CONSERVATIVE KIDNEY MANAGEMENT GUIDELINES

<Nephrology, Urology and Transplantation Directorate>

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CONSERVATIVE KIDNEY MANAGEMENT GUIDELINES

CONTENTS

SECTION 1

Definition – Guideline
A statement of principles giving guidance but allowing for professional initiative.

Rationale – These guidelines are being introduced to provide nursing and medical staff with information and guidelines on the care of patients with End Stage Kidney Disease who opt not to undergo dialysis and for whom dialysis is not an option for clinical reasons.

An Bord Altranais (2009) stated that "Nurses can make a difference to older people and their families by creating and facilitating a therapeutic milieu that addresses their physical, psychological, social, cultural and spiritual needs. This includes collaboration with the other healthcare professionals in providing evidence based best practice and establishing mechanisms for consultation regarding practice and referral" "Providing relief from distress will facilitate a comfortable death and one that is remembered with peace and comfort by family and friends".

Irish Medical Council (2009)

"When Death is imminent, it is the responsibility of the doctor to take care that the said person dies with dignity, in comfort and with as little suffering as possible. In these circumstances a doctor is not obliged to initiate or maintain treatment which is futile and disproportionately burdensome."

Department of Health and Childcare 2008

In 2006, the Health Service Executive (HSE) stated its commitment to develop a chronic disease management patient support programme.

World Health Organisation (2004) – recommended the provision of appropriate palliative care for all patients regardless of diagnosis.

Palliative Care for all - Integrating Palliative Care into Disease Management Frameworks (2008) recommends – " Collaboration between the relevant speciality / primary care team and SPC(specialist palliative care) has been found to be beneficial in meeting the palliative care needs of people with non – malignant diseases at all stages of their illness. In all cases of collaboration practice the development of local guidelines setting out the parameters for referrals or joint/shared care are recommended.
www.hospice–foundation.ie www.hse.ie

SCOPE
The implementation of this guideline will apply at the point on the disease trajectory where the patient would otherwise be preparing for commencing renal replacement therapy. Chronic Kidney Disease (Stage 3-4)

Key Staff – All staff within the Nephrology Urology and Transplantation Directorate have responsibility in implementing and following through on this guideline.

Responsibilities – To use this guideline tool as recommended, and review at each clinic visit. To communicate and document any changes in the medical notes.

PRINCIPLES The basic belief on which this guideline is based is that it is our responsibility to support people with advanced kidney disease to live life as fully as possible and enable them to die with dignity in a setting of their own choice. In addition, Family members are supported throughout the illness of their relative, and are treated with compassion and in a caring manner following the death of their relative.

