
- People on dialysis who have symptoms
- People on dialysis or transplanted who have other terminal diseases
- Patients who are considering withdrawing from dialysis

How is supportive care provided for our patients?

Supportive care - Nursing

- Being aware of patient suffering/being patient centred
- Involving the patient and significant other in all conversations
- Links with allied health
- Being aware of both community and hospital services available to the patients
- Communication and listening skills
- Support for patients withdrawing dialysis
- Forge links to palliative care service
- Meticulous symptom management
- Advanced care planning
- End of life pathways
- Aim for a ‘good death’

When do you introduce supportive care?

- Pre dialysis
- During dialysis
- When decision is made to be conservative
- Later along the conservative pathway (ESKD)
- Dialysis withdrawal
- CKD patient burdened with symptoms

Anywhere here is appropriate

Stage	Description	eGFR (ml/min/1.73 m^2)
3	Moderate ↓ GFR	30-59
4	Severe ↓ GFR	15-29
5	Kidney Failure	<15 or (or dialysis)

What resources would you need to provide a supportive care environment?

- Strong links with palliative care
  - Education
  - Hospice availability
  - Clear pathways
- Nephrologist with a belief in supportive care
- Allied health available
- Clinics available to cater for conservative care or symptom management
- Good communication with other teams

Who can access this program?

- All dialysis or CKD patients who have complex symptom management needs
- All conservatively managed patients who belong to a St George nephrologist
- Dialysis nurses can refer – I triage who is appropriate and liaise with nephrologist

When would you commence end of life discussions in dialysis?

- Patients who want to withdraw
- Failing PD, transplant or vascular access when change of treatment not wanted or feasible
- Sentinel event occurs
- QoL unacceptable to the patient

Decision making

- Start conversations early and in collaboration with patient and carer
- Education of health professionals – GPs
- Let pt know that the decision can be revoked (within reasonable timeframe)
- Inclusion of supportive care pathway
  - in Pre Dialysis clinic discussions
  - In brochures and information resources for RRT options

- Supportive care included as part of normal renal care.

Resources required for Supportive Care

- Shared Care arrangements for Supportive care:
  - Nephrologists
  - Aged care team
  - Palliative Care team
- Supportive Care Clinic - outpatients
- Supportive Care in-patient rounds
- Community Resources

Resources required for Supportive Care

- Allied health team
- Follow up dialysis patients regularly
- Ability to manage admission of patients coming directly from home or clinic
- Resource book so that other staff can cover staff holidays
- Forms on hand for everything
- Pastoral care
- Phone follow up for patients unable to visit

Supportive Care

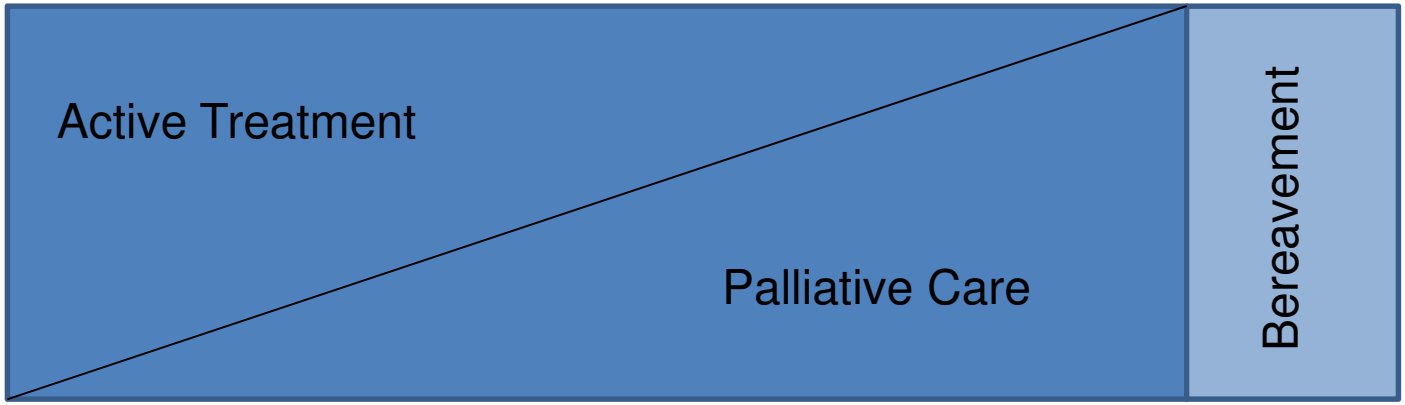
- Supportive care works with other disciplines to support the renal patient.
- We don’t take over care or work alone.

