IMPROVEMENT IN CONTINUITY OF CARE FOR PATIENTS AFTER CAPD / APD TRAINING IN RENAL AMBULATORY CARE CENTER (RACC)

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INTRODUCTION

After Continuous Ambulatory Peritoneal Dialysis (CAPD)/ Automated Peritoneal Dialysis (APD) training, patients will have their CAPD/APD at home by themselves or helped by their relatives. They have to cope with their new treatment facing CAPD/APD exchange procedures as well as observe & handling complications. Systematic assessment and follow up at an earlier stage after CAPD/APD training is essential for psychological support and prevent complications.



OBJECTIVES

- (1) Prevention and early detection of complications
- (2) Promotion on rehabilitation

METHODS

Newly trained CAPD/APD patients were visited by community nurses during their first PD exchange at home. Our renal nurses in RACC provided phone-visit to patients periodically and a 24 hours hot line is provided for enquiry. Volunteers from our patient group would pay home visit to newly trained CAPD/APD patients with their consent. Patients were followed up in RACC by renal nurses two weeks after training and doctors would be involved only if indicated. Patients would have tests to measure the adequacy of peritoneal dialysis & peritoneal equilibration test (PET) on fifth week after training in RACC and then be followed up in outpatient clinic.

RESULTS

From July 2010 to January 2011, 49 patients trained on CAPD/APD. Only 19 patients were referred to renal physician for adjustment of medications or PD regimen which saved 30 doctor sessions and patients' waiting time for doctor. No patient was admitted for complications of dialysis within first month after training. 80% of these newly trained patients joined our patient group.

CONCLUSIONS

Continuity care of post CAPD/APD training by nursing staff who are responsible for CAPD/APD training help patients to cope with dialysis in the initial stage.

