

IMMOBILE DIALYSIS PATIENTS INCREASE THE DEMANDS ON A NURSE'S TIME AND DIRECT CARE

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INTRODUCTION

People nowadays live longer, which leads to a very significant ageing of the population. This is due in particular to the earlier and more accurate diagnosis of diseases, healthier lifestyle of the population and greater availability and public awareness of health care. On a global scale, this means that the average age of patients suffering from kidney disease and their complications, including those with reduced mobility, is constantly increasing.

OBJECTIVE

To ensure the highest quality of care for each patient and to reduce the mental and physical workload on the nurses providing care.

METHODS

The teamwork of nurses and doctors, as well as patients and their families, has a major role to play:

1. INTEGRATED CARE CONCEPT; "90 DAYS" PROGRAM

When the patient is admitted to the dialysis centre, their health condition is assessed as well as their knowledge about chronic dialysis. The results are recorded in the clinical documentation

- The subsequent review of the clinical documentation facilitates the evaluation of the results to enable sustained quality
- Risk assessment and prevention of complications (falls, venous needle dislodgement (VND), etc.)

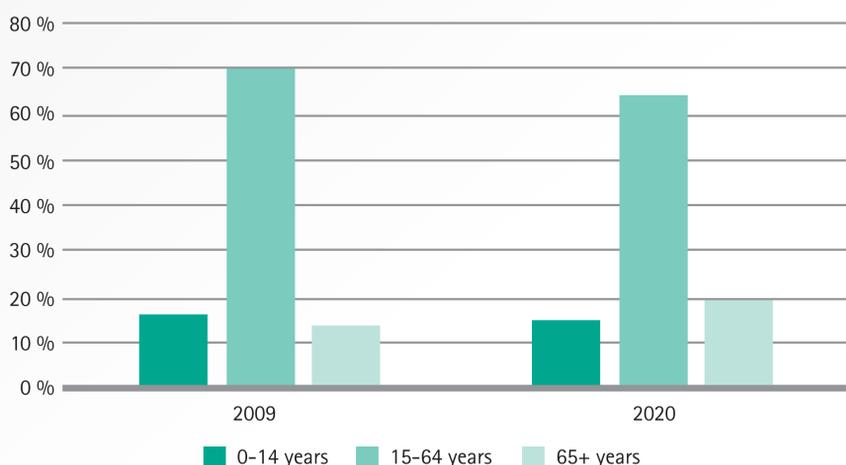
2. PATIENT SAFETY

- Safe extracorporeal treatment
- Providing and administering medication
- Prevention of falls and VND; the evaluation of "Prevention of falls" and "Risk of the VND" as part of the nursing diagnosis; depending on the results – thorough re-education of the patient or family members, implementation of preventive measures (escorting the patient to the bed and changing room, consistent needle fixation) and more frequent patient monitoring.
- Cooperation of the family.

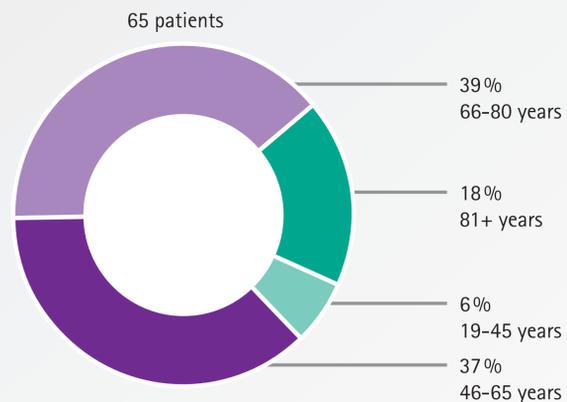
3. PROVIDING QUALIFIED SKILLED PERSONNEL

- Effective system for managing shift schedules – minimize the need for overtime, allow regular holidays, ensure a sufficient number of qualified staff
- To determine objectively whether nursing capacity is optimally matched to patient needs on the dialysis unit
- Workshops – courses organized as part of the Aesculap Academy
- Team building – corporate and within the centre
- Burnout syndrome prevention

Data of the Czech Statistical Office:



We currently manage 65 patients at our dialysis centre.



RESULTS

Despite the increasing number of disabled patients at our dialysis centre and an increasing amount of administrative burdens, the percentage of nurse migration is low. This also includes the occurrence of burnout syndrome. Patients are provided the same quality of care regardless of the difficult conditions of care provision.

CONCLUSION

Ageing is a phenomenon that occurs in all countries. Nursing care is changing as a result of a significant increase in the average age of the patient. It is therefore necessary to respond adequately and take appropriate action in due time.

A sufficient number of dialysis staff should be provided at the dialysis centre to adequately respond to patient requirements and to be able to monitor and correctly evaluate all patient risks. The same attention paid to patient care should also be paid to nurses. Every employer should try to prevent their physical and mental overloading.

