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Symptom Prevalence of Patients with End Stage Renal Failure under In-patient Renal Palliative Care Program

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Introduction

The Renal Palliative Care (RPC) services in TWGHs Wong Tai Sin Hospital provide both in-patient care and ambulatory care services for End Stage Renal Failure (ESRF) patients. For in-patient stage, symptom control is one of the crucial components for patients.

Objectives

1. To assess the symptom prevalence of RPC in-patients upon admission and before discharge; &
2. The effectiveness of the interventions provided by RPC team.

Methodology

This is a retrospective study of the RPC in-patients admitted during the period from April 2014 to March 2016. Symptoms of the in-patients were rated by the Symptom Inventory for ESRF Patients according to a numerical rating scale (NRS of 0–10, 0 = nil, 10 = extreme). A total of 17 symptoms were measured; including pain, fatigue, dyspnoea, nausea, vomiting, loss of appetite, constipation, dry mouth, skin itchiness, sense of numbness, cold aversion, poor sleep, dizziness, limb swelling, muscle cramp, lower limb weakness and sense of sadness. The levels of severity were measured upon admission and before discharge. Descriptive statistics, Chi-square test and Paired-samples T-test were performed for statistical analysis. A p-value of less than 0.05 was taken as statistically significant. All probabilities were two tailed.

Result

A total of 176 in-patients of RPC, 79 males (44.9%) and 97 females (55.1%), were recruited with a mean age of 81 +/- 8.4 years. The five most prevalent symptoms were fatigue (64.7%, n=114), lower limb weakness (62.5%, n=110), dry mouth (59.0%, n=104), skin itchiness (59.0%, n=104) and cold aversion (57.9%, n=102). Comparing the level of severity, it was lower before discharge than upon admission. There is an

association between lower limb weakness and blood transfusion ($p < 0.05$). Differences were found in mean score for fatigue, constipation, limb swelling and lower limb weakness upon admission and before discharge from RPC ($p < 0.05$). RPC in-patients had high prevalence of fatigue, lower limb weakness, dry mouth, skin itchiness and cold aversion. Symptom control for the RPC patients demonstrated improvement after the in-patient RPC program. The study provided practical and valuable information for the implications of the subsequent care and service planning for the RPC patients. More studies are warranted to explore the effectiveness of various interventions for relieving symptom burden for the RPC patients.