SECTION 2

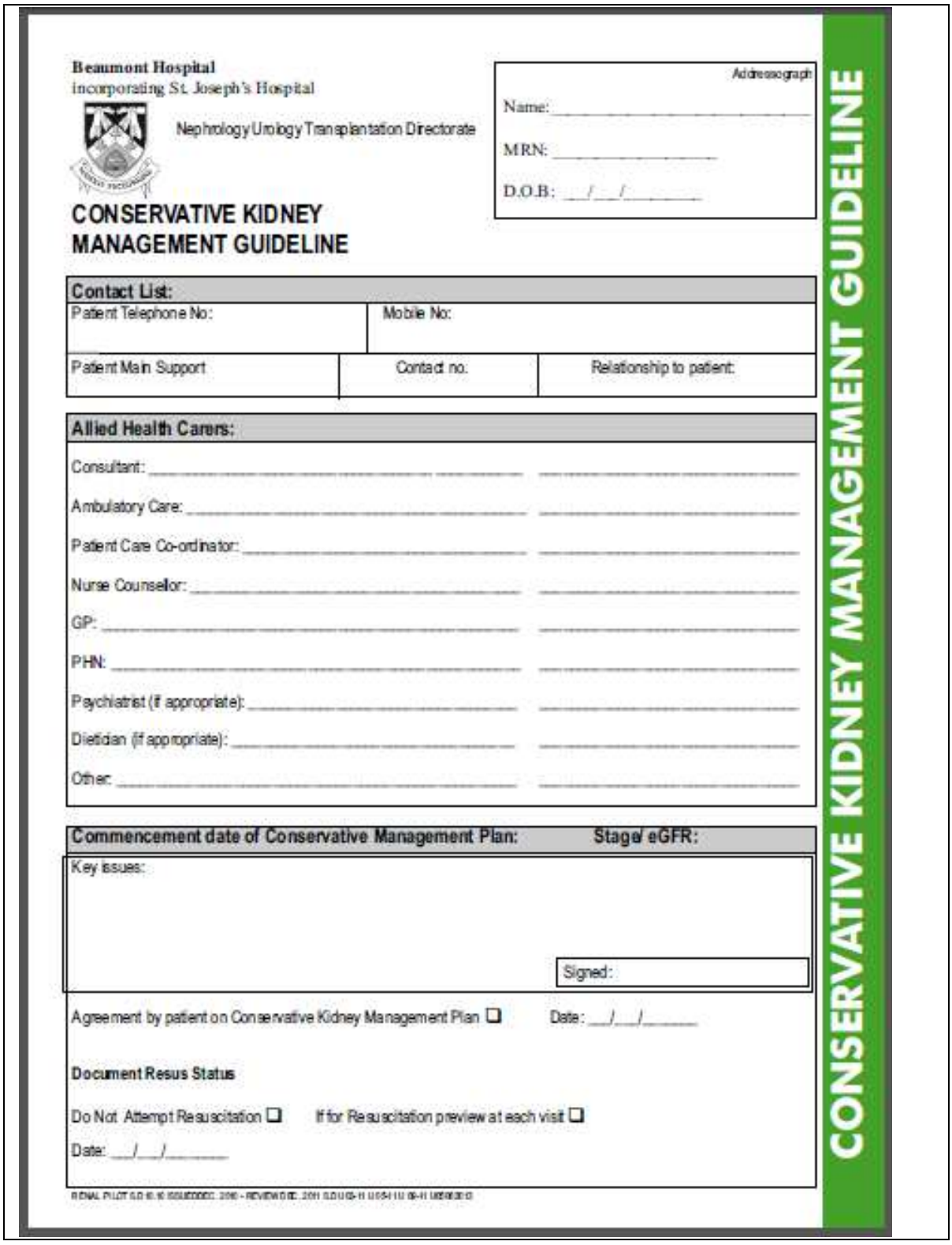
THE PPPG –Consisting of: Conservative Kidney Management Guideline
Care in the Last Days of Life Guideline

Patients on the Conservative Management Pathway will receive quality treatment and care which includes palliative care that focuses on managing pain and other distressing symptoms, providing psychological, social and spiritual support and support those close to the patient including bereavement care. (Medical Council of Ireland)

SECTION 3

THE PROCEDURE – Consisting of:

A step by step account of how the PPPG is to be achieved, including a flowchart in all but the simplest cases.



Beaumont Hospital
incorporating St. Joseph's Hospital

Nephrology Urology Transplantation Directorate

Addressograph
Name: _____
MRN: _____
D.O.B: __/__/_____

CONSERVATIVE KIDNEY MANAGEMENT GUIDELINE

Contact List:

Patient Telephone No:	Mobile No:	
Patient Main Support	Contact no.	Relationship to patient:

Allied Health Carers:

Consultant: _____ _____
Ambulatory Care: _____ _____
Patient Care Co-ordinator: _____ _____
Nurse Counsellor: _____ _____
GP: _____ _____
PHN: _____ _____
Psychiatrist (if appropriate): _____ _____
Dietician (if appropriate): _____ _____
Other: _____ _____

Commencement date of Conservative Management Plan: **Stage/ eGFR:**

Key issues:

Signed:

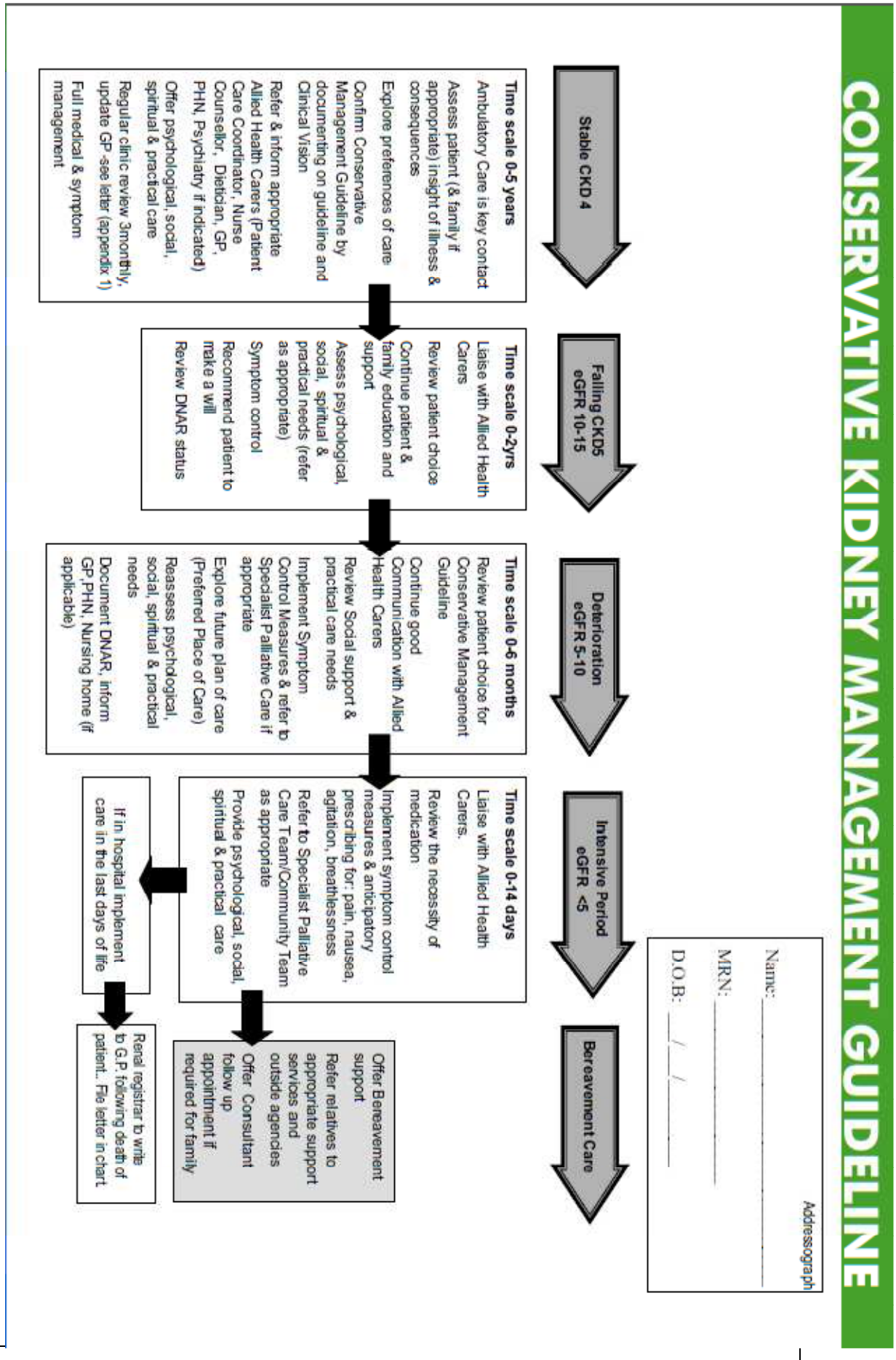
Agreement by patient on Conservative Kidney Management Plan ☐ Date: __/__/_____

