

INCREASING DIVERSITY OF THE PRE-DIALYSIS NURSE ROLE

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INTRODUCTION The role of the pre-dialysis nurse is increasingly diverse. Traditionally the role consisted of being involved in the pre-dialysis patient education programme (PEP) and providing follow-up care, thereby offering patients an informed choice about renal replacement therapy. In recent months the role has expanded and now includes home visits in collaboration with the renal counsellor, running a joint low-clearance clinic with a nephrologist, and also collaborating with the primary care team to provide palliative care for those who choose conservative management rather than dialysis.

PURPOSE The aim is to discuss and evaluate the pre-dialysis role, and make recommendations for workforce planning.

DESIGN Data over two six-months periods were collated (June to December 2002 and June to December 2003).

FINDINGS The main findings between the two audit timeframes were that in 2002, only 36% of these patients had attended the formal pre-dialysis patient education programme (PEP), whilst 51% attended the PEP in 2003. More significantly, in 2002 there were only 12 patients who opted for conservative management, whilst in 2003 there are 25 known patients who have chosen this option. Within the pre-dialysis clinic 17% of patients are being conservatively managed.

CONCLUSION There are increased numbers who have attended the PEP and have therefore made an informed modality choice. It is well-documented that good pre-dialysis preparation makes a difference to outcome on dialysis (Kidney Alliance, 2001). There are increasing numbers of patients who have opted for conservative management this year, and this may be because of the increased awareness of quality of life issues and they have been given the opportunity to evaluate their options in their own home. Home visits provide a safe environment in which to explore patients' and family members' views. Ensuing discussion can identify areas of concern that can be readily addressed or referred on for more specialist help such as ongoing provision of counselling and/or support from a palliative care nurse.

There is an increased referral rate to the pre-dialysis nurse from nephrologists of patients who they believe are considering the conservative management option. With the increasing focus on this group of patients, and the ongoing support for the patient and family that is required, there is a need for a specialist nurse. As we have recognised within the unit that this role will expand, an opportunity to employ a renal palliative care nurse has been created. This nurse will network with the regional community and collaborate with already established multi-agency teams. This holistic approach ensures that patients' decision-making is informed and based on both emotional and clinical need.