- How?

Patient Centred Care

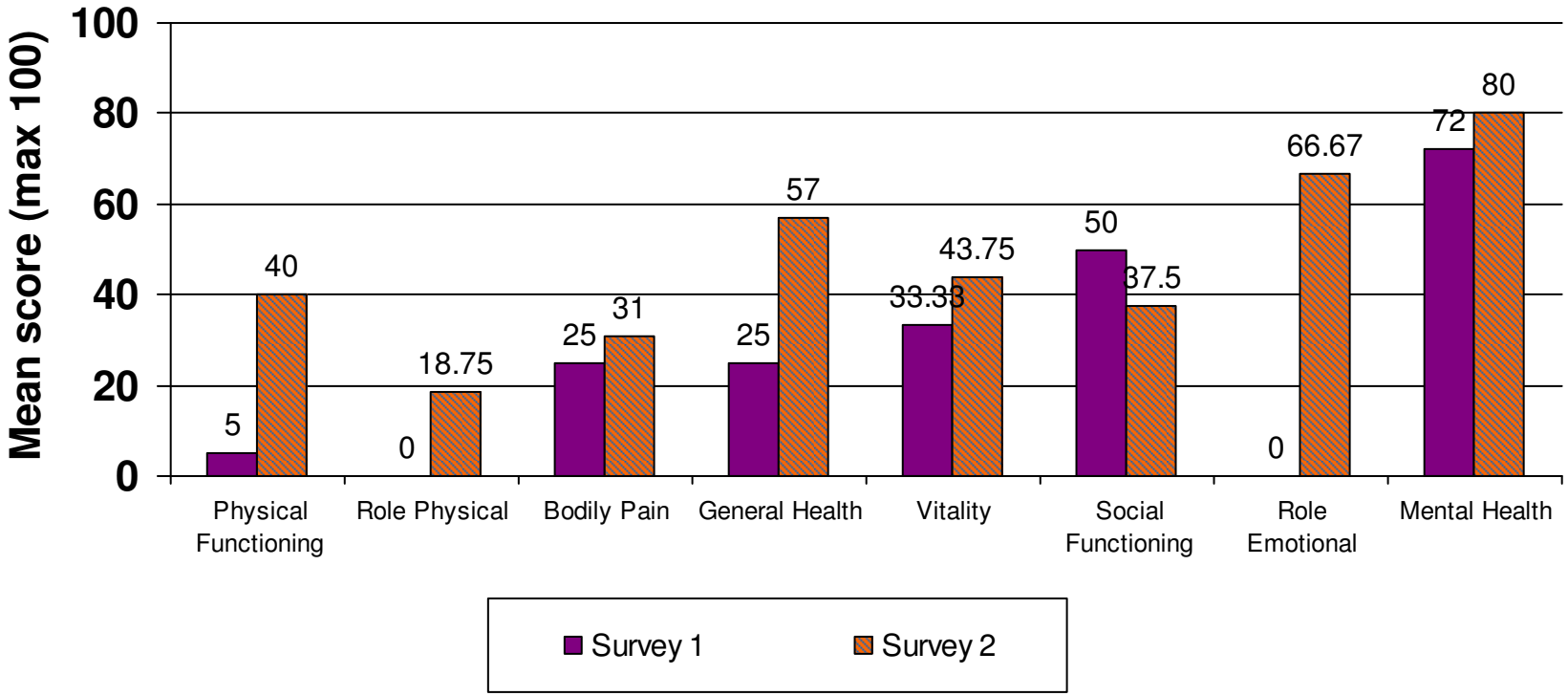
- Supports a better patient and family experience through the ESKD continuum
- Improve decision making consultations
- Improve symptoms
- Allows for a proper/dignified and recognised end of life
- Identify the needs of the patient and family
- Patients do not need to fear ‘abandonment’
- Contactable
- Advocate for care

