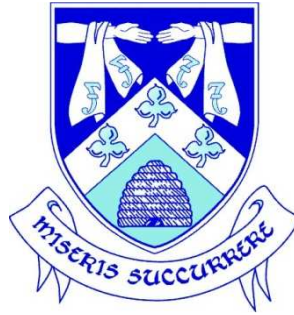


# GUIDELINES ON WITHDRAWAL OF DIALYSIS

<Transplantation, Urology and Nephrology Directorate>



## < GUIDELINES ON WITHDRAWAL OF DIALYSIS >

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Review Date: March 2015
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# GUIDELINES ON WITHDRAWAL OF DIALYSIS

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## SECTION 1

**Rationale** – This guideline provides a template of care to all staff involved in the withdrawal of dialysis in patients with End Stage Kidney Disease within the Transplantation, Urology and Nephrology Directorate.

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.”

### HSE

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

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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](http://www.hospice-foundation.ie)      [www.hse.ie](http://www.hse.ie)

Hospice Friendly Hospital (May 2010)

Produced – “The Quality Standard for End of Life Care in Hospitals” resulting from the “National Audit of End of Life Care in Hospitals in Ireland” 2008/2009.

A number of quality standards were recommended for End of Life Care in Hospitals currently being piloted.

### **SCOPE**

The implementation of this guideline is recommended in the following circumstances –

**Conservative Kidney Management Guidelines** apply at the point on the disease trajectory where the patient has made a decision not to opt for dialysis. This is likely to be when Chronic Kidney Disease is stage 3-4, but patients may vary in this regard.

### **(b) Withdrawal of Dialysis Management Guideline**

This Guideline applies to all patients who have made a decision to withdraw from dialysis, or for whom dialysis is no longer a suitable treatment for clinical reasons. The patient will continue to be actively cared for in all but the provision of dialysis. Once the decision has been made under this Guideline, please proceed to Conservative Kidney Management Guideline if applicable, or proceed to “Care in the Last Days of Life”, if indicated.

### **(c) Care in the last Days of Life**

These guidelines apply where the patient is actively dying and patients from either or both of the previous guidelines will also progress to this guideline.

**Responsibilities** – All staff within the Transplantation Urology and Nephrology Directorate have responsibility in implementing and following through on this guideline where appropriate.

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### **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.

Not all deaths can be anticipated or planned for. Sudden unexpected deaths can be traumatic for the family and staff, and other patients nearby or closely associated through friendship. This guideline does not provide guidance in these circumstances. Local practices continue to apply.

### SECTION 2

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

Patients whose care is guided by Guidelines on Withdrawal of Dialysis 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 for those close to the patient including bereavement care. (Medical Council of Ireland)

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## SECTION 3

**THE PROCEDURE – Consisting of: Conservative Kidney Management Guideline, Withdrawal of Dialysis Guideline and Care in the last days of Life Guideline.**

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

<p><b>Beaumont Hospital</b> incorporating St. Joseph's Hospital</p> <p style="text-align: center;">Nephrology Urology Transplantation Directorate</p> <p><b>WITHDRAWAL OF DIALYSIS MANAGEMENT GUIDELINE</b></p>	<p style="text-align: right; font-size: small;">Addressograph</p> <p>Name: _____</p> <p>MRN: _____</p> <p>D.O.B: ____/____/____</p>	
<b>Contact List:</b>		
Patient Telephone No: _____	Mobile No: _____	
Patient Main Support	Contact no. _____	Relationship to patient: _____
<b>Allied Health Carers:</b>		
Consultant: _____		
Ambulatory Care: _____		
Patient Care Co-ordinator: _____		
Nurse Counselor: _____		
GP: _____		
PHN: _____		
Psychiatrist (if appropriate): _____		
Dietician (if appropriate): _____		
Specialist in Palliative Care (if appropriate) _____		
<b>Commencement date of non Dialysis Management Plan:</b>		
Key issues:		
Signed: _____		
Agreement by patient on Withdrawal of Dialysis / Conservative Management Plan <input type="checkbox"/> Date: ____/____/____		
Agreement by main support on Withdrawal of Dialysis / Conservative Management if appropriate <input type="checkbox"/> Date: ____/____/____		
Not For Attempted Resuscitation <input type="checkbox"/> Date: ____/____/____		
Patient preferred place of care: _____ Date: ____/____/____		
RENAL PLANET 05-11 ISSUED APRIL 2011 USE-11 USE-02-01		

