

## **END OF LIFE CARE AND DEATH IN PATIENTS ON MAXIMUM CONSERVATIVE MANAGEMENT OF END STAGE RENAL FAILURE USING THE SUPPORTIVE CARE PATHWAY (SCP)**

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**BACKGROUND AND AIMS:** Renal failure has an incidence of 600 pmp in the over 80-age group. The increased reporting of electronic GFR's, the renal NSF, the aging population, increased family and patient expectation and technical advances have all led to more elderly patients being offered long term dialysis. Yet for patients in this age group, dialysis is cumbersome and 90-day mortality figures are shocking. In view of this, many elderly patients are now offered maximum conservative management, which encompasses holistic treatment for their ESRF without dialysis. The outcome of these patients however is not always known as many are discharged into the care of the primary care service and do not receive ongoing follow up from local renal services. We have locally developed a supportive care pathway (SCP) for ESRF patients to manage these patients.

**METHODS:** We have examined the end of life care and death of patients with CKD stage 4 or 5 who chose not to have dialysis and opted for conservative management based on the SCP for ESRF. All data was collected from the SCP, electronic patient records and the renal electronic database.

**RESULTS:** We examined data from **43** patients. At referral to the conservative management service, average age was 84.6 years (range 75-96 years), M: F ratio 1:1, 91% patients were Caucasian. 50% of all patients lived alone and had an average Karnofsky score of 55. Average GFR at referral was 14 mls/min with a range from 7.9-21.4.

Average follow up time till death was 2 years. Death took place at home (26%), Hospice(5%), Nursing Home(9%), acute hospital setting(60%) – 1 patient traveled abroad and ended her life by Euthanasia. 30% of patients died suddenly, and for 51% death was unrelated to the diagnosis of ESRF. For those dying of ESRF, GFR shortly before death was at average 4.8mls/min. At the time of death, half of all patients were in receipt of Erythropoietin and iron supplementation, average Haemoglobin was 10.6g/dl and average Albumin was 35g/l.

All patients who died at home had made use of the social care package offered and all had been under the care of the renal MDT (doctor, nurse, OT, social worker) as well as the community nursing team and McMillan service. For all patients dying at home, functional and mental status was maintained till a week prior to death. 70% of patients died in their Preferred place of care (PPC).

**CONCLUSION:** In this group of patients average time to death following referral to the conservative management service was 2 years, the majority of the patients died in their PPC and half of all patients died of causes unrelated to ESRF. All of those dying at home had maintained functional and mental status until shortly before death. For the elderly frail patient, conservative management of ESRF using the SCP remains a viable and reasonable option.