

Treatment options for End Stage Renal Disease

Treatment options

- Haemodialysis
- Peritoneal Dialysis
- Transplantation
- Conservative Care

Choice of treatment

Depends on :-

- Medical history
- Home circumstance
- Family support
- Employment

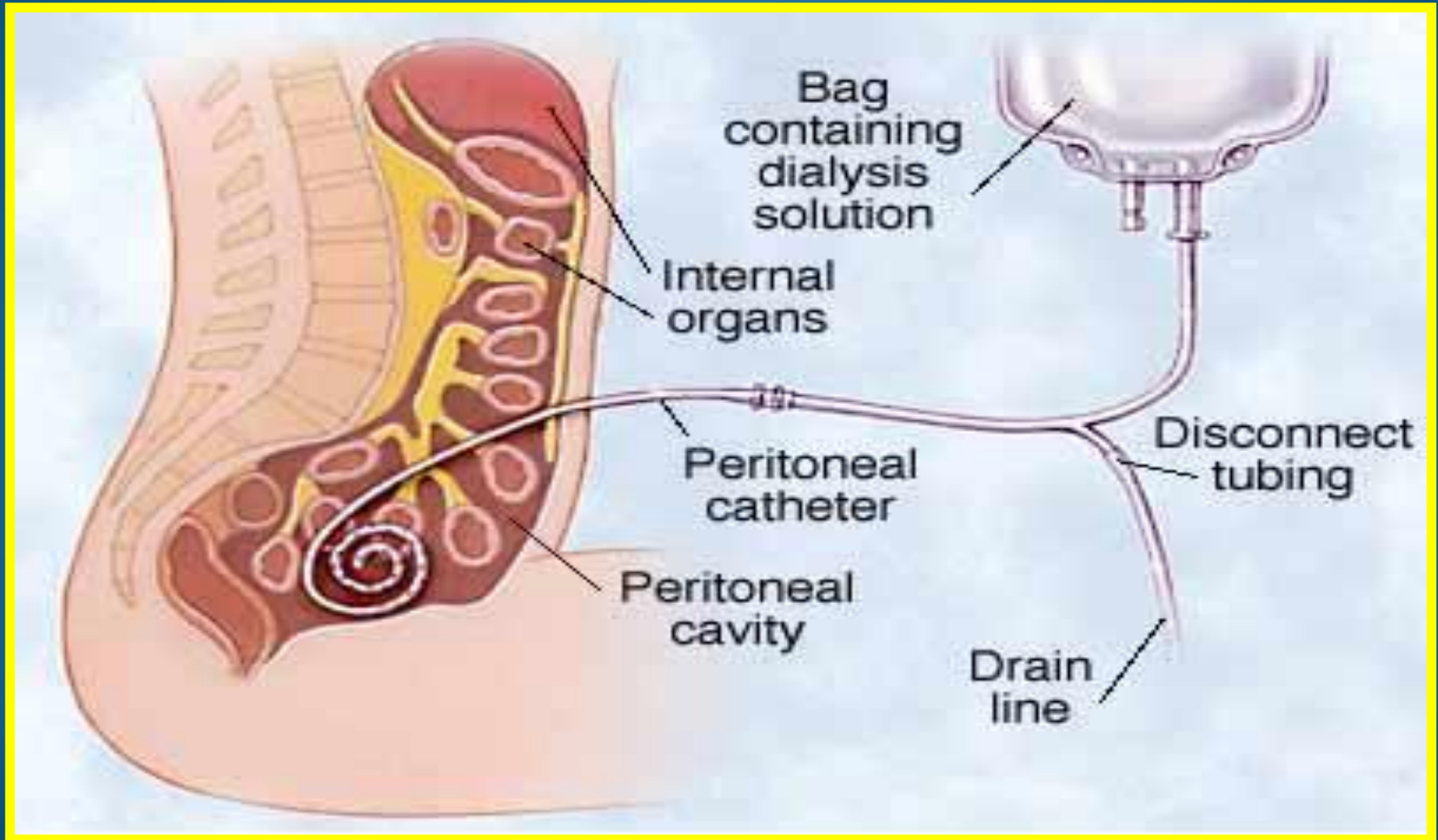
Haemodialysis

How it works:-

- A method of cleaning the blood using a dialysis machine.
- Machine pumps blood through a artificial kidney and returns the clean blood to the patient.
- The machine can also remove fluid as required.



