

Conference Theme

Global Approach to Renal Care Innovation-
Balancing Compassion and Health Technologies



Palliative Care in Nephrology: a long way to go - a case study

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Presentation outline

1 Introduction

2 Objectives

3 Methods

4 Results

5 Conclusions

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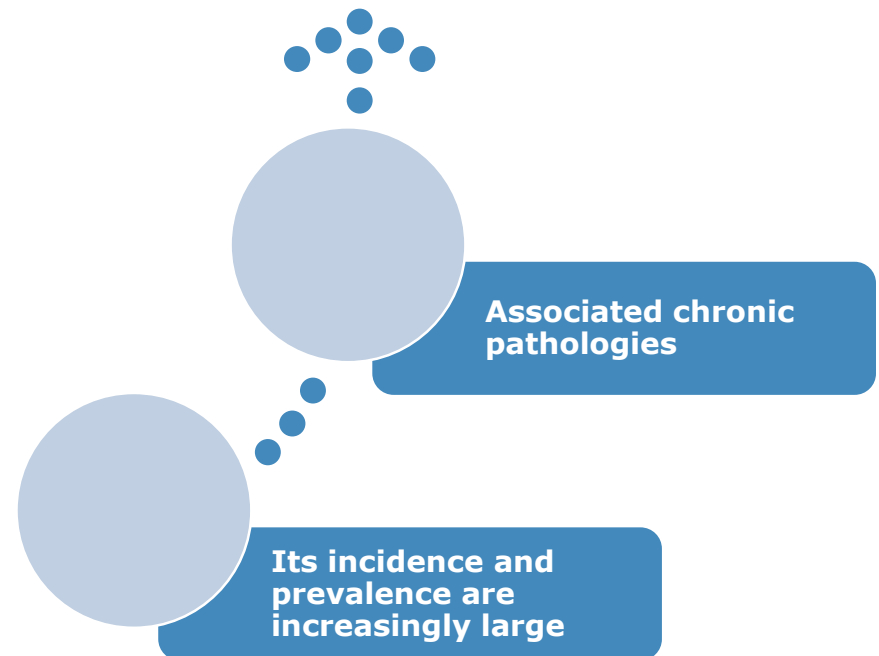
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Introduction

- In Portugal, the conservative medical treatment, although a reality, does not have an adequate or sufficient response in the public health service of continuous and palliative care to supply the needs of the dialysis patients who could benefit from it.