Paradigm

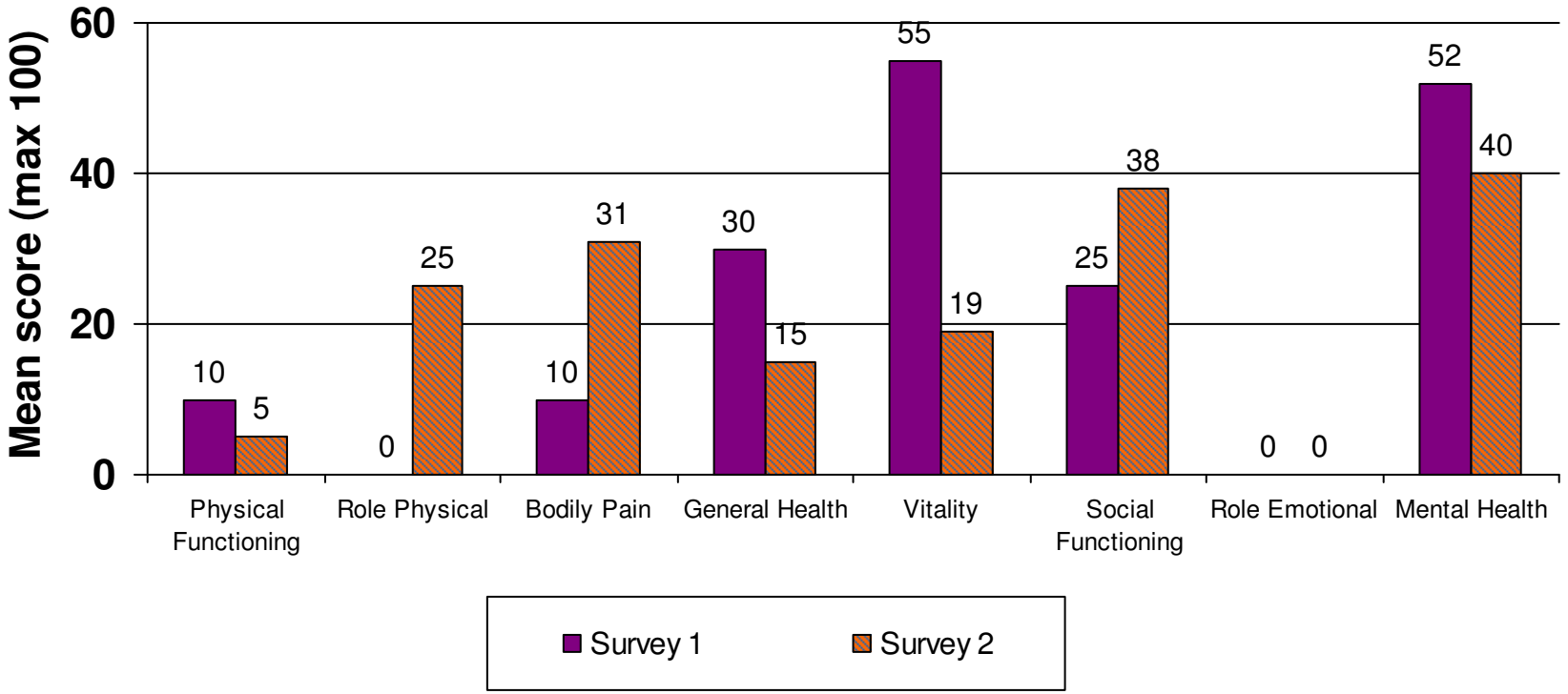


Quality of Life Case Studies

Case: 76yrs Conservative Patient – Multiple admissions. Diabetic Nephropathy



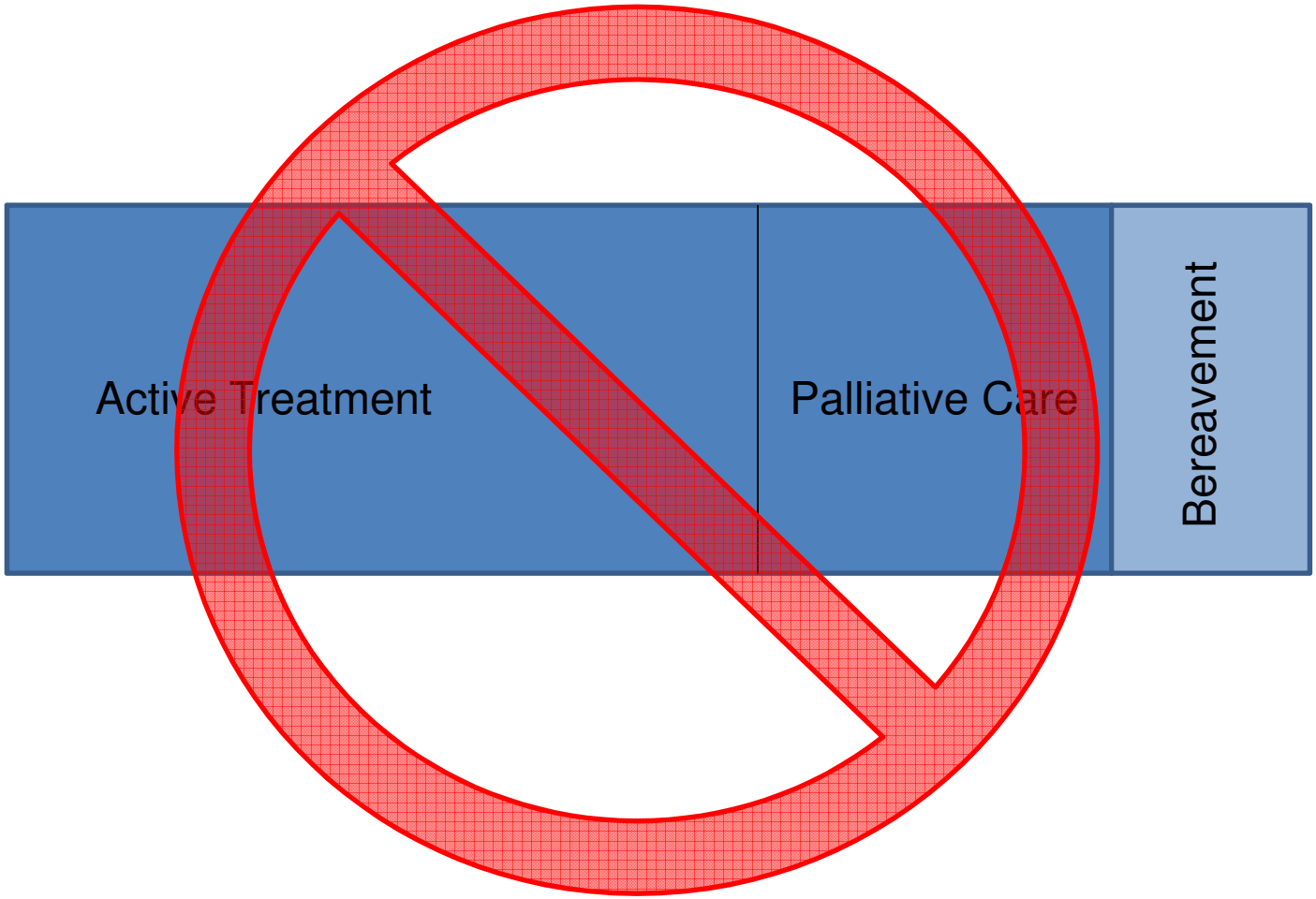