Access for Peritoneal Dialysis



Transplantation

- Cadaveric donors
 - Living donors

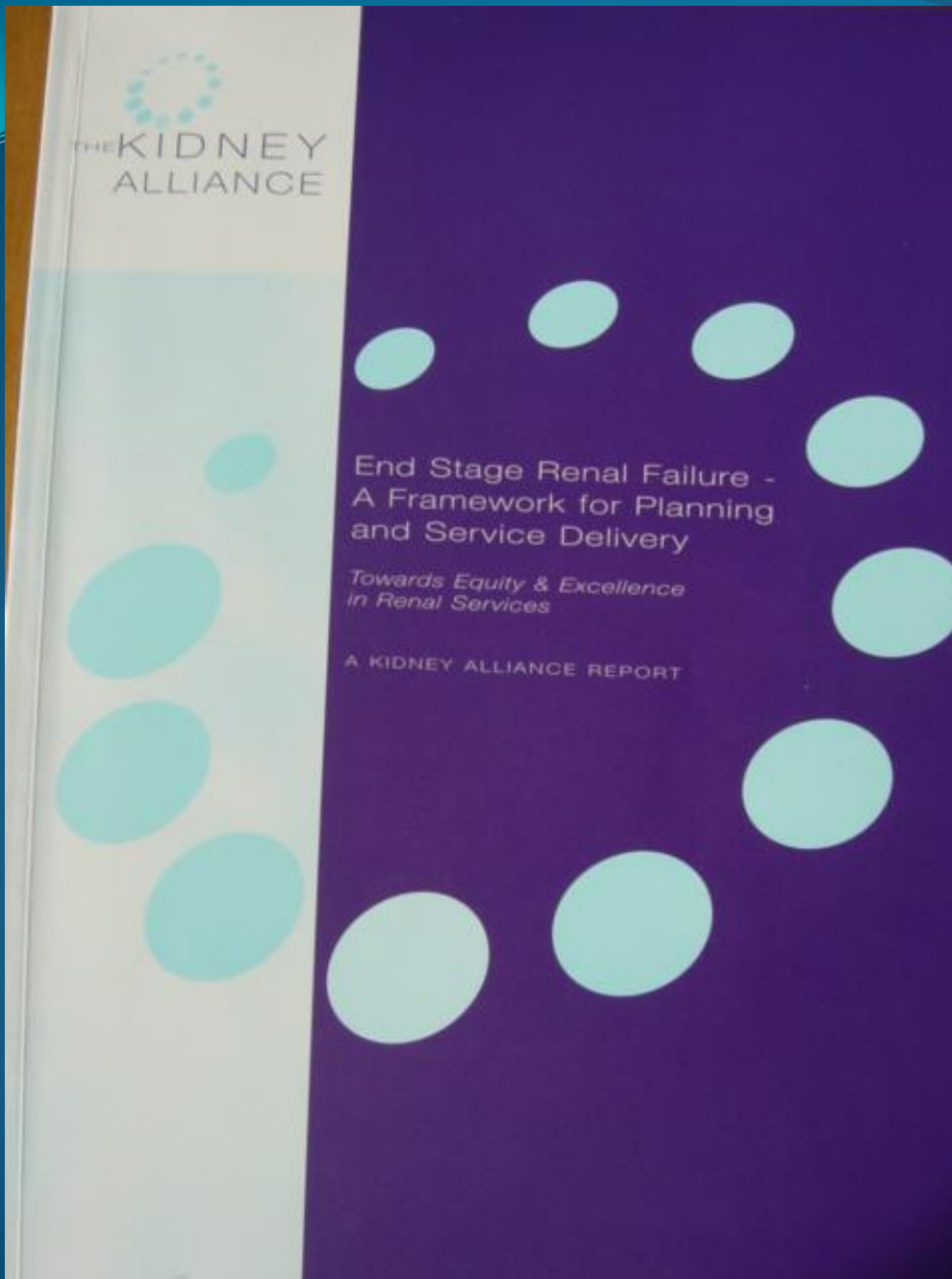
Conservative Care

- Maintain kidney function as long as possible.
- Symptom control
- Psychological support
- Primary and secondary care working together

Management of CKD – the Conservative Option

'to ensure high quality
treatment for all
patients with kidney
failure on an equal
and uniform base
throughout the UK'

KIDNEY ALLIANCE REPORT 2001



Kidney Alliance Document Jan 2001

IMPROVE QUALITY

REDUCE VARIATIONS

HELP DELIVER SERVICES

**Renal NSF part 1:
Dialysis and Transplantation
Published January 2004**

Module 4

Aim

- To support people with established renal failure to live life as fully as possible and enable them to die with dignity in a setting of their own choice.