Chronic Kidney Disease



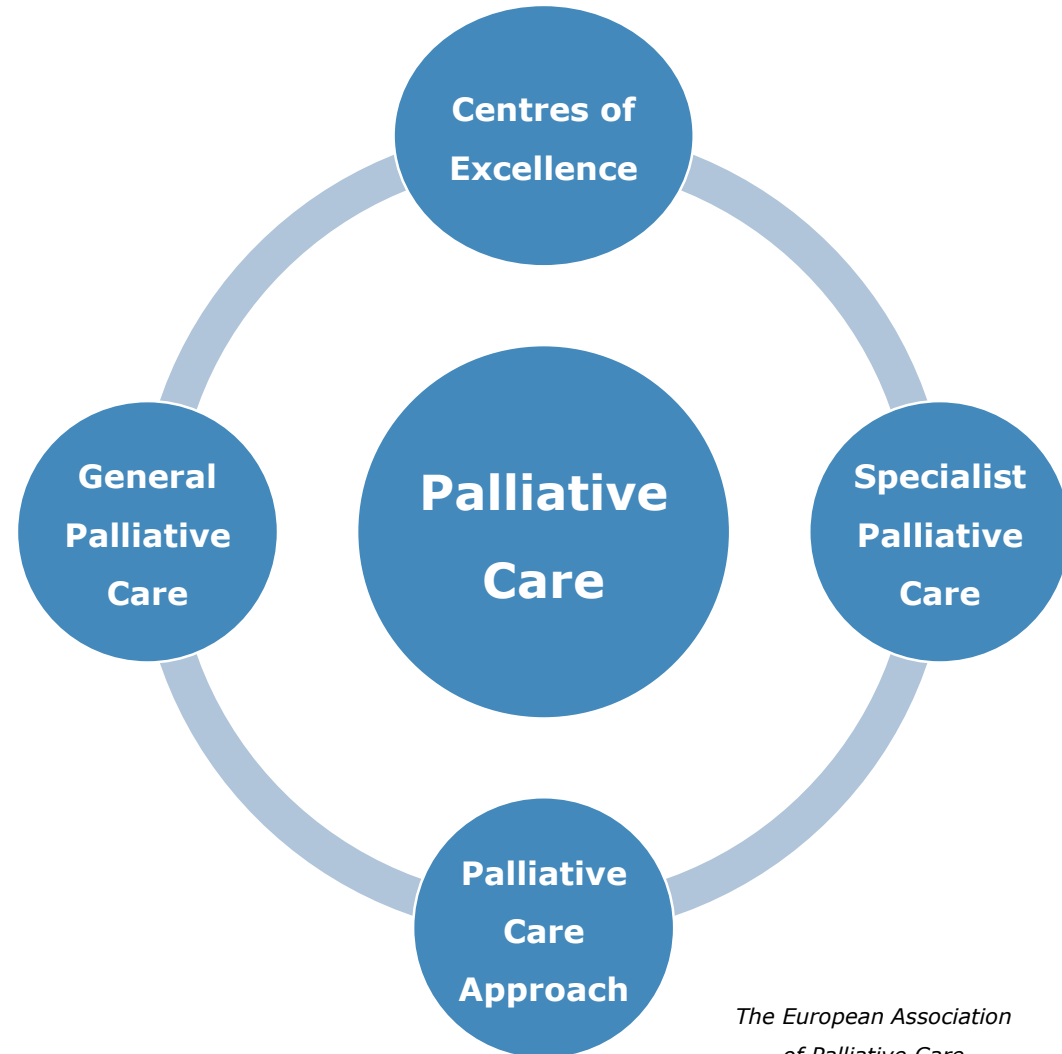
Palliative Care

- Approach that improves the quality of life of patients and their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual.
- Palliative care uses a team approach to support patients and their caregivers. This includes addressing practical needs and providing bereavement counselling. It offers a support system to help patients live as actively as possible until death.

WHO, 2002

• Palliative Actions

- “therapeutic measures without curative intent, isolated and practiced by professionals without specific preparation, aimed at reducing, in hospital or at home, the negative repercussions of the disease on the patient's well-being, particularly in cases of incurable or severe illness, in an advanced and progressive phase”



*The European Association
of Palliative Care*

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Objectives

- To understand in which way the dialysis nurses from private clinics can provide individual care to the patients and their families, in terminal phases.
- To identify palliative measures that can be developed to provide care to patients and their families in the terminal phases of the disease.

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- **Study Type:**

- Retrospective case study of reflective critical analysis.

- **Data collection :**

- Observation during care;
- Daily registration by the medical and nursing team carried out in a database;
- Evolution analysis's for both lab data and weight variation, on a monthly basis.

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Characterization of the patient

- AP, 82 years, Caucasian, retired teacher, living in a nursing home.

Time in HD

- December 2015 to January 2017

Etiology of chronic renal failure

- Hypertensive cardiac and renal disease

Personal background and comorbidities

- Arterial hypertension since age 50, Alzheimer's disease, dyslipidaemia, etc.

- **Vascular Access for HD :**

- **2012:** Arteriovenous Fistula – Left Arm Brachiocephalic.
- **2016:** Permanent Catheter– Internal Right Low Jugular.

- **Clinical History / Follow-up**

- **December 2015:** patient comes to the clinic in a good mood, despite the frightened countenance, which we can easily reassure. Uncommunicative, with slowed speech and slight disorientation. Needs partial help for life activities. AVF functioning but with a winding path posing some difficulties for a proper cannulation and to which the patient manifests pain and discomfort. She presented some episodes of symptomatic hypotension with nausea and vomiting.

• Clinical History / Follow-up

- **March 2016:** Patient arrives at clinic with worsening of general condition. Apathetic, very uncommunicative and with inexpressive facies. Carried in a wheelchair. Nasogastric feeding tube. Oedema of the AVF arm, with immobilization due to disorientation. Patient increasingly emaciated.
- **June 2016:** Patient transported by stretcher, oscillating between states of wakefulness and obnubilation, but always very uncommunicative. Often presented respiratory stridor, in need of aspiration of secretions. Attempt to reduce the number of weekly treatments without success, by increased prostration and respiratory distress.

• Clinical History / Follow-up

- **September 2016:** Need for permanent oxygen supply. Patient often comes without weight gain between treatments.
- **December 2016:** Thrombosis of the AVF, with inflammatory signs, reason why the patient was sent to the hospital for permanent catheter placement. Evidence of weight loss about 9 Kg from the beginning of HD. Presents pressure ulcers.
- **January 2017:** death of the patient.

