

Self-dialysis: Project implementation

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Introduction

CKD patients on dialysis experience significant changes in their daily lives as a result of the disease¹. Living with many stress factors, they become more passive, losing self-control, self-esteem, motivation, resulting in a sense of dependency¹. Supporting CKD patients in self-care involves making them an active element in their own treatment of the disease impacting the patients' independency and self-esteem. Which activities can be performed by the patient must be determined on an individual basis².

Objectives

To develop and follow-up on measures to involve patients in healthcare. They shall be capable of being autonomous and independent in their treatment process, i.e. develop a set of skills and knowledge and apply them in practice, promoting excellence in the quality of care.

Methods

Qualitative study of 10 patients (Table 1) according to the following inclusion criteria: Buttonhole cannulation technique; cognitive fitness; sustained motivation; low level of restricting comorbidity according to the Charlson comorbidity index; integrated manual dexterity in functional status, monitored by means of the Karnofsky performance scale, with a total score of ≥ 100 . Patients were trained and cared for in a co-management environment with the multidisciplinary team according to the Self-dialysis Intervention Protocol (Table 2 and 3).

Results

This project began in 2012, and included a total of 10 people up to now. 5 patients received a transplant, 3 patients currently perform self-dialysis, and 2 were included in the design phase. The average time on haemodialysis has been 21 months (1-3.5 years) (Table 1). The learning time of each patient has been very variable, but with an overall average of 6 months (4-12 months) (Table 2).

Conclusion

The partnership in care management between the multidisciplinary team and the patient resulted in the motivation and commitment of each patient. This in turn resulted in an increase of each patient's autonomy and, as expected, in a better quality of life. The patient is the focus of our attention and concern, and in the centre of our care. To be responsible for their treatment process and being aware of compliance requirements makes them feel more motivated.

References

1. Pinheiro, J. (2011). Autonomia e aderência na pessoa com doença renal crónica. *Bioética*. 219-229
2. Baker, G. & Sinith, D. (1992). *What patients think, feel, and do, and how this relates to clinical trials*. Medical Meeting Series, 1: 34-40.

n	\bar{x} ages (years)	\bar{x} time in self dialysis (months)	n° infection VA	Dialysis efficacy
10	37 [28 - 43]	21 [12 - 41]	0	Kt/V > 1,4 RV > 21L

VA – Vascular Access
Kt/V – Dialysis dose
RV – Replacement volume

Table I: Characteristics of population I Clinical outcomes

\bar{x} Time to learn

6 months [4-12]

Table II: Learning timing of people in self-dialysis

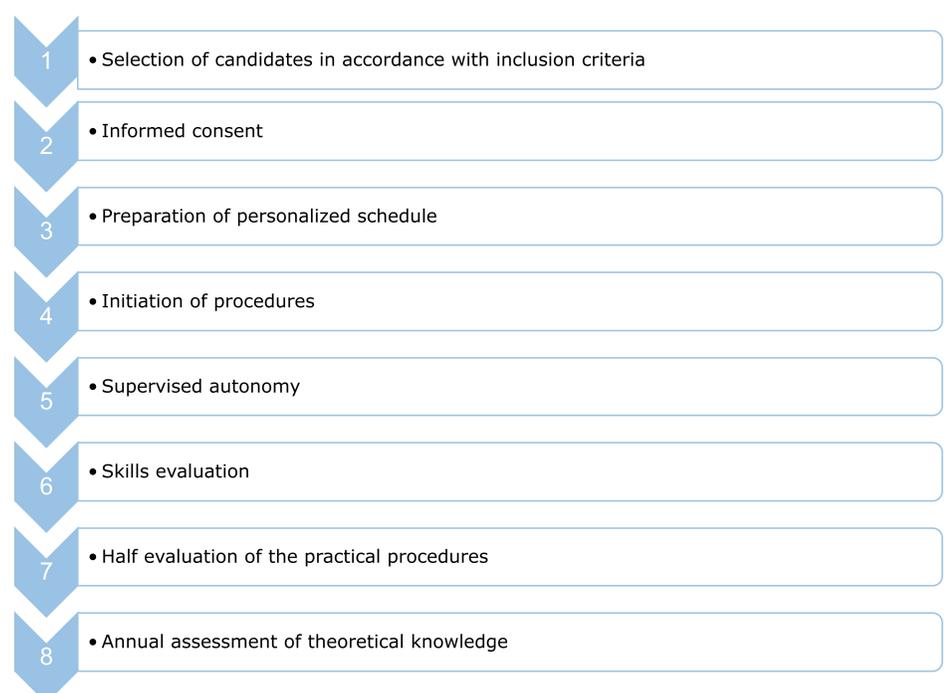


Table III: Self dialysis: Intervention protocol