FRESENIUS MEDICAL CARE

FOR A SUCCESSFUL PD START

RIGHT TIME/RIGHT PATIENT/RIGHT EDUCATION

FOR A SUCCESSFUL PD START

- **RIGHT TIME**
- **RIGHT PATIENT**
- **RIGHT EDUCATION**

FOR A SUCCESSFUL PD START – RIGHT TIME

MAIN ASPECTS:

- **Medical point of view**
- **Psychosocial point of view**
- **Logistic point of view**

RIGHT TIME – Medical point of view

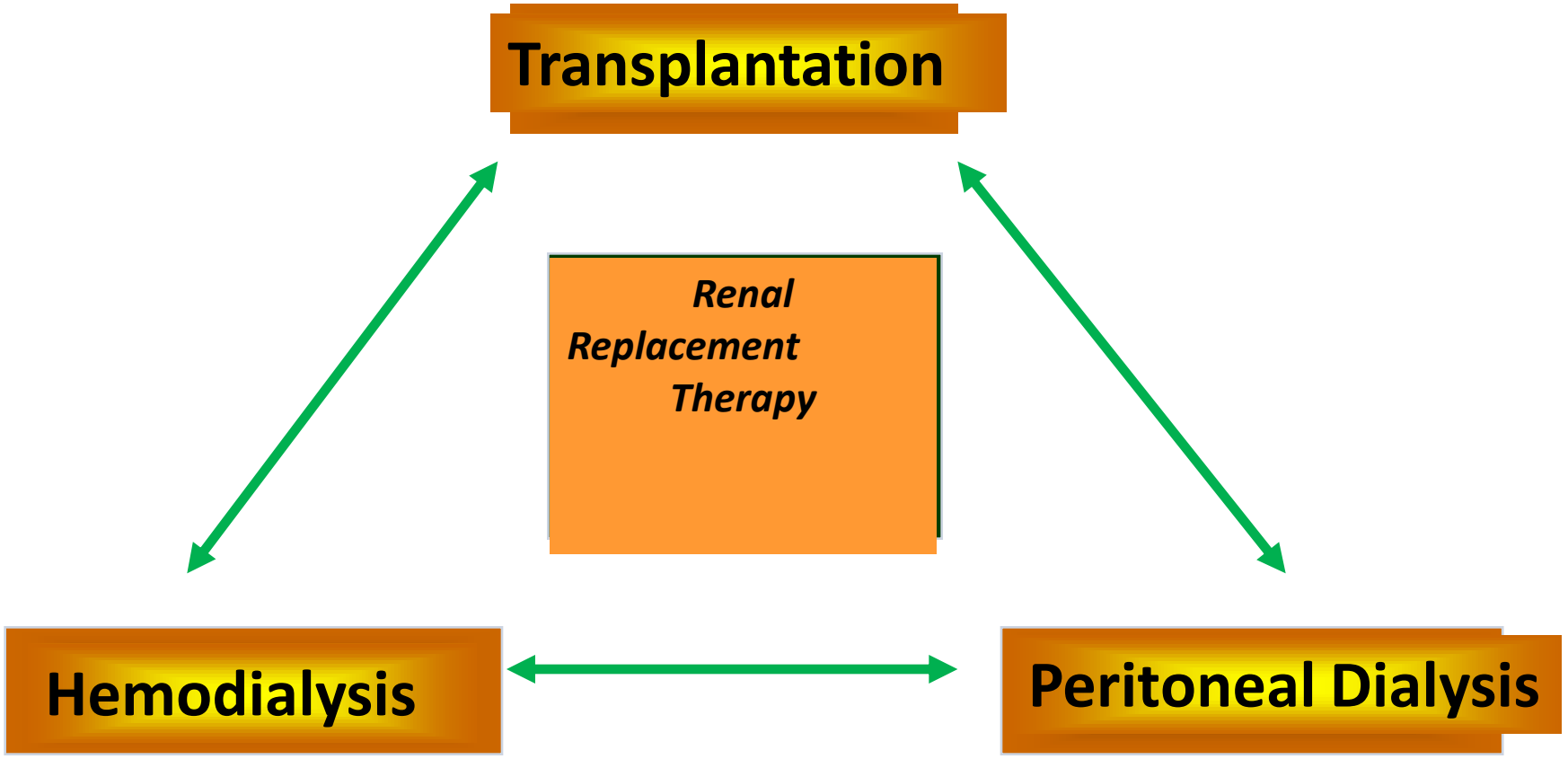
EBPG recommendation:

(NDT 2005 – 2D,E)

- When the GFR has declined to 15 ml/min/1.73 m^2
- GFR between 8 – 10 ml/min (earlier for diabetic patients)
- When uraemia is present, or blood pressure and hydration status cannot be controlled, or when deterioration of the nutritional status is noticed
- Access surgery should be planned (Evidence level C)

RIGHT TIME – Medical point of view

Options of Renal Replacement Therapy



RIGHT TIME – Medical point of view

Which therapy modality?

