

MANAGING END OF LIFE CARE FOR PATIENTS WITH END STAGE RENAL DISEASE

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BACKGROUND

The number of patients developing end stage renal disease (ESRD) is increasing annually, most notably in the elderly (Ansell and Feest, 2002). Within this population there are a number of elderly patients approaching ESRD for which renal replacement therapy may not be an appropriate treatment option; either due to patient preference or issues related to co-morbidity. (Oreopoulos 1996). During the last eighteen months the total number of patients who have opted for conservative management or have chosen to withdraw from dialysis has increased from 13 to 30 patients, which is 10% of the pre dialysis population. During the phase of Conservative Management the patients are managed as pre-dialysis patients until the need for dialysis arises then effective palliative care is provided.

OBJECTIVE

The increase in numbers has necessitated the development of a multidisciplinary renal palliative care team. The team consists of: a nephrologist, a palliative care nurse practitioner (PCNP), a dietician, an anaemia co-ordinator, a social worker and a pharmacist who are devoted to providing high quality care to patients and on going support to their families and carers. The PCNP provides the vital link between the patient and both primary and tertiary care, with home visits allowing time for the patient and their family/carers to explore future management decisions in a familiar environment. The PCNP will ensure the patient feels empowered to make informed decisions and where necessary provide an advocacy service for the patient. The team have developed guidelines for the management of nausea and vomiting and plan to have guidelines for the management of pain available in the near future. These guidelines will be integral to the care pathway for end of life care which will be co-ordinated by the Renal Unit and have been developed to facilitate effective clinical decision making to ensure the patient is both physically and psychologically comfortable in the terminal phase of their disease.

CONCLUSION

Chronic renal disease is terminal if untreated. Patients have the right to make an informed choice regarding options available in the full knowledge that they will be offered the support they and their family require, as is offered to patients with other terminal diseases. Early referral of patients allows time to discuss all options in a timely and transparent manner and enables the development of an individualised care pathway for end of life care.