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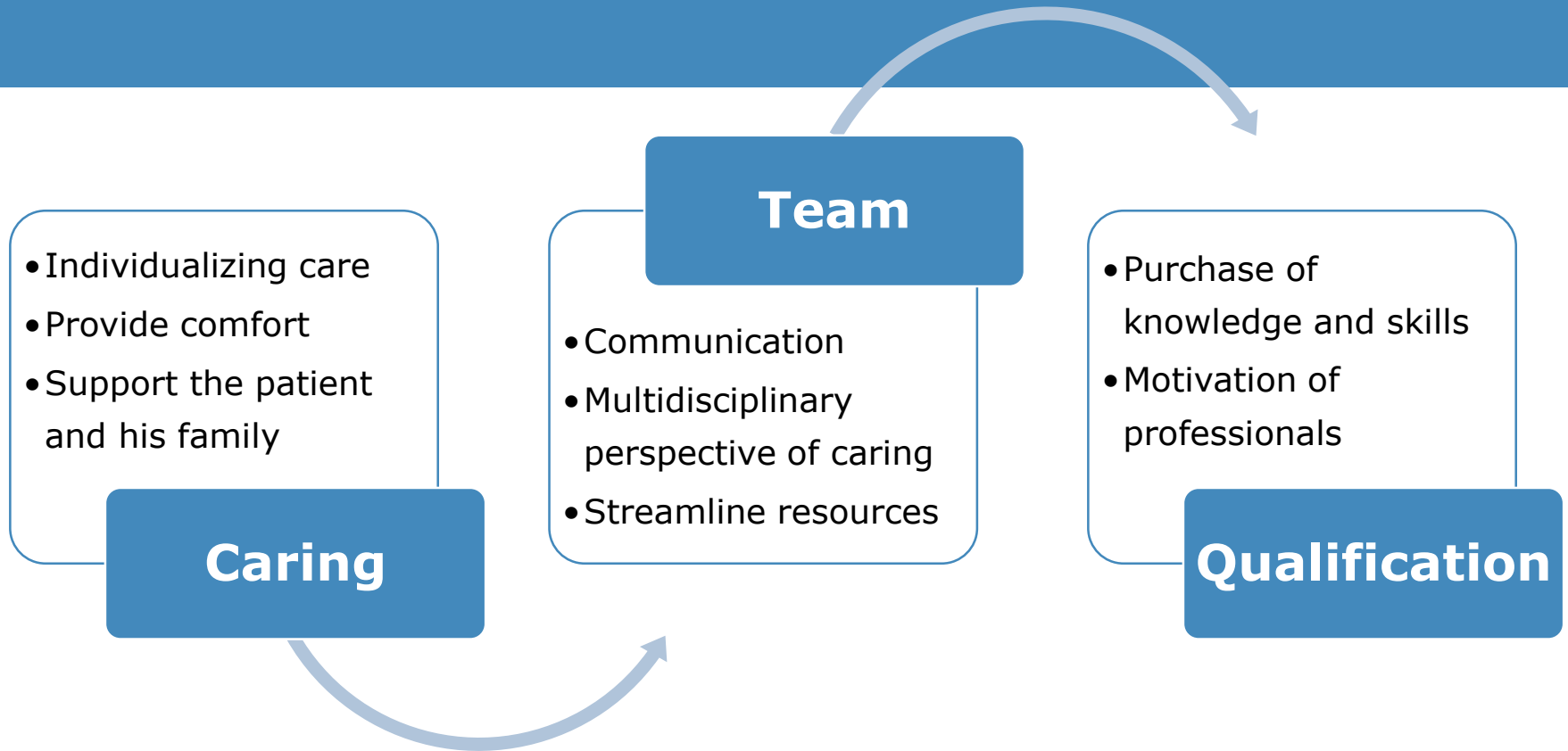
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Conclusions

- Caring for people is always a challenge, even when the therapeutic options do not seem to us the most appropriate.
- The differential care that these people and their families need must be improved in order to respond to their needs.
- In spite of the difficulties generally felt, we realize that there is an increasing need to train professionals to “CARE” for people in their end of life, articulate with other professionals and other health institutions and support the family.

Conclusions



The road is long and winding ...

... but to get where we want

we need a change of attitude!

**Thank You Very Much
for Your Attention!**

Acknowledgments

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