WITHDRAWAL OF DIALYSIS MANAGEMENT GUIDELINE

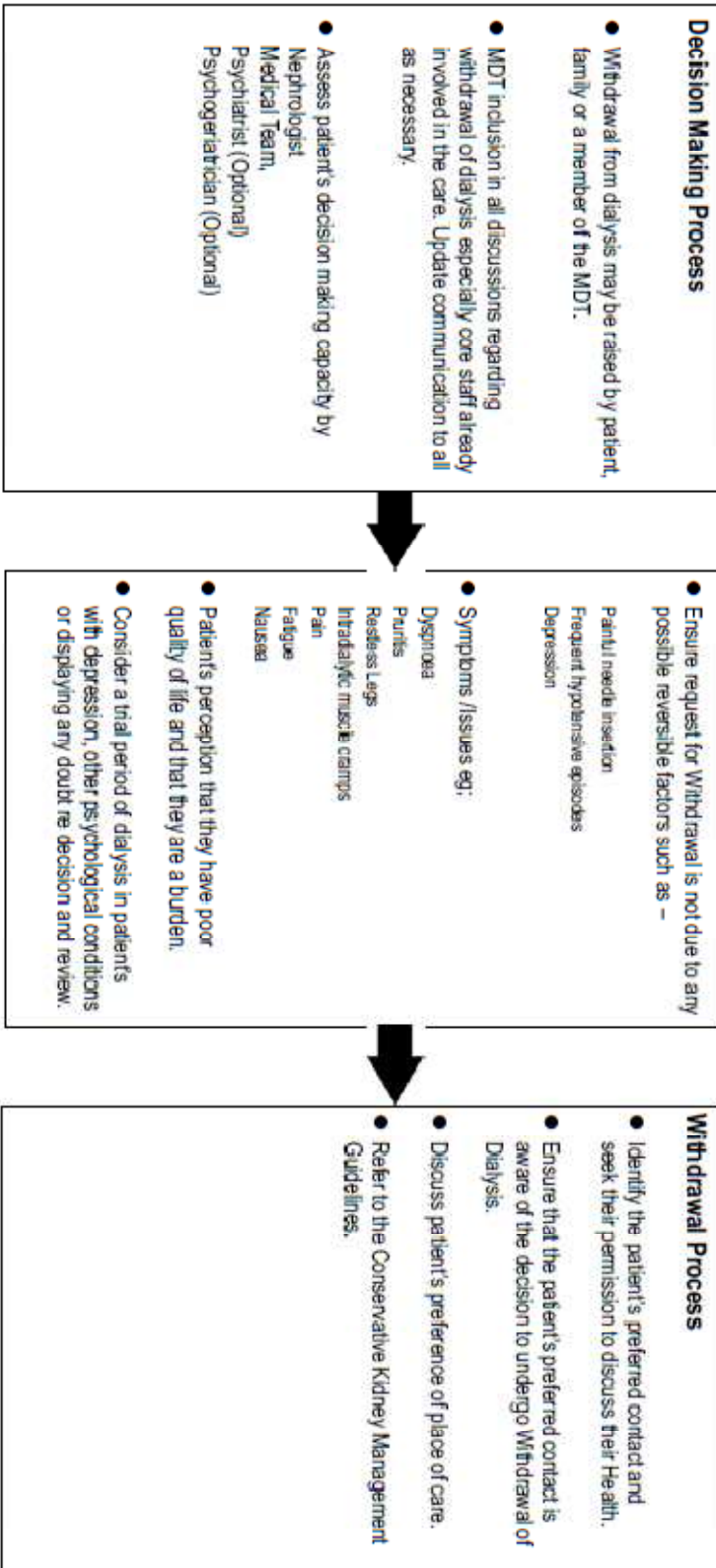
**WITHDRAWAL OF DIALYSIS MANAGEMENT GUIDELINE**

Addressograph

Name: \_\_\_\_\_

MRN: \_\_\_\_\_

D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_



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## STAGE 4

### DEVELOPMENT AND CONSULTATION PROCESS – Consisting of:

<b>CONSULTANT SUMMARY</b>	
Date PPPG issued for consultation	22 <sup>nd</sup> 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 Ruth O’Malley – Ambulatory Care Marie Greene – CNM11 Hamilton - 2013	End of Life Steering Committee met on the following dates -  Dates: <ul style="list-style-type: none"> <li>7<sup>th</sup> April 2010</li> <li>22<sup>nd</sup> April 2010</li> <li>25<sup>th</sup> May 2010</li> <li>31<sup>st</sup> August 2010</li> <li>7<sup>th</sup> May 2013</li> <li>25<sup>th</sup> June 2013</li> </ul> Sub Committee meeting – 21 <sup>st</sup> September 10 <ul style="list-style-type: none"> <li>12<sup>th</sup> October 2010</li> <li>2<sup>nd</sup> November 2010</li> <li>14<sup>th</sup> December 2010</li> <li>25<sup>th</sup> January 2011</li> <li>8<sup>th</sup> February 2011</li> </ul>

<b>Where Received</b>	<b>Summary of Feedback</b>	<b>Actions/Response</b>
The first discussion on this guideline was at the End of Life Steering meeting on the 22 <sup>nd</sup> 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 25 <sup>th</sup> 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 31 <sup>st</sup>	It was decided to form a sub-committee to decide	The sub- committee met with the oncology department who have a

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August 2010	on the final wording and to research other areas to see what is in use.	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 12 <sup>th</sup> October 2010	Work is progressing to the satisfaction of the Committee. One of the ambulatory care nurse's 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 2 <sup>nd</sup> 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 14 <sup>th</sup> December 2010	The first part of the guideline Conservative Kidney Management was piloted in the outpatient clinic and this will be audited in 6 months time.	It was agreed to start on the second part of the guideline – withdrawal of dialysis. It was decided to name it Non - Dialysis Management Guideline. A date was arranged for January to discuss it further.
End of Life Steering Group Meeting 25 <sup>th</sup> January 2011	Final Adjustments to the wording of the document – A. M. M.	Discussed the "Care in the Last Days of Life" Document.
End of Life Steering Group Meeting 8 <sup>th</sup>	The last part of the Guideline - Care in the	The three parts of the guideline were looked



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February 2011	Last Days of life was discussed and this is already used around the hospital.	over again and it was decided to send them to the printer room to get final draft on each. Then to bring the updated policy to the policy meeting for review.
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 Advanced 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

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Department of Health and Children's 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

General Medical Council (2010) Treatment and Care towards the end of life: good practice in decision making.

Gold Standards Framework (GSF) NHS End of Life Programme  
[www.goldstandardsframework.uk](http://www.goldstandardsframework.uk)

Guidelines on Development, Maintenance and Review of Hospital Policies, Procedures, Protocols and Guidelines. Beaumont Hospital September 2010.

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

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

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)

Palliative Care for all (2008)\_Integrating Palliative Care into Disease management Frameworks HSE/HfH Report on the Extending access study.

Pre Dialysis Team Committee, Conservative Management Pathway (2008)  
Plymouth Hospitals NHS Trust, UK

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

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

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