Quality requirement

- People with established renal failure receive timely evaluation of their prognosis, information about the choices available to them, and for those near the end of life a jointly agreed palliative care plan, built around their individual needs and preferences.

The Renal NSF

Module 1

Dialysis

Module 2

Transplantation

Module 3

Prevention

Primary Care

Acute Renal Failure

Module 4

End of Life Care

Conservative management our experience

- Increased numbers of patients choosing not to receive dialysis.
- Increasing number of patients on dialysis choosing to stop treatment.
- Minimal support available
- Lack of staff/resources within ward/unit to facilitate effective palliative care
- Marked inequity of resources across the country e.g. hospice facilities open to patients with CRF

Palliative Care Nurse Practitioner in post May 2002

Our local experience:-

- The number of renal patients who are currently being conservatively managed is now 115, in 2002 there were approximately 25
- About 50 of these are being seen in the home , whilst the majority still attend renal OPD

Implications for practice:-

- Only two palliative renal nurses
- Using community matrons etc
- Choice?

The Context

- Patients in whom death is expected
 - choose to stop dialysis
 - choose not to start dialysis
 - continue dialysis in the presence of another life threatening illness eg terminal cancer
- Patients for whom death is likely
 - with one or more co-morbidities

Causes of Death

- Cardiovascular – cardiac arrest , acute MI, cerebral vascular disease.
- Cessation of dialysis
- Infection
- Malignant disease
- Withholding dialysis

Stopping dialysis

- Opportunity

certain knowledge of death

Discovering the patients wishes

Refocusing of goals

- Challenge

Discovering the patients wishes

to ensure and enable quality in the dying

Enable dignity to be maintained

- Conservative/stopping dialysis

- Patients decision making capacity

- Reversible factors

- Family involvement

- Communication with patient

- Interdisciplinary team involvement

Advance directive / living will

- Commitment to support the decision

What is a good death?

- Singer et al 1999
- 48 dialysis patients (whole gp 126)
- Face to face interviews
- Five domains identified

Adequate pain and symptom management
avoidance of inappropriate prolongation of dying
achieving a sense of control
relief of burden
Strengthening relationships.

Recognition of the terminal phase.

- Can be difficult
- Is moderately predicable for those who withdraw from dialysis.
- Is important to ensure adequate care prior to death
- An increase in unpleasant symptoms, practically pain , in association with increasing dependence may be a prognostic indicator.
- Address symptoms and other issues at this stage then whatever the final outcome the patient has gained in quality of life.

Pain and Symptom management

- **Distressing symptoms in ESRD patients**

- Pain

- Poor appetite

- Reduced activity

- Drowsiness

- Lack of well being

- Symptoms associated with the dialysis procedure will cease
- Fluid overload and uraemia will worsen
- Pain not a feature of dying but will continue for those already experiencing it and discomfort of immobility may be troublesome.

Anticipatory prescribing:

June 2008

Liverpool Care Pathway for the Dying Patient

National LCP Renal Steering group-

Guidelines for LCP Drug Prescribing in Advanced
Chronic Kidney Disease

(eGFR 30ml/min)

Anticipatory prescribing

- Pain- Fentanyl prn 25mcg s.c. or 100 -250mcg/24hrs.
- Terminal restlessness and agitation - Midazolam 2.5mg S/C prn (5-10mg over 24hrs)
- Respiratory tract secretions-Hyoscine Butylbromide 20mg S/C(40-120mg over 24hrs)
- Nausea and vomiting- Haloperidol 0.5-1.5mg S/C prn
- Dyspnoea- Fentanyl 25mcg S/c prn
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085320 gives downloadable version of pre emptive medication