Document Resus Status

Do Not Attempt Resuscitation ☐ If for Resuscitation preview at each visit ☐

Date: __/__/_____

CONSERVATIVE KIDNEY MANAGEMENT GUIDELINE


CONSERVATIVE KIDNEY MANAGEMENT GUIDELINE
Addressograph
Name:
MRN:
D.O.B: __/__/____
Stable CKD 4
Time scale 0-5 years
Ambulatory Care is key contact
Assess patient (& family if appropriate) insight of illness & consequences
Explore preferences of care
Confirm Conservative Management Guideline by documenting on guideline and Clinical Vision
Refer & inform appropriate Allied Health Carers (Patient Care Coordinator, Nurse Counsellor, Dietician, GP, PHN, Psychiatry if indicated)
Offer psychological, social, spiritual & practical care
Regular clinic review 3monthly, update GP -see letter (appendix 1)
Full medical & symptom management
Falling CKD5 eGFR 10-15
Time scale 0-2yrs
Liaise with Allied Health Carers
Review patient choice
Continue patient & family education and support
Assess psychological, social, spiritual & practical needs (refer as appropriate)
Symptom control
Recommend patient to make a will
Review DNAR status
Deterioration eGFR 5-10
Time scale 0-6 months
Review patient choice for Conservative Management Guideline
Continue good Communication with Allied Health Carers
Review Social support & practical care needs
Implement Symptom Control Measures & refer to Specialist Palliative Care if appropriate
Explore future plan of care (Preferred Place of Care)
Reassess psychological, social, spiritual & practical needs
Document DNAR, inform GP,PHN, Nursing home (if applicable)
Intensive Period eGFR <5
Time scale 0-14 days
Liaise with Allied Health Carers.
Review the necessity of medication
Implement symptom control measures & anticipatory prescribing for: pain, nausea, agitation, breathlessness
Refer to Specialist Palliative Care Team/Community Team as appropriate
Provide psychological, social, spiritual & practical care
If in hospital implement care in the last days of life
Renal registrar to write to G.P. following death of patient.. File letter in chart
Bereavement Care
Offer Bereavement support
Refer relatives to appropriate support services and outside agencies
Offer Consultant follow up appointment if required for family

SECTION 4

DEVELOPMENT AND CONSULTATION PROCESS – Consisting of:

An outline of who has been involved in developing the PPPG (use template below)

CONSULTANT SUMMARY	
Date PPPG issued for consultation	22nd April 2010
Number of versions produced for consultation	4
End of Life Steering Committee – Dr Mark Denton – Consultant Nephrologist Dr Regina Mc Quillan – Consultant Palliative Medicine Dr Tahmina Rahman – Renal Registrar Margie Kennedy – Renal Nurse Counsellor Mary T Murphy – Patient Care Co-ordinator Eileen McBrearty – Patient Care Co-ordinator Caroline Cregan – CNM11 St Peter's Ward Teresa Byrne – Specialist Palliative Care Nurse Louise McSkeane – Ambulatory Care Olive Byrne – Ambulatory Care Eimear O'Sullivan Staff Nurse Marie Greene CNM 11 Hamilton – June 2013	End of Life Steering Committee met on the following dates - Dates: 7th April 2010 22nd April 2010 25th May 2010 31st August 2010 7th May 2013 25th June 2013 Sub Committee meeting – 21st September 12th October 2010 2nd November 2010

Where Received	**Summary of Feedback**	**Actions/Response**
The first discussion on this guideline was at the End of Life Steering meeting on the 22nd April.	It was agreed that the first draft be designed and circulated to the entire group before the next meeting.	Work began on the design and wording for the guideline.
End of Life Steering Group meeting 25th May 2010	A general discussion took place to review the first draft of proposed guidelines.	It was decided that it is a work in progress and to follow up again at the next meeting.

