

Service Priorities and Programmes Electronic Presentations

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To enhance dialysis adequacy of peritoneal dialysis patients in YMTRDC Lai SY(1), Li CL(1), Choi BF(1), Chan PF(1), Leung TW(1), Sung KM(1), Tam CH(1), Chan L(2), Chung K(3), Luk HW(1) and Choi KS(1) (1) Yaumatei Renal Dialysis Centre, (2)Q & S Education and Development Department, Queen Elizabeth Hospital. (3) Renal Unit, Queen Elizabeth Hospital

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Introduction

In Hong Kong, peritoneal dialysis (PD) is the most common choice of treatment for the End Stage Renal Disease. Dialysis adequacy has a major impact on the outcome of dialysis patients. Moreover, small solute clearance measured by Kt/V is known to be one of the major determinants of dialysis adequacy. According to the guidelines, Kt/V ≥1.7 is recommended for PD patient. Overall small-solute clearance is the most closely related to uremic toxicity. However, uremic toxicity also strongly link between Kt/V values and mortality rates in dialysis patients. The patients need to change the treatment regime, when Kt/V showed inadequacy. The problem of case is only around 60% of PD patients achieve Kt/V ≥1.7 and defective result is around 40% in YMTRDC.

Objectives

1. To increase the awareness about dialysis adequacy of PD patients for nursing staff, doctors and patients; 2. To enhance the collaboration between nursing staff, doctors and patients for dialysis adequacy of PD patients; 3. To improve 20% the patient number of Kt/V ≥1.7 for better clinical outcome.

Methodology

From November 2011 onwards, a series of systematic strategies were proceeded. After the discussion, some solutions were selected, such as revised the workflow; provided master patient list to monitor Kt/V; provided leaflet for specimen collection; educated patient (leaflet and educational broad); educated nursing staff (briefing session) and provided reminder card for doctor assessment if Kt/V <1.7.

Result

The action plan was implemented from April to September, 2012. During this period, we performed 47 PD patients for new strategies of DAT. 41patients (87%) achieved

Kt/V ≥1.7 and 6 patients (13%) found Kt/V <1.7. Actually, these 6 patients also changed the treatment regime to correct Kt/V. Moreover, nurses commented that they could clarify the workflow of DAT and recommendation of Kt/V. Patient could understand the importance of dialysis adequacy and DAT, and enhanced doctor's awareness. Conclusions The role of renal nurse should collaborate to the other healthcare providers and patients to provide the good quality of care. "Thousands of miles begins with a single step", this is a good chance to strengthen the team spirit of healthcare team and patients for improvement of the clinical outcome.