



Self-care of patients on haemodialysis

Malgorzata Liber¹, Maria Teresa Parisotto²

¹Fresenius NephroCare, Nursing Care Coordination, Poznan – Poland

²Fresenius Medical Care, Care Value Management, Bad Homburg - Germany

Introduction

Elderly dialysis patients find self-care more difficult. Despite the use of more and more modern equipment, patients undergoing hemodialysis require more time and involvement of nurses and other staff in activities such as: feeding, getting to bed, personal toilet, walking, dressing, controlling bowels and bladder. The Bartel Index is a simple tool used to assess patient independence and it can be used to define the employment structure in dialysis clinics and provide quality nursing care [1, 2].

Objectives

1. To evaluate self-care of patients from 2013-2015.
2. To evaluate self-care of patients in different haemodialysis clinics.

Methods

Patients' self-care was evaluated using the Modified Barthel Index.

Depending on the score achieved, patients were assigned to one of three categories.

Category I, score 86-100: fully independent patient requiring minor assistance of nursing personnel in daily activities.

Category II, score 21-85: patients requiring moderate assistance.

Category III, score 0-20: incapacitated patients or patients requiring major assistance.

Results

Analysis was based on reports from 71 clinics from 2013-2015. 5,043 to 5,706 hemodialysis patients were evaluated each quarter. About 59,589 measurements were registered.

An average of 3.0% of all patients required major assistance of nursing personnel Figure 1. The proportion of patients classified to category III in different clinics was 0-18.8% Figure 2.

An average of 19.5% of all patients required moderate assistance of nursing personnel Figure 1. The proportion of patients classified to category II in different clinics was 5.0-48.0% Figure 2.

An average of 77.9% of all patients were independent or only required minor assistance of nursing personnel Figure 1.

Patients' status changed over time in all clinics Figure 3.

Conclusions

1. Over the observed period, the average proportion of patients classified to each category remained at similar levels during the study period.
2. The number of patients classified to one of the three categories was different in each clinic.
3. The patients' condition changed over time in all clinics.
4. The differences between the patients' condition requires an individual approach to shift planning of nurses.

References

1. Wiesława Mojsa, Sławomir Chlabicz, Jolanta Małyszko. Characteristics of „long-term home care nursing” patients in the years 2004–2008 in Podlasie Province. *Gerontologia Polska* tom 21, nr 1, 18–24 ISSN 1425–4956
2. Recommendations of the Working Group of the Polish Society of Nephrology for the criteria of quality treatment in dialysis patients with end-stage renal disease. *NEPROL. DIAL. POL.* 2015, 19, 6–11)
3. Anna Wruck-Złotowska, Krzysztof Wruck. *Forum Nefrologiczne* 2011, tom 4, nr 3, 258–265

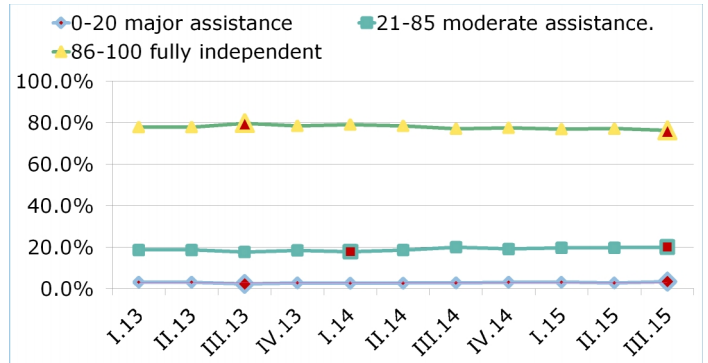


Figure 1. Number of patients in 3 categories; average for 71 clinics

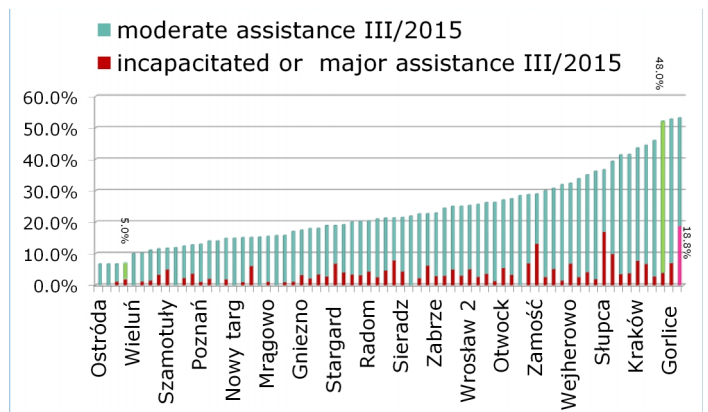


Figure 2. Differences in self-care condition in different clinics

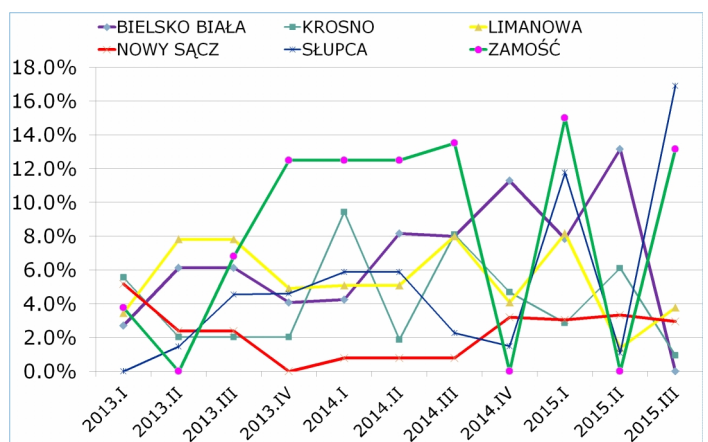


Figure 3. Fluctuation of self-care condition eg.in 6 clinics, concerns patients category III.