Educating end-stage renal disease patients on dialysis modality selection: clinical advice from the European Renal Best Practice (ERBP) Advisory Board

Adrian Covic1, Bert Bammens2, Thierry Lobbedez3, Liviu Segall1, Olof Heimbürger4, Wim van Biesen5, Denis Fouque6 and Raymond Vanholder5

Nephrol Dial Transplant (2010) 25: 1757–1759
doi: 10.1093/ndt/gfq206
ation 14 April 2010

Conclusion

All RRT centres should include both PD and HD in their programmes and provide ESRD patients with unbiased information, thus allowing them to freely choose between the two RRT modalities. The patient's preference should be the leading criterion for modality selection, in both '*de novo*' and failed renal transplantation cases. On the other hand, the availability of both modalities enables transition of patients from one modality to another, whenever particular clinical conditions occur. Assisted PD is an additional opportunity for non-autonomous patients to be treated with PD, as an alternative to in-centre HD.

The ERBP Expert Group believes that the clinical advice presented above could help expanding the use of PD in European countries, where it is currently underused. A higher flexibility of RRT programmes would allow patients to choose the dialysis modality they find most suitable for them. Also, a decrease of the burden of HD units and expenditure savings could be achieved.

RIGHT TIME – Medical point of view
Initial dialysis modality selection

There is insufficient evidence to support a general preference of HD over PD, for medical reasons.

Therefore, the initial modality choice should be made primarily by the well-informed patient.

Educating end-stage renal disease patients on dialysis modality selection: clinical advice from the European Renal Best Practice (ERBP) Advisory Board

- (i) As a consequence, all RRT centers should try and provide all available treatment options: PD (including CAPD and APD), HD (including home HD and nocturnal programs) and RTx, to make sure that all patients can select the modality that is most suitable for them.

- (ii) As a consequence, all patients and their families should receive well-balanced information about the different RRT modalities, by means of a structured education programs. This also applies to late-referred patients and those starting dialysis in an emergency situation, who should receive the information once their conditions have stabilized.

RIGHT TIME – Medical point of view
Initial dialysis modality selection

The following conditions should not be considered as contraindications to PD:

- **Physical or mental inability to perform PD**
- **Older age**
- **Poor adherence/non-compliance to therapy**
- **Congestive heart failure**
- **Obesity**
- Polycystic kidney disease
- Abdominal hernias
- Portal hypertension

RIGHT TIME – CAPD / APD

TRANSPORTER	UF	Clearance	Treatment
HIGH	**Low**	**Adequate**	**NIPD, CCPD, TPD PD-Plus**
HIGH Average	Adequate	Adequate	CAPD, CCPD, NIPD+CAPD, TPD+CAPD, PD-Plus
LOW Average	Good	Adequate or inadequate	CAPD, CCPD CCPD+CAPD, PD-Plus
LOW	Excellent	Inadequate	CAPD, HD, Tidal

RIGHT TIME – Psychosocial point of view

ACKD: Psychosocial Assessment of the Patient

On Chronic PD: An Overview: Oct 2007, vol 14, issue 4

- The psychosocial assessment of the patient with end-stage renal disease is critically important because there is growing evidence that psychosocial status of the patient impacts medical outcomes

- The objective of therapy is to maximize a patient's sense of well-being and quality of life

RIGHT TIME – Psychosocial point of view

Aspects to be covered:

- Discussions with the patient relating the acceptance of the therapy/disease
- Discussions with the family of the patient
- Trying as much as possible to keep the work place
- Trying to maintain the social activities: sport, go out with friends, go to theatre, movies
- Trying to be useful at home: doing daily domestics activities

RIGHT TIME – Logistics point of view

In the Hospital :

- Medical team
- PD area/room
- The storage place for PD Solutions
- The way to deliver the PD bags to the patient’s home

RIGHT TIME – Logistics/Medical Team

MEDICAL TEAM

Quality standards for predialysis education: (NDT 2015) 30:1058-1066
Corinne Isnard Bagnis, Carlo Crepaldi, Jessica Dean

Who should be in the team?