Case: 74yrs Dialysis Patient. Difficult to control OA pain



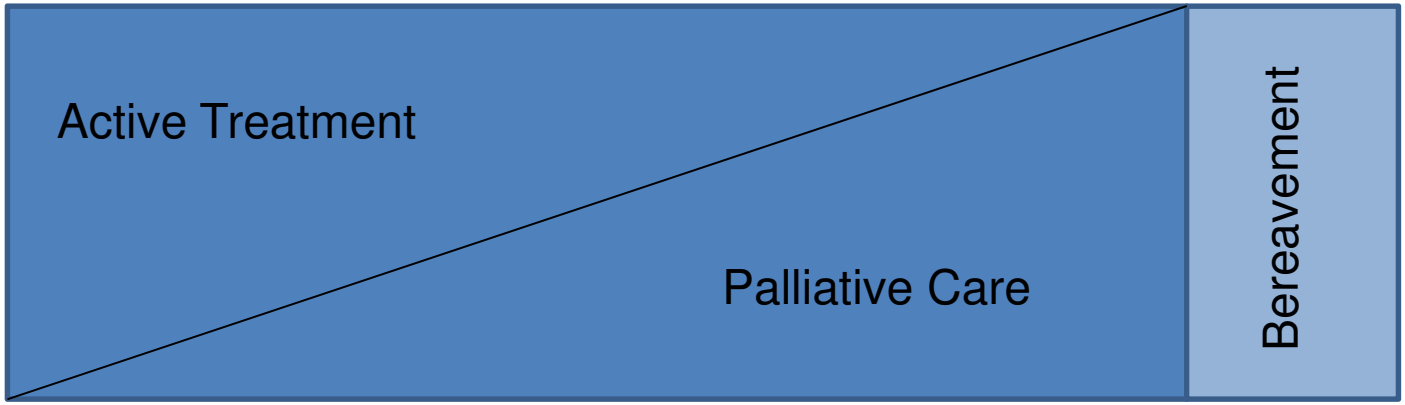
What non-dialysis patients require when presenting to hospitals unwell