End of Life Steering Group meeting 31st August 2010	It was decided to form a sub-committee to decide on the final wording and to research other areas to see what is in use.	The sub- committee met with the oncology department who have a similar plan in use. This was very productive. It gave the committee insight into how best to highlight the guidelines in the patient's chart.
End of Life Steering Group Meeting 12th October 2010	Work is progressing to the satisfaction of the Committee. One of the ambulatory care nurses will investigate getting a stamp designed for the patient chart to use for clinic appointments. Checking the best route for documentation.	Decision to make the necessary adjustments to the wording. Proceed to printing a copy of the guideline to bring to the next meeting.
End of Life Steering Group Meeting 2nd November 2010	Colour and Layout in the final discussion today. Two small areas in the wording need to be changed. Agreed to add the addressograph to both sides.	Agreed to meet again prior to Policy meeting with the final draft and if approved to start the pilot study in January 2011.
End of Life Steering Group Meeting May 2013	A General discussion to place to review the Guidelines.	It was decided to divide to Guidelines into two separate Guidelines 1. Withdrawal of Dialysis 2. Conservative Management Agreed to meet again re final adjustments.
End of Life Steering Group Meeting June 2013	Final Adjustments to the wording of the Documents.	All parts of the Guidelines sent to Printer room. Updated Policy to the Policy meeting for review.

SECTION 5

REFERENCE DOCUMENTS – Consisting of:

A list of works that the author has used as a source of information, evidence or inspiration

An Bord Altranais (2009) Professional Guidance for Nurses working with Older People

Brown, E, Chambers J, Eggeling C, (2007) End of life Care in Nephrology from Advanced Disease to Bereavement (Oxford Specialist Handbooks)

Brown E, Chambers E, Eggeling C. (2008) Palliative Care in Nephrology. Nephrol Dial Transplant 23 789-791

Brown E, (2010) Supportive Care for the Renal Patient (Oxford University Press)

Davision S, Torgunrud C, (2007) The Creation of an Advance Care Planning Process for patients with ESRD. American Journal of Kidney Disease Vol 49 No.1 pages 27-36

Darrell(2006) Palliative Care and End Stage Renal Disease. Journal of Hospice and Palliative Nursing Vol 8. No 6

Department of Health and Childrens Documents. A policy of Framework for the management of Chronic Diseases. Tackling Chronic Disease (2008)

Farrington K, Gomm S (2008) End of life Care in Advanced kidney Disease – a Framework for Complementation NHS (National End of Life Care Programme)

Fliss EM. Murtagh et al (2007) Symptoms in Advanced Renal Disease; A Cross Sectional Survey of Symptom prevalence in Stage 5 Chronic Kidney Disease Managed without Dialysis. Journal of Palliative Medicine Volume 10 No 6

Medical Council of Ireland 2009 Guide to Ethical Conduct and Behaviour

Gold Standards Framework (GSF) NHS End of Life Programme www.goldstandardsframework.uk

Hinton V, Fish M (2006) A Care Pathway for the End of Life in a renal setting. EDTNA/ERCA Journal 2006 xxx113

Murtagh F, et al (2006) Symptoms Management in Patients with established renal failure managed without dialysis. EDTNA/ERCA Journal 2006 xxx112

Murtagh F, et al (2007) Nephrol Dial Transplant 1955- 1962 Dialysis or not? A comparative survival study of patients over 75years with chronic kidney disease stage 5

Noble H. Kelly, K. (2006) EDTNA/ENCA Journal 2006 xxx112_Caring for people who are dying on Renal wards: A retrospective study.

Noble H Kelly (2006) Supportive and Palliative Care in end stage renal failure: the need for further research:
International Journal of Palliative Nursing 2006 (Vol12 no 8)

Mc Kenna, S, (2008) Irish Nephrology Nurses Association. Submission to the Irish Hospice Foundation on the Draft Report 'Palliative Care for all'

The Renal Association (2009) RA Guidelines – Planning, Initiating and Withdrawal of Renal Replacement Therapy.

Starzomski R (2006) Ethical Challenges in Nephrology Nursing. American Nephrology Nurses Association 2006 (797-815) Contemporary Nephrology Nursing:
Principles and Practice, 2nd Edition

White Y. Fitzpatrick G. (2006) EDTNA/ENCA Journal 2006 xxx112 Dialysis: prolonging life or prolonging dying? Ethical, Legal and Professional consideration for End of Life decision making.

Palliative Care for All (2008)_Integrating Palliative Care into Disease management Frameworks HSE/IHF Report on the Extending Access study.

HSE Consent Policy 2013