- At a minimum: a nephrologist and a CKD nurse
- Optimally there are additional members of the team:
  should include a dietician, a psychologist, a social worker, a physical therapist (GP) and an **expert patient** (New)

The access team

Clinical practice guidelines for peritoneal access – ISP vol 30; Guidl 1.1

- Each centre should have a dedicated team consisting of nurses, nephrologists, surgeons who have experience in peritoneal dialysis

RIGHT TIME – Logistics/PD Area

PD Area/Room in Hospital

Adequate space is necessary, with some elements:

- Water supply (hands Hygiene)/sink
- Chair, table for the exchanges
- I.V. pole/Heating pad/scale/
- Dialysis supplies - CAPD/APD
- Supplies for documenting – protocols/computer

RIGHT TIME – Logistics/PD Area

PD Area/Room at patient home

Adequate space is necessary, with some elements:

- Water supply (hands Hygiene)/sink
- Chair, table for the exchanges
- I.V. pole/Heating pad/scale/
- Dialysis supplies - CAPD/APD

RIGHT TIME – Logistics/PD solutions storage place

PD solutions storage place

In hospital:

- In pharmacy under requested conditions (dry, temp)
- In deposit room under requested conditions

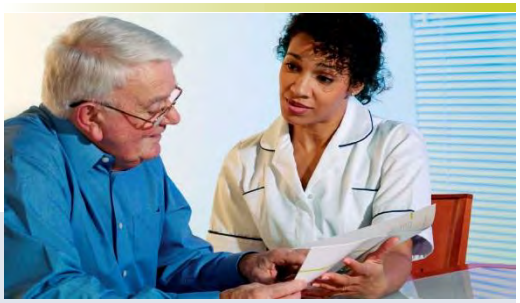
At patient home:

- In the room arranged for PD exchanges
- In other room under requested conditions

PD Solutions delivery:

- decided locally in accordance with national requirements

FOR A SUCCESSFUL PD START



- **RIGHT TIME**
- **RIGHT PATIENT**
- **RIGHT EDUCATION**

RIGHT PATIENT

What patient could do PD?

Almost ANY patient suffering of ESRD, of any age:

- **Patient preference should be on the first place**
- Conditions at home could be adapted by the PD requirements
- Almost any patient could be trained to perform PD exchanges
- If there is a special situation as blind or patients with physical problems – someone from the family or a nurse could help him/her to perform the exchanges

RIGHT PATIENT

What patient could not do PD?

Absolute medical contraindications of Peritoneal Dialysis:

- Impossibility of implantation of peritoneal catheter
- Major problems of abdominal wall – hernias, eventration
- Non acceptance of PD Therapy by the patient
- Severe neuro psychiatric disorder

FOR A SUCCESSFUL PD START

- **RIGHT TIME**
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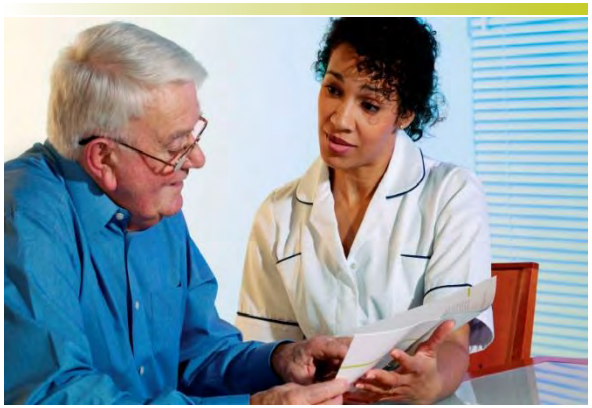
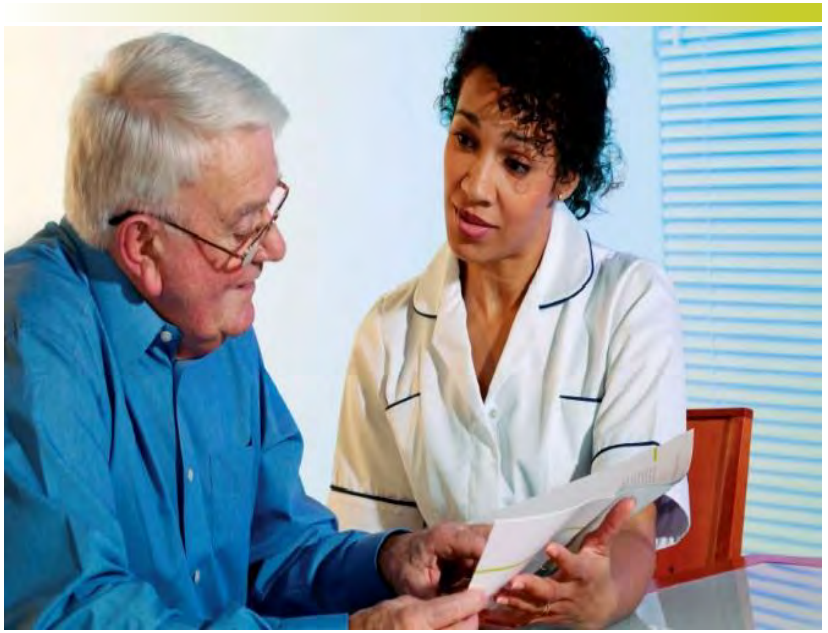


RIGHT EDUCATION

EDUCATION

- **Medical staff education**
- **Patient education**



RIGHT EDUCATION – Medical Staff

Medical staff education

ISP Guidelines/Recommendations on patient training, 2006

Judith Bernardini[1], Valerie Price[2] and Ana Figueiredo[3]

PD education program was based upon adult education principles taught by a nurse, use simulation techniques for problem solving, and inclusion of an evaluation process.

WHO should be a PD Trainer? – ISPD recommendation

- A nurse should provide PD training whenever possible rather than a technician
- 6-8 week orientation in PD and assignment to a mentor who will observe the nurse performing patient education
- A New PD trainer should be supervised for at least 1 patient training course before becoming an independent trainer
- The ratio of patient to nurse is, ideally, 1:1 (practice of 1 nurse training 2-3 patients at the same time has never been studied)

RIGHT EDUCATION – Medical Staff

Medical staff education

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PD Training nurse MUST HAVE

- Good communication skills
- Be innovative
- Be consistent
- Firmly believe in patient self-care
- Must be willing to develop proper training skills based upon the principles of adult learning
- Continuing education
- Experience in PD field

RIGHT EDUCATION – patient education

Patient education

ISP Guidelines/Recommendations on patient training, 2006

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WHO IS THE LEARNER?

- Patient alone
- Patient with a partner
- The partner only
- A third- party caretaker
- Firmly believe in patient self-care
- Must be willing to develop proper skills based upon the principles of adult learning

RIGHT EDUCATION – patient education

Patient education

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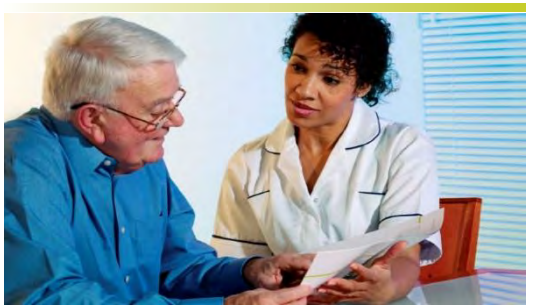
What should be the duration of training?

There is no randomized studies comparing outcomes with duration of training

Minimum objectives to meet:

- The patient/learner is able to safely perform all required procedures
- The patient/learner is able to recognize contamination and infection
- The patient/learner is able to list appropriate answers

RIGHT EDUCATION – patient education



Patient education

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Important aspects

- Practice is very important to the learner
- The patient does not perform an exchange using its own catheter until the above steps have been mastered (using the practice apron is recommended)
- RETRAINING after peritonitis, prolonged hospitalization or any other interruption in PD
- Strongly recommended home visits as a part of overall care of PD patients

RIGHT EDUCATION – patient education

Patient education

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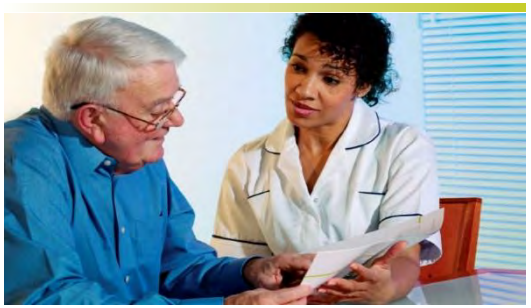

PROPER PATIENT EDUCATION IS A CENTRAL COMPONENT FOR A SUCCESSFUL PD PROGRAM WITH OPTIMAL OUTCOMES


Thank you!