- All the normal appropriate assessments
- Depending on the results of the assessments
  - Discussion with the patient and family on possible investigations/treatments and how appropriate they may be
  - Discussion with renal team whether potentially renal impairing investigations/treatments are necessary i.e. use of contrast, angiogram
  - Uphold the patient and family dignity at all times

Non-Dialysis Pathway is NOT this Paradigm

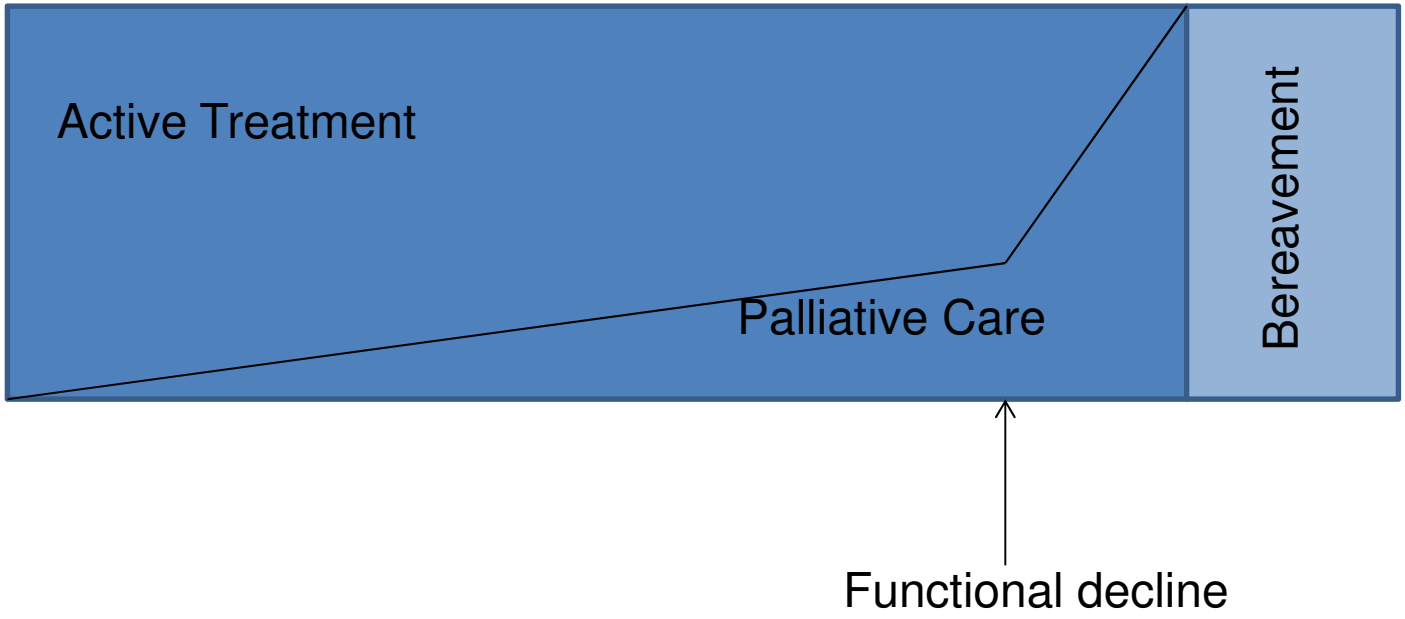


The correct non-dialysis pathway Paradigm



It may even be more like this

- As the patient deteriorates functionally, the palliative care needs increase



Conclusion

- Supportive Care Nurse provides support to the patient and carers anywhere along the CKD continuum
- Decrease distress at end of life
- Decrease symptom distress
- Listen and be available to assist/advocate
- Links to palliative care teams and others
- Educational opportunities to many interested facilities